

U.S. Department of Health and Human Services



Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Maternal and Child Health Bureau

Division of State and Community Health

State Systems Development Initiative

Funding Opportunity Number: HRSA-23-062

Funding Opportunity Type(s): Competing Continuation, New

Assistance Listings Number: 93.110

Fiscal Year 2023

Application Due Date: August 24, 2022

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date: May 2, 2022

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See [Section VII](#) for a complete list of agency contacts.

Authority: This program is authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act).

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in [Section VII. Agency Contacts](#).

EXECUTIVE SUMMARY

The [Health Resources and Services Administration \(HRSA\)](#) is accepting applications for the fiscal year (FY) 2023 State Systems Development Initiative (SSDI) program. The purpose of SSDI is to improve maternal and child health (MCH) outcomes in the 59 states and jurisdictions¹ by increasing capacity to collect, analyze, and use reliable data for state/jurisdiction title V policy and program development. SSDI funds support expansion of data linkages of key MCH datasets for analysis; improved access to and analysis of health equity data; and translation of data into action at the state/jurisdictional level. Data are central to state and jurisdictional reporting on their Title V MCH Block Grant assessment, planning, implementation, and evaluation efforts, in the yearly Title V MCH Block Grant Application/Annual Report. SSDI provides the flexibility to shift focus, including addressing MCH data capacity needs during an emergency and as emerging issues or threats arise.

Funding Opportunity Title:	State Systems Development Initiative (SSDI)
Funding Opportunity Number:	HRSA-23-062
Due Date for Applications:	August 24, 2022
Anticipated Total Annual Available FY 2023 Funding:	\$5,900,000
Estimated Number and Type of Award(s):	59 grants
For multi-year awards Estimated Annual Award Amount:	Up to \$100,000 per award
Cost Sharing/Match Required:	No

¹ For purposes of this NOFO, the “59 states and jurisdictions” include the 50 States and the following 9 jurisdictions: the District of Columbia, the Republic of the Marshall Islands, the Federated States of Micronesia, the Republic of Palau and the U.S. territories of the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

Period of Performance:	December 1, 2022 through November 30, 2027 (5 years)
Eligible Applicants:	<p>Eligibility is limited to the 59 Title V MCH Block Grant Agencies (50 States and the following 9 jurisdictions: the District of Columbia, the Republic of the Marshall Islands, the Federated States of Micronesia, the Republic of Palau and the U.S. territories of the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.</p> <p>Tribes and tribal organizations are not eligible.</p> <p>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in [HRSA’s SF-424 Application Guide](#), available online, except where instructed in this NOFO to do otherwise. Visit HRSA’s How to Prepare Your Application page at <https://www.hrsa.gov/grants/apply-for-a-grant/prepare-your-application> for more information.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

- Day and Date: Wednesday, May 11, 2022
- Time: 3 p.m. ET
- Call-In Number: 1-833-568-8864
- Meeting ID: 161 070 9796
- Participant Code: 40829268

Weblink: [https://hrsa-
gov.zoomgov.com/j/1610709796?pwd=emlwSVEyaUtZb0JDeU9MYkJJbG9idz09](https://hrsa.gov.zoomgov.com/j/1610709796?pwd=emlwSVEyaUtZb0JDeU9MYkJJbG9idz09)
Meeting ID: 161 070 9796
Passcode: UWGyWTa8

HRSA will record the webinar and make it available at:
<https://mchb.hrsa.gov/fundingopportunities/default.aspx>.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the State Systems Development Initiative (SSDI) program.

The [Health Resources and Services Administration](#), Maternal and Child Health Bureau (MCHB) is accepting applications for the fiscal year (FY) 2023 SSDI program. The purpose of SSDI is to improve maternal and child health (MCH) outcomes in the 59 states and jurisdictions by increasing capacity to collect, analyze, and use reliable data for state/jurisdiction Title V policy and program development. SSDI funds support expansion of data linkages of key MCH datasets for analysis; improved access to and analysis of health equity data; and translation of data into action at the state/jurisdictional level. The SSDI program assures foundational MCH data capacity support for the [Title V MCH Block Grant](#) program. SSDI provides the flexibility to shift focus, including addressing MCH data capacity needs during an emergency and as emerging issues or threats arise, such as COVID-19. Data are central to state/jurisdictional reporting on their Title V MCH Block Grant assessment, planning, implementation, and evaluation efforts, in the [Title V MCH Block Grant Application/Annual Report](#).

The goals of the SSDI program are:

- 1) Strengthen capacity to collect, analyze, and use reliable data for the Title V MCH Block Grant to assure data-driven programming;
- 2) Strengthen access to, and linkage of, key MCH datasets to inform MCH Block Grant programming and policy development, and assure and strengthen information exchange and data interoperability;
- 3) Enhance the development, integration, and tracking of health equity and social determinants of health (SDoH) metrics to inform Title V programming;
- 4) Develop and enhance capacity for timely MCH data collection, analysis, reporting, and visualization to inform rapid state program and policy action related to emergencies and emerging issues/threats, such as COVID-19.

Program Objectives: To meet the program goals described above, the SSDI program has established the following objectives:

- 1) Data to Support the Title V MCH Block Grant: By November 30, 2023, and annually through November 30, 2027, all SSDI recipients will report the development of at least one data product annually, including websites or public-facing data dashboards, issue briefs, fact sheets, reports, presentations, or peer-reviewed publications for Title V programmatic and/or policy decision making.

- 2) Data Access, Timeliness, and Quality: By November 30, 2027, there will be an increase of 5 percent, from [FY 2020](#) baseline data of 44 states/jurisdictions, to 46 states/jurisdictions, reporting annual access to state Medicaid data as part of the Title V MCH Block Grant Application/Annual Report.
- 3) Health Equity or SDoH Metrics: By November 30, 2027, at least 30 state Title V programs will report on the use of one or more health equity metrics or SDoH metrics for identifying improvement opportunities and tracking State progress as part of the Title V MCH Block Grant Application/Annual Report. Baseline data are not available.

[For more details, see Program Requirements and Expectations](#)

2. Background

About MCHB and Strategic Plan

The Maternal and Child Health Bureau (MCHB) administers programs with focus areas in maternal and women's health, adolescent and young adult health, perinatal and infant health, child health, and children with special health care needs. To achieve its mission of improving the health and well-being of America's mothers, children, and families, MCHB is implementing a strategic plan that includes the following four goals:

Goal 1: Assure access to high-quality and equitable health services to optimize health and well-being for all MCH populations

Goal 2: Achieve health equity for MCH populations

Goal 3: Strengthen public health capacity and workforce for MCH

Goal 4: Maximize impact through leadership, partnership, and stewardship

This program addresses MCHB's Goal 2 and Goal 3 of the MCHB strategic plan, as follows:

- The program aims to achieve health equity for MCH populations (MCHB Goal 2) by developing and tracking health equity metrics on race, ethnicity, culture, language, income, ability, health status, gender, sexual orientation, geographic location, or other factors to measure and address disparities and advance health equity.
- The program aims to strengthen public health capacity and workforce for MCH (MCHB Goal 3) by strengthening data collection, analysis, and use at the state/jurisdiction level, including data linkages, in support of the Title V MCH Block Grant; and by ensuring the collection and analysis of MCH data to inform program/policy decisions in preparation for and response to emergencies and as emerging issues/threats arise.

Definition of Equity: "The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color;

members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.” See Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), <https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf>

MCHB is committed to promoting equity in its health programs for mothers, children, and families. As such, the definition of equity provides a foundation for the development of programs that intend to reach underserved communities and improve equity among all communities.

To learn more about MCHB and the bureau’s strategic plan, visit <https://mchb.hrsa.gov/about>.

About this Program

This program is authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act).

Launched in 1993, SSDI supports data capacity for the Title V MCH Block Grant program. For more than 25 years, SSDI has assisted state MCH and children with special health care needs (CSHCN) programs in building their data capacity and infrastructure to support comprehensive state public health systems for the MCH population. The SSDI program continues to play a critical role in supporting the Title V MCH Block Grant program in the states and jurisdictions. All 59 State and Jurisdiction Title V programs report annual access to vital records birth and newborn screening data. However, only 44 Title V programs report that they have annual access to Medicaid data, 30 have electronic access to Medicaid data, and 25 have Medicaid data linked to Vital Records Birth data. In addition, 51 Title V programs have annual access to at least 7 key MCH data programs, but only 29 have electronic access to at least 7 key MCH data sources, and only 5 have at least 7 key MCH data sources linked to vital records birth. The SSDI program provides the critical foundational MCH data capacity support for the Title V MCH Block Grant program, thus strengthening and assuring robust data systems. Availability of timely and reliable data is central to state and jurisdictional reporting on their Title V MCH Block Grant program needs assessment, planning, implementation, and evaluation efforts, in the [Title V MCH Block Grant Application/Annual Report](#).

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: Competing continuation

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately \$5,900,000 to be available annually to fund 59 recipients. The actual amount available will not be determined until the enactment of the FY 2023 federal appropriation. You may apply for a ceiling amount of up to \$100,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is December 1, 2022 through November 30, 2027 (5 years). Funding beyond the first year is dependent on the availability of appropriated funds for the SSDI program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at [45 CFR part 75](#).

III. Eligibility Information

1. Eligible Applicants

Eligibility is limited to the 59 Title V MCH Block Grant Agencies (50 States and the following 9 jurisdictions: the District of Columbia, the Republic of the Marshall Islands, the Federated States of Micronesia, the Republic of Palau and the U.S. territories of the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

Tribes and tribal organizations are not eligible.

2. Cost Sharing/Matching

Cost-sharing/matching is not required for this program.

3. Other

HRSA may not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the ceiling amount.

- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)

NOTE: Multiple applications from an organization are not allowable.

HRSA will only accept your **last** validated electronic submission before the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](#) using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at [Grants.gov: HOW TO APPLY FOR GRANTS](#).

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-23-062 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA’s [SF-424 Application Guide](#) provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, etc. You must submit the information outlined in the HRSA *SF-424 Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA’s [SF-424 Application Guide](#) except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA *SF-424 Application Guide* for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files included in the page limit shall be no more than the equivalent of **40 pages** when printed by HRSA. The page limit includes the project and budget narratives, and attachments required in the *Application Guide* and this NOFO, *except* for Attachment 6 Progress Report.

Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form (SF) "Project Abstract Summary." Standard OMB-approved forms included in the workspace application package do not count in the page limit. If you use an OMB-approved form that is not included in the workspace application package for HRSA-23-062, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Additionally, Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit.

It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 40 pages will not be read, evaluated, or considered for funding.

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-23-062 before the [deadline](#).

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in [45 CFR § 75.371](#), including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachments 11-15: Other Relevant Documents*.

See Section 4.1 viii of HRSA's [SF-424 Application Guide](#) for additional information on all certifications.

Program Requirements and Expectations

During the 5-year period of performance, program activities associated with each specific SSDI goal may include, but are not limited to, the following:

Goal 1: Strengthen capacity to collect, analyze, and use reliable data for the Title V MCH Block Grant to assure data-driven programming

- Supporting Title V MCH Block Grant program data needs associated with the 5-year Needs Assessment process and the annual needs assessment update, such as:
 - Planning and conducting focus groups;
 - Developing and implementing data collection tools;
 - Developing, maintaining, and enhancing data collection systems;

- Compiling and analyzing data collected;
 - Developing data reports and other data products that communicate data findings;
 - Participating in the selection of the state's priorities;
 - Reporting data to national data systems; or
 - Supporting other interim needs assessment activities.
- Assisting Title V MCH Block Grant programs with development, selection, refinement, and/or tracking of data and performance measures that are associated with the Title V MCH Block Grant performance measure framework, including:
 - National outcome measures (NOMs);
 - National performance measures (NPMs);
 - State Outcome Measures (SOMs);
 - State performance measures (SPMs); or
 - Evidence-based or evidence-informed strategy measures (ESMs).
 - Supporting data needs associated with annual preparation of the Title V MCH Block Grant application/annual report, such as:
 - Compiling and analyzing data;
 - Drafting narrative that provides a concise analysis of data trends for each of the population domains;
 - Completing data forms;
 - Developing field notes to explain data and data trends;
 - Preparing detail sheets for SOMs, SPMs, or ESMs;
 - Developing annual objectives and reporting annual indicators and data sources for NPMs, SOMs, SPMs, and ESMs; or
 - Researching evidence-based strategies for impacting NPMs.

Goal 2: Strengthen access to, and linkage of, key MCH datasets to inform MCH Block Grant programming and policy development, and assure and strengthen information exchange and data interoperability

- Developing and implementing a plan for overcoming barriers to data access and/or data linkage across the 5-year funding cycle;
- Working with the State Medicaid agency to develop and/or maintain an interagency agreement that defines data sharing responsibilities, as appropriate;

- Collaborating with the state office that oversees vital statistics to assure access to MCH data;
- Securing hospital discharge data;
- Enhancing information exchange systems and data interoperability across MCH partners and stakeholders; or
- Designing systems that support access and linkage with key MCH data systems.

Goal 3: Enhance the development, integration, and tracking of health equity and social determinants of health (SDoH) metrics to inform Title V programming

- Developing and tracking performance measures that can be used to assess the progress of Title V programs, policies, or initiatives in achieving health equity or addressing SDoH;
- Working with community-based organizations to understand local data capacity, infrastructure, and needs for assessing progress in reducing disparities and achieving equity;
- Conducting focus groups, environmental scans, or other data collection methods for obtaining community feedback on priority needs for addressing SDoH that are contributing to disparities;
- Training MCH staff, partners, and community members to strengthen data capacity for understanding and addressing health equity; or
- Developing product(s) (e.g., chart books, data books, data dashboards, fact sheets, infographics, journal articles, tool kits, websites, and white papers) that enhance state MCH data capacity and facilitate informed decision-making to drive improved MCH outcomes and achieve equity.

Goal 4: Develop systems and enhance data capacity for timely MCH data collection, analysis, reporting, and visualization to inform rapid state program and policy action related to emergencies and emerging issues/threats, such as COVID-19.

- Developing and/or implementing surveillance systems;
- Providing support for ongoing data collection needs;
- Participating in analysis and/or reporting of data.

Activities identified across all four goals should be responsive to the unique data capacity needs of each Title V program.

Recipient-level metrics: For program evaluation, recipients may want to consider using the following measures to track program outputs and outcomes at the recipient level:

- Program outputs may include:
 - o Access to annual, electronic, and timely data
 - Annual access to key MCH data sources
 - Electronic access to key MCH data sources
 - Timely availability of data with six months or less lag time
 - o MCH key data sources linked to vital records
 - Number of key MCH data sources linked to vital records
 - o Health equity and social determinants of health metrics
 - Number of health equity or structural/social determinants of health metrics to identify improvement opportunities and track State progress toward achieving health equity
 - o Grantees supported emerging issues or emergency needs through data
 - Availability of enhanced data collection and/or analysis and reporting to understand or respond to emerging issues/threats or emergency needs impacting the MCH population
- Short-term or intermediate program outcomes may include:
 - o Increased number of data products, including MCH websites or public-facing data dashboards, issue briefs, fact sheets, reports, presentations, or peer-reviewed publications to support programmatic and policy decision making. Such products could increasingly feature health equity and SDoH metrics and support understanding of emerging needs or emergency issues impacting MCH populations.
 - o Increased knowledge and awareness of state needs, issues, challenges, and opportunities, including the State's progress towards achieving health equity, addressing SDoH, and preparing for emergencies.
- Long-term program outcomes may include:
 - o Improved state decision-making and policymaking, including efforts to address MCH disparities, SDoH, and emerging issues or emergency preparedness and response.
 - o Broader, stronger, and more informed MCH program partners through data dissemination.

Overall SSDI Metrics: For this funding opportunity, metrics for tracking the overall impact of the SSDI program include the following:

- Number of developed data products, including websites or public-facing data dashboards, issue briefs, fact sheets, reports, presentations, or peer-reviewed publications for programmatic and policy decision making. (Goal 1)
- Number of recipients with annual, electronic, and timely access to data with linkages to key MCH data sources. (Goal 2)
- Number of recipients using one or more health equity or social/structural determinants of health metrics for analysis or assessment to identify improvement opportunities and track State progress. (Goal 3)
- Number of recipients with data collection and/or analysis and reporting to understand or respond to emerging issues/threats or emergency needs impacting the MCH population. (Goal 4)

For the purpose of the SSDI Program, the [data on access and linkage by data source](#) reported annually by State Title V Program as part of Form 12 of the [Title V MCH Block Grant Application/Annual Report](#), will be monitored over the 5-year period of performance to determine the impact of the SSDI Program on the Title V Block Grant program.

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#) (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

i. **Project Abstract**

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

Narrative Section	Review Criteria
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response, (4) Impact

Narrative Section	Review Criteria
Work Plan	(2) Response, (4) Impact, (5) Resources/Capabilities
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures, (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget Narrative	(6) Support Requested

ii. Project Narrative

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

Successful applications will contain the information below. Please use the following section headers for the narrative:

- INTRODUCTION -- Corresponds to Section V’s Review Criterion [\(1\) Need](#). Briefly describe the purpose of the proposed project. This discussion should exhibit a clear understanding of the SSDI program purpose and goals, as identified in this NOFO. You should convey a clear sense of the value and importance of an expanded/enhanced data system to your state or jurisdictional MCH program.
- NEEDS ASSESSMENT -- Corresponds to Section V’s Review Criterion [\(1\) Need](#). Outline your current data capacity with regard to the SSDI goals stipulated in Section 1.1, Purpose, and the data needs of your state Title V Block Grant program.
 - Address the data resources available to your state Title V Block Grant program.
 - Discuss any relevant barriers that the project hopes to overcome.
 - Identify gaps or inadequacies of your state Title V data capacity in understanding needs of the MCH population.
 - Describe the benefit to the MCH population if these data needs could be met more effectively.
 - Use and cite data to support the information provided.

This discussion serves as the foundation from which the methodology and work plan are to be developed.

- **METHODOLOGY, WORK PLAN AND RESOLUTION OF CHALLENGES--** Corresponds to Section V's Review Criteria [\(2\) Response](#), [\(4\) Impact](#), and [\(5\) Resources/Capabilities](#). Clearly describe how the project will address the four goals of the SSDI program. Be sure to:

- Explain your planned approach for accomplishing the SSDI goals, including your objectives for each goal.
- Indicate how you will strengthen state data capacity to advance Title V programming that responds to the needs of the MCH population. Activities may include, but are not limited to, those described under "Program Requirements and Expectations."
- Include your SSDI goals, objectives, activities and responsible staff for each activity in a work plan as Attachment 1, formatted as a table. Include SMARTIE objectives in your work plan that are:
 - Specific — reflect what you seek to accomplish.
 - Measurable — include a benchmark to assess progress.
 - Achievable — be attainable based on program capacity.
 - Relevant — be based on the program's plan.
 - Timebound — include a clear deadline.
 - Inclusive — bring traditionally excluded individuals and groups into processes, activities, decisions and policy making in a way that shares power.
 - Equitable — include an element of fairness or justice to address systemic injustice, inequity or oppression.

In the work plan, describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the methodology. Separate goals and objectives are not required for each of the 5 years in the period of performance.

- Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO. Include a description of any innovative methods that you will use to address the stated needs.
- Where appropriate, describe plans to collaborate with key stakeholders in planning, designing, and implementing activities.
- Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria [\(3\) Evaluative Measures](#), [\(5\) Resources/Capabilities](#). Describe the plan for the program performance evaluation, which should monitor progress towards the goals and objectives of the project. The evaluation protocol should be capable of demonstrating progress toward reaching the stated goals through achievement of the project's measurable objectives. Examples of program

outputs and program outcomes may be found in “Program Requirements and Expectations.”

Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

- **ORGANIZATIONAL INFORMATION** -- Corresponds to Section V’s Review Criterion [\(5\) Resources/Capabilities](#). Describe the relevant experience, skills, and knowledge, including the individuals on staff, materials published, and previous work of a similar nature. Include job descriptions for key personnel as Attachment 2, and biographical sketches of key personnel as Attachment 3. Provide an organizational chart (Attachment 4), showing your SSDI program’s location in the overall Title V Program organizational structure. Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.

iii. **Budget**

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA’s [SF-424 Application Guide](#) and the additional budget instructions provided below. A budget that follows the *Application Guide* will ensure that, if HRSA selects your application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

As required by the Consolidated Appropriations Act, 2022 (P.L. 117-103), Division H, § 202 states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” See Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

Regarding multi-year budgets, after using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5th year as Attachment 5, which will not be counted in the page limit. Use the SF-424A Section B. See Section 4.1.iv of HRSA’s [SF-424 Application Guide](#).

Conference registration and travel costs for the SSDI Coordinator are considered allowable provided they support activities that are relevant to the purpose of this grant funding and do not extend to other MCH program staff.

iv. **Budget Narrative**

See Section 4.1.v. of HRSA’s [SF-424 Application Guide](#).

v. **Program-Specific Forms**

Program specific forms are not required for application.

vi. **Attachments**

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment.** You must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments will *not* be reviewed/opened by HRSA.

Attachment 1: Work Plan with Timeline

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#). If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's [SF-424 Application Guide](#))

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of the proposed project staff. Also, include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in *Attachment 2*, not to exceed two pages in length per person.

Attachment 4: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project, and shows your SSDI program's location in the overall Title V Program organizational structure.

Attachment 5: For Multi-Year Budgets--5th Year Budget

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B, which does not count in the page limit; however, any related budget narrative does count. See Section 4.1.iv.

Attachment 6: Progress Report

A well-documented progress report is a required and important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered; therefore, you should include goals and objectives from your previous application and emphasize the progress

made in attaining these goals and objectives. HRSA program staff reviews the progress report after the review committee evaluates the competing continuation applications.

The progress report should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current period of performance. The report should include:

- (1) The period covered (dates).
- (2) Specific objectives - Briefly summarize the specific objectives of the project.
- (3) Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachments 7–11: Other Relevant Documents

Include here any other documents that are relevant to the application.

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

The UEI, a “new, non-proprietary identifier” assigned by the System for Award Management ([SAM.gov](https://sam.gov)), has replaced the Data Universal Numbering System (DUNS) number.

Effective April 4, 2022:

- Register in SAM.gov and you will be assigned your UEI (SAM) within SAM.
- You will no longer use a UEI (DUNS) and that number will not be maintained in any Integrated Award Environment (IAE) systems (SAM.gov, CPARS, FAPIIS, eSRS, FSRS, FPDS-NG). For more details, visit the following webpages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration's UEI Update](#).

You must register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in two separate systems:

- System for Award Management (SAM) (<https://sam.gov/content/home> | [SAM.gov Knowledge Base](https://sam.gov))
- Grants.gov (<https://www.grants.gov/>)

For more details, see Section 3.1 of HRSA's [SF-424 Application Guide](#).

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages instead, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through [SAM.gov](https://sam.gov).

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is **August 24, 2022 at 11:59 p.m. ET**. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

SSDI Program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's [SF-424 Application Guide](#) for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than \$100,000 per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award

funds appropriately. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2022 (P.L. 117-103) apply to this program. See Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in the following fiscal years, as required by law.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's [SF-424 Application Guide](#). Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and sub-recipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review, except for the progress report submitted with a competing continuation application, which will be reviewed by HRSA program staff after the objective review process.

Six (6) review criteria are used to review SSDI applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (10 points) – Corresponds to Section IV’s [Introduction](#) and [Needs Assessment](#)

The extent to which the application demonstrates the problem and associated contributing factors to the problem.

Criterion 2: RESPONSE (40 points) – Corresponds to Section IV’s [Methodology \(10 points\)](#), [Work Plan \(20 points\)](#), and [Resolution of Challenges \(10 points\)](#)

Criterion 2 (a): Methodology (10 points)

The application will be assessed based on:

- The extent to which the proposed project responds to the “[Purpose](#)” included in the program description;
- The strength of the proposed goals and objectives and their relationship to the identified project; and
- The extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives.

This criterion is related to the extent to which the proposed plan adequately addresses the SSDI program goals.

Criterion 2 (b): Work Plan (20 points)

The quality and feasibility of the work plan and timeline to achieve each of the objectives discussed in the methodology section.

The criterion includes to what degree the application:

- Presents a set of realistic project goals that comprehensively frame the intent of SSDI;
- Identifies SMARTIE (Specific, Measurable, Achievable, Relevant, Timebound, Inclusive, Equitable) objectives in the work plan for each specified project goal; and
- Details program activities and provides evidence that achievement of the objectives is feasible within the stated time frames.

Criterion 2 (c): Resolution of Challenges (10 points)

Sufficient identification and understanding of possible challenges and the reasonableness of approaches to resolve identified challenges.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV’s [Evaluation and Technical Support Capacity](#)

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what

extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

Criterion 4: IMPACT (20 points) – Corresponds to Section IV’s [Methodology, Work Plan, and Resolution of Challenges](#)

The extent to which the proposed project will have a public health impact and the project will be effective, if funded. This may include the effectiveness of plans for dissemination of project results, the impact results may have on the MCH population, and the degree to which the project activities are replicable.

Criterion 5: RESOURCES/CAPABILITIES (10 points) – Corresponds to Section IV’s [Methodology, Work Plan, and Resolution of Challenges, Evaluation and Technical Support Capacity, and Organizational Information](#)

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. Specific examples include the degree to which:

- The biographical sketches of the Project Director and other key personnel document appropriate education, expertise, skills, and experience that are relevant and necessary to this project, including but not limited to, licensure, training, specialty certifications; program evaluation and management; and information technology expertise; and
- The applicant demonstrates that adequate resources, including information technologies, are available for conducting project activities.

Criterion 6: SUPPORT REQUESTED (5 points). Corresponds to Section IV’s Methodology, Work Plan, and Resolution of Challenges and Section IV’s Budget and Budget Narrative

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the research activities, and the anticipated results. The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work. The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA’s [SF-424 Application Guide for more details](#).

3. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization’s ability to implement statutory, regulatory, or other requirements ([45 CFR § 75.205](#)).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable; cost analysis of the project/program budget; assessment of your management systems, ensuring continued applicant eligibility; and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or “other support” information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA’s approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization’s integrity, business ethics, and record of performance under federal awards when completing the review of risk as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of December 1, 2022. See Section 5.4 of HRSA’s [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA’s [SF-424 Application Guide](#).

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and

- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See [Providers of Health Care and Social Services](#) and [HHS Nondiscrimination Notice](#).

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see [Fact Sheet on the Revised HHS LEP Guidance](#) and [Limited English Proficiency](#).
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see [Discrimination on the Basis of Disability](#).
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See [Discrimination on the Basis of Sex](#).
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see [Conscience Protections for Health Care Providers](#) and [Religious Freedom](#).

Please contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Certificate of Confidentiality

Institutions and investigators are responsible for determining whether research they conduct is subject to Section 301(d) of the Public Health Service (PHS) Act. Section 301(d), as amended by Section 2012 of the 21st Century Cures Act, P.L. 114-255 (42

U.S.C. 241(d)), states that the Secretary shall issue Certificates of Confidentiality (Certificates) to persons engaged in biomedical, behavioral, clinical, or other research activities in which identifiable, sensitive information is collected. In furtherance of this provision, HRSA-supported research commenced or ongoing after December 13, 2016 in which identifiable, sensitive information is collected, as defined by Section 301(d), is deemed issued a Certificate and therefore required to protect the privacy of individuals who are subjects of such research. Certificates issued in this manner will not be issued as a separate document, but are issued by application of this term and condition to the award. For additional information which may be helpful in ensuring compliance with this term and condition, see Centers for Disease Control and Prevention (CDC) Additional Requirement 36 (<https://www.cdc.gov/grants/additional-requirements/ar-36.html>).

Executive Order on Worker Organizing and Empowerment

Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See [45 CFR § 75.101 Applicability](#) for more details.

3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **DGIS Performance Reports.** Available through the HRSA Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report **annually**, by the specified deadline. To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are available at <https://grants4.hrsa.gov/DGISReview/ProgramManual?NOFO=HRSA-23-062&ActivityCode=H18>. The type of report required is determined by the project year of the award's period of performance.

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	12/1/2022 – 11/30/2023	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	12/1/2023 – 11/30/2024, 12/1/2024 – 11/30/2025, 12/1/2025 – 11/30/2026	Beginning of each budget period (Years 2–5, as applicable)	120 days from the available date
c) Project Period End Performance Report	12/1/2026 – 11/30/2027	Period of performance end date	90 days from the available date

The full OMB-approved reporting package is accessible at <https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection> (OMB Number: 0915-0298 | Expiration Date: 06/30/2022).

- 2) **Progress Report(s)**. The recipient must submit a progress report narrative to HRSA **annually** via the Non-Competing Continuation Renewal in the EHBs, which should address progress against program outcomes (e.g., accomplishments, barriers, significant changes, plans for the upcoming budget year). Submission and HRSA approval of a progress report will trigger the budget period renewal and release of each subsequent year of funding. Further information will be available in the NOA.

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Marc Horner
 Grants Management Specialist
 Division of Grants Management Operations, OFAM
 Health Resources and Services Administration
 Telephone: (301) 443-4888
 Email: mhorner@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Maria Paz Carlos, PhD, MBA
Senior Public Health Advisor
Attn: SSDI Grant Program
Maternal and Child Health Bureau
Health Resources and Services Administration
Telephone: (301) 443-2039
Email: mcarlos@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov
[Self-Service Knowledge Base](#)

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through the [EHBs](#). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Technical Assistance

See [TA details](#) in Executive Summary.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's [SF-424 Application Guide](#).