U.S. Department of Health and Human Services

HRSA
Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Bureau of Primary Health Care

Health Center Program

Fiscal Year 2023 Quality Improvement Fund – Maternal Health (QIF-MH)

Funding Opportunity Number: HRSA-23-027

Funding Opportunity Type(s): New

Assistance Listings Number: 93.527

Application Due Date in Grants.gov: December 5, 2022

Supplemental Information Due Date in EHBs: January 13, 2023

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: October 4, 2022

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Phone: (301) 594-4300
Contact: https://hrsa.force.com/support/s/
QIF-MH Technical Assistance webpage: https://bphc.hrsa.gov/funding/funding-opportunities/quality-improvement-fund-maternal-health

See Section VII for a complete list of agency contacts.

Authority: Section 330(d)(1) of the Public Health Service Act (42 U.S.C. § 254b(d)(1))

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 Quality Improvement Fund – Maternal Health (QIF-MH). The purpose of this funding is to improve maternal health and reduce racial and ethnic maternal health disparities by supporting health centers to partner with patients and the community to develop and pilot innovative, patient-centered, scalable models of care delivery that address the clinical and health-related social needs of health center patients at highest risk of maternal morbidity and mortality.

Funding Opportunity Title:	Fiscal Year (FY) 2023 Quality Improvement Fund – Maternal Health (QIF-MH)
Funding Opportunity Number:	HRSA-23-027
Due Date for Applications – **Grants.gov**:	December 5, 2022 (11:59 p.m. ET)
Due Date for Supplemental Information – **HRSA Electronic Handbooks (EHBs)**	January 13, 2023 (5 p.m. ET)
Anticipated FY 2023 Total Available Funding:	Approximately $25 million
Estimated Number and Type of Awards:	Approximately 12 grants
Estimated Award Amount:	Up to $2,000,000 per award
Cost Sharing/Match Required:	No
Period of Performance:	August 1, 2023 through July 31, 2025 (2 years)

| Eligible Applicants: | Organizations that are Health Center Program operational (H80) grant award recipients. |
| | See Section III.1 of this notice of funding opportunity (NOFO) for complete eligible applicants information. |

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included this NOFO and in HRSA's *SF-424 Two-Tier Application Guide*. Visit HRSA's How to Prepare Your Application page for more information.

Technical Assistance

Application resources, including example forms and documents, as well as frequently asked questions, are available at the QIF-MH technical assistance webpage. HRSA will hold a pre-application technical assistance (TA) webinar for applicants seeking funding through this opportunity. See the technical assistance webpage for pre-application webinar details.

The HRSA Primary Health Care Digest is a weekly email newsletter containing information and updates pertaining to the Health Center Program, including competitive funding opportunities. Organizations interested in seeking funding under the Health Center Program are encouraged to have several staff subscribe.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity for current Health Center Program award recipients to apply for funding under the fiscal year (FY) 2023 Quality Improvement Fund – Maternal Health (QIF-MH). The purpose of QIF-MH funding is to improve maternal health and reduce racial and ethnic maternal health disparities by supporting health centers to partner with patients and the community to develop and pilot innovative, patient-centered, scalable models of care delivery that address the clinical and health-related social needs of health center patients at highest risk of maternal morbidity and mortality.

For more details, see Program Requirements and Expectations.

2. Background

The Health Center Program is authorized by section 330 of the Public Health Service Act (PHSA) (42 U.S.C. § 254b). For the purpose of this NOFO, health centers are defined as those receiving Health Center Program operational funding under sections 330(e), (g), (h) and/or (i), otherwise referred to as H80 funding. QIF-MH funds will be awarded under section 330(d)(1) of the Public Health Service Act (42 U.S.C. § 254b(d)(1)), as appropriate.

Despite advances in medical care and investments in improving access to care, rates of maternal mortality and severe maternal morbidity (SMM) have not improved for the four million women who give birth in the United States each year.[1] In 2020, there were 861 maternal deaths in the U.S.,[2] and an estimated 50,000 to 60,000 women per year experience unexpected outcomes from labor and delivery that result in both acute and long term health issues such as respiratory distress, sepsis, and acute congestive heart failure, among others.[3] In 2018, more than 27,000 women experienced SMM, not including those who received a blood transfusion without additional intervention.[4] In

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[1] Osterman MJK, Hamilton BE, Martin JA, Driscoll AK, Valenzuela CP. Births: Final data for 2020. National Vital Statistics Reports; vol 70 no 17. Hyattsville, MD: National Center for Health Statistics. 2022. https://stacks.cdc.gov/view/cdc/112078.

[2] Maternal Mortality Rates in the United States, 2020. cdc.gov. Updated February 23, 2022. https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality-rates-2020.htm

[3] Severe Maternal Morbidity in the United States. cdc.gov. Updated February 2, 2021. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html.

[4] HCUP Fast Stats. Healthcare Cost and Utilization Project (HCUP). September 2021. Agency for Healthcare Research and Quality, Rockville, MD. https://www.hcup-us.ahrq.gov/faststats/smm/smmquery.jsp

addition, maternal mental health conditions including depression and substance use are among the leading causes of both maternal morbidity and mortality.[5,6]

Significant racial and ethnic disparities exist in maternal health outcomes in the United States. Pregnancy-related mortality rates among Black and American Indian/Alaska Native women are two to three times higher than White, Hispanic, and Asian/Pacific Islander women.[7] Multiple factors may affect these disparities, including access to care, quality of care, prevalence of chronic diseases, and systemic racism.[8] Social, economic, and environmental conditions associated with systemic racism create barriers to optimal health. Even when accounting for education, Black and American Indian/Alaska Native women are more at risk of pregnancy-related death compared to other racial groups.[7] Cumulative stress and experiences of individual and systemic racism over the life course can also contribute to chronic conditions and comorbidities that impact maternal health.[9] Additionally, intimate partner violence (IPV) during pregnancy and during the postpartum period contribute to maternal mortality and morbidity, with Black and American Indian/Alaska Native women at higher risk for experiencing IPV than other racial groups.[10,11]

Disparities in access to maternal health care and a shortage of medical professionals put individuals, especially women of color, in rural and medically underserved areas at greatest risk of adverse outcomes and higher rates of maternal mortality and morbidity.[12] Hospital closures and the loss of obstetric services in rural areas are associated with increased travel distances to access health care, an increase in medically unnecessary cesarean-sections, an increase in postpartum hemorrhage, and depression and anxiety.[13] Black women in rural areas have been disproportionately

[5] Pregnancy-Related Deaths: Data from 14 U.S. Maternal Mortality Review Committees, 2008-2017. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2019, https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/mmr-data-brief_2019-h.pdf.

[6] Brown, Clare C., Caroline E. Adams, Karen E. George, and Jennifer E. Moore. Mental Health Conditions Increase Severe Maternal Morbidity By 50 Percent and Cost $102 Million Yearly in the United States. *Health Affairs*. 2021: 40(10) 1575–84. https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.00759.

[7] Petersen EE, Davis NL, Goodman D, et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths - United States, 2007-2016. *MMWR. Morbidity and mortality weekly report*, 2019;68(35), 762–765. https://www.cdc.gov/mmwr/volumes/68/wr/mm6835a3.htm.

[8] Pregnancy Mortality Surveillance System. www.cdc.gov. Updated November 25, 2020. https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm.

[9] Juanita J. Chinn, Iman K. Martin, and Nicole Redmond. Health Equity Among Black Women in the United States. Journal of Women's Health. Feb 2021.212-219. https://doi.org/10.1089/jwh.2020.8868.

[10] Maeve W, Gillispie-Bell V, Cruz K, Davis K, Vilda D. Homicide During Pregnancy and the Postpartum Period in the United States, 2018-2019. *Obstetrics & Gynecology*, 2021:138(5),762-769. https://pubmed.ncbi.nlm.nih.gov/34619735/.

[11] Nationalpartnership.org. 2022. *Intimate Partner Violence Endangers Pregnant People and Their Infants*. [online] https://www.nationalpartnership.org/our-work/health/moms-and-babies/intimate-partner-violence.html. Accessed 20 April 2022.

[12] Artiga S, Pham O, Orgera K, & Ranji U. kff.org. Racial Disparities in Maternal and Infant Health: An Overview. Published November 10, 2020. https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-maternal-infant-health-overview/.

[13] Maternal and Obstetric Care challenge in Rural America: Policy Brief and Recommendations to the Secretary. hrsa.gov. Published May 2020. https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/rural/publications/2020-maternal-obstetric-care-challenges.pdf.

impacted by the closure of hospitals, with closures of obstetric units occurring more frequently in communities with larger proportions of Black patients.[12]

This funding opportunity will afford a small number of health centers the opportunity to develop, pilot and evaluate innovative, evidence-informed, patient-centered, scalable models of care delivery that address the clinical[14] and health-related social needs of health center patients to reduce racial and ethnic health disparities in maternal health. It aligns with the White House Blueprint for Addressing the Maternal Health Crisis and provides opportunities for applicants to propose training and other activities that can address structural inequalities that contribute to disparities in maternal health outcomes and otherwise support building a health care system that delivers equity to Black, American Indian/Alaska Native, and other individuals of color. In addition to this funding opportunity, HRSA has invested in a range of maternal health initiatives that seek to address the disparities that contribute to maternal mortality and SMM. For more information on HRSA-funded maternal health programs and activities that your proposed project may build from or collaborate with, see Appendix C.

Health centers provide high quality, patient-centered, culturally affirming health care that responds to the unique needs of diverse populations in the nation's underserved communities. As such, they are a key provider of coordinated primary care services that address health needs across the lifespan, including maternal health care. In 2020, health centers served over 550,000 prenatal patients and performed over 168,000 deliveries.[15] This funding will allow health centers that provide high-quality maternal health care the opportunity to innovatively address barriers to optimal maternal health outcomes for their patients at highest risk of maternal morbidity and mortality, which is aligned with HRSA's goal of advancing innovative programs. Through piloting and evaluating innovations,[16] award recipients will seek to grow the evidence base for interventions that address racial and ethnic maternal health disparities and can be scaled to and disseminated across the Health Center Program.

HRSA also plans to award funds through a separate contract to establish a coordination and evaluation center to facilitate quality improvement and peer learning among QIF-MH award recipients and evaluate the progress and effectiveness of their funded projects.

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[14] Consistent with the White House Blueprint for Addressing the Maternal Health Crisis, clinical needs are inclusive of behavioral health needs.

[15] U.S. Department of Health and Human Services, Health Resources and Services Administration, Health Center Data and Reporting, available at https://data.hrsa.gov/tools/data-reporting.

[16] For the purposes of this NOFO, innovation is defined as, "the implementation of new or altered products, services, processes, systems, policies, organizational structures, or business models that aim to improve one or more domains of health care quality or reduce health care disparities."

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately $25,000,000 in one-time funding to be available to fund approximately 12 recipients. You may apply for a ceiling amount of up to $2,000,000 total cost (includes both direct and indirect costs). The period of performance is August 1, 2023 through July 31, 2025 (2 years).

If funded, HRSA will award QIF-MH funds as a new grant award, separate from your Health Center Program operational (H80) award. Under 45 CFR §75.302, you must document use of QIF-MH funds separately and distinctly from other Health Center Program funds and other federal award funds. If funded, you must maintain your H80 award status throughout the 2-year period of performance to maintain your QIF-MH funding.

While QIF-MH funds will be issued as a new award, all uses of QIF-MH funds must align with your Health Center Program scope of project. Your scope of project includes the approved service sites, services, providers, service area, and target population that are supported (wholly or in part) under your total approved health center budget. See the Scope Overview form for information about reviewing and/or updating your scope of project, if needed. When implementing your QIF-MH project, you must comply with all Health Center Program requirements as described in the Health Center Program Compliance Manual and applicable law.[17] 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

Your organization must be a Health Center Program award recipient[18] with an active H80 grant award to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

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[17] Requirements are stated in 42 U.S.C. § 254b (section 330 of the PHSA) and in applicable program regulations (42 C.F.R. parts 51c and 56, as appropriate) and grants regulations (45 C.F.R. part 75).
[18] Organizations funded under Section 330(e), (g), (h), and/or (i) of the Public Health Service Act, as amended.

3. Other

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

- Exceeds the funding ceiling amount of $2,000,000.

- Fails to include the [Project Narrative](#) described in [Section IV.2.ii.](#)

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

NOTE: Multiple applications from an organization are not allowed.

HRSA will only accept and review your first validated electronic submission, under the correct funding opportunity number, in Grants.gov. Applications submitted after the first submission will be marked as duplicates and considered ineligible for review.[19] If you wish to change attachments submitted in a Grants.gov application, you may do so in the [HRSA Electronic Handbooks (EHBs)](#) application phase.

If you wish to change information submitted in EHBs, you may reopen and revise your application. You must ensure that the application is resubmitted to HRSA before the EHBs deadline or HRSA will not consider it for funding under this notice.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* you to apply electronically through Grants.gov and the EHBs. You must use the two-phase submission process associated with HRSA-23-027 and follow the directions provided at [Grants.gov: HOW TO APPLY FOR GRANTS](#) **and** the EHBs.

- **Phase 1 – Grants.gov** – Required information must be submitted and validated via Grants.gov with a due date of ***December 5, 2022* at 11:59 p.m. ET; and**

- **Phase 2 – EHBs** – Supplemental information must be submitted via EHBs with a due date of ***January 13, 2023* at 5 p.m. ET.**

Only applicants who successfully submit the workspace application package associated with this NOFO in Grants.Gov (Phase 1) by the due date may submit the additional required information in EHBs (Phase 2).

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-23-027 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*

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[19] Grants.gov has compatibility issues with Adobe Reader DC. Direct questions pertaining to software compatibility to Grants.gov. See [Section VII](#) for contact information.

NOFO.

2. Content and Form of Application Submission

Application Format Requirements

Section 5 of HRSA's *SF-424 Two-Tier Application Guide* provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, and certifications. You must submit the information outlined in the HRSA *SF-424 Two-Tier Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in this NOFO and HRSA's *SF-424 Two-Tier Application Guide.* You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

The following application components must be submitted in Grants.gov:
- Application for Federal Assistance (SF-424)
- Project Abstract
- Project/Performance Site Locations
- Grants.gov Lobbying Form
- Key Contacts

The following application components must be submitted in EHBs:
- Project Narrative
- Budget Information – Non-Construction Programs (SF-424A)
- Budget Narrative and Table of Personnel Paid with Federal Funds (if applicable)
- Program-Specific Forms
- Attachments

See Section 9.5 of HRSA's *SF-424 Two-Tier Application Guide* for the Application Completeness Checklist to assist you in completing your application.

Application Page Limit

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of **80 pages** when printed by HRSA.

- Standard OMB-approved forms included in the workspace application package and program specific forms in EHBs do not count in the page limit. The abstract is the standard form (SF) "Project Abstract Summary." It **does not** count in the page limit.

- The Indirect Cost Rate Agreement **does not** count in the page limit.

- The proof of non-profit status (if applicable) **does not** count in the page limit.

If there are other attachments that do not count against the page limit, this will be clearly denoted in Section IV.2.vi Attachments.

If there are other attachments that do not count against the page limit, this will be clearly denoted in Section IV.2.vi Attachments. See Appendix A: Applicant Page Limit Checklist for additional information.

If you use an OMB-approved form that is not included in the workspace application package for HRSA-23-027, 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.

> ➢ HRSA will flag any application that exceeds the page limit and redact any pages considered over the page limit. The redacted copy of the application will move forward to the objective review committee.

It is important to take appropriate measures to ensure your application does not exceed the specified page limit. See Appendix A: Applicant Page Limit Checklist for additional information.

Applications must be complete, validated by Grants.gov, and submitted under HRSA-23-027 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 *Attachment 4: Other Relevant Documents*.

See Section 5.1 viii of HRSA's *SF-424 Two-Tier Application Guide* for additional information on all certifications.

Program Requirements and Expectations

Program Requirements

Innovation: You are required to use QIF-MH funds to develop, pilot, and evaluate innovative, evidence-informed, patient-centered, scalable models of care delivery that address the clinical and/or health-related social needs of health center patients at highest risk of maternal morbidity and mortality to reduce racial and ethnic disparities and improve maternal health. Your innovation(s) will address one or more of the following stages of maternal health: preconception, prenatal, intrapartum, and/or postpartum.

You will determine evaluative measures to assess your proposed innovation(s) throughout the period of performance, including tracking community engagement and maternal health patient experience.

Your plan to address maternal health disparities should incorporate continuous quality improvement to identify and build upon successes, learn from failures, and evolve and improve your project accordingly throughout the period of performance.

Patient and Community Input: You must engage with, actively gather input from, and partner with health center patients and community members who have experienced maternal health barriers and community partners (e.g. community based organizations, social service agencies, home visiting programs) in an ongoing manner, including in the selection of models of care, defining measures of success, and evaluation of your proposed innovation(s). Input from patients, community members, and community partners may be gathered through ongoing formal or informal partnerships throughout the development of the application and period of performance, such as through focus groups, participation in quality improvement activities, and/or direct engagement in the learning collaborative.

Advancing Equity: You must leverage QIF-MH funds to address issues of equity[20] in maternal health, including applying an understanding of intersectionality and how multiple forms of discrimination affect individuals' lived experiences. Individuals and communities often belong to more than one group that has been historically underserved, marginalized, or adversely affected by persistent poverty and inequality. Individuals at the nexus of multiple identities, including racial and ethnic minorities, sexual and gender minorities, and people with disabilities, often experience unique forms of discrimination or systemic disadvantages, including in their access to needed services.[21] Your activities and measures should ensure underserved populations are not further marginalized by innovative solutions to address maternal health disparities.

Consider your team's cultural and clinical competence, the barriers to patients seeking maternal health care (informed by patient and community voices), and health-related social needs such as food insecurity, housing insecurity, financial strain, intimate partner violence, lack of transportation/access to public transportation,[22] and other social determinants that may affect access to care, contribute to poor health outcomes, and exacerbate health disparities.[23] Addressing health-related social needs is a HRSA

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[20] See the HRSA Office of Health Equity and National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care for additional information.
[21] See Executive Order 13988 on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation, 86 FR 2023, at § 1 (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01761.pdf.
[22] See the 2022 UDS Manual (hrsa.gov) for additional information.
[23] The PRAPARE Assessment Tool may support your health center with collecting data needed to understand and act on patients' social determinants of health. For additional information, see https://www.nachc.org/research-and-data/prapare/.

objective to improve health and well-being of individuals and the communities in which they reside.

Learning Collaborative: If awarded, you must actively participate in collaborative learning and evaluation activities with other QIF-MH award recipients and the coordination and evaluation center. In particular, you must collect and share data with the coordination and evaluation center to support the ongoing evaluation of the effectiveness of QIF-MH innovations in achieving your intended outcomes. For those innovations that are successful, you must share data to support potential scalability and use by other health centers. You are strongly encouraged to engage relevant program staff, patients with lived experience, and community partners in the learning collaborative process both during and beyond the period of performance to finalize and disseminate findings. There may be measures the contractor will require from all award recipients (see Section VI.3 Reporting), which will be used to evaluate your innovation(s) for potential scaling across the Health Center Program.

Program Expectations

When it would help expand access to providers and care in-between in-person appointments, you are encouraged to use telehealth in your proposed service delivery plans if feasible and appropriate. Telehealth is defined as the use of electronic information and telecommunications technologies to support and promote, at a distance, health care, patient and professional health-related education, health administration, and public health.[24] Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications. Additional information on telehealth can be found at Telehealth.HHS.gov. Information specific to your health center scope of project is available at https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/pdf/telehealth-pal.pdf. BPHC-specific technical assistance around telehealth is available at https://www.hrsa.gov/library/hiteq-center.

In addition, if you use broadband or telecommunications services for the provision of health care, HRSA strongly encourages you to seek discounts through the Federal Communication Commission's Universal Service Program. For information about such discounts, see Rural Health Care Program. Health Centers should be familiar with and be prepared to advise patients about programs that provide qualified low-income patients a monthly discount on phone, internet, or bundled package bills which can give them the tools to access telehealth through Lifeline. The Affordable Connectivity

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[24] See HRSA Office of Rural Health webpage, "What is Telehealth?": https://www.hrsa.gov/rural-health/topics/telehealth/what-is-telehealth

[Program](#) also helps ensure that households can afford the broadband they need for healthcare. Patients living on tribal lands may be eligible for additional benefits.

Program-Specific Instructions

In addition to application requirements and instructions in Sections 4 and 5 of HRSA's *[SF-424 Two-Tier 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 5.1.ix. of HRSA's *[SF-424 Two-Tier Application Guide](#)*. In addition, provide your Health Center Program grant number (H80CSXXXXX) and a brief summary of how your innovative project will address the clinical and health-related social needs of health center patients at highest risk of maternal morbidity and mortality to improve maternal health and reduce racial and ethnic disparities.

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 will be considered during the objective review.

Narrative Section, Forms, and Attachments	Review Criteria
Project Narrative Section: Need Project Plan Form	(1) Need
Project Narrative Section: Response Forms: Minor Alteration/Renovation (A/R) Project Cover Page(s) (if applicable), Equipment List (if applicable) Project Plan Form	(2) Response
Project Narrative Section: Collaboration Project Plan Form Attachment 1: Letters of Partnership	(3) Collaboration

Narrative Section, Forms, and Attachments	Review Criteria
Project Narrative Section: Resources/Capabilities Form 5A: Services Provided Budget Narrative	(4) Resources/Capabilities
Project Narrative Section: Evaluative Measures Project Plan Form	(5) Evaluative Measures
Project Narrative Section: Support Requested Forms: SF-424A Budget Information for Non-Construction Programs, Equipment List (if applicable) Budget Narrative Minor A/R Project Cover Page (if applicable)	(6) Support Requested

ii. *Project Narrative*

In this section, you will provide a comprehensive description of all aspects of your project, including your proposed innovation(s). Your narrative 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 innovation(s). All sections should align with the unique barriers that your proposed innovation(s) will address.

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

NEED -- *Corresponds to Section V.1 Review Criterion 1: NEED*

1) Provide data[25] that describes the disparities in maternal health indicators by race and ethnicity in your service area (e.g., maternal mortality rate, severe maternal morbidity rate, maternal health indicators), and highlight data specific to the disparities your proposed innovation(s) will address.

2) Describe and provide data on the barriers to optimal maternal health that are unique to the geography of your service area (e.g., barriers specific to being remote, rural, or sparsely populated), and highlight data specific to the barriers your proposed innovation(s) will address. Indicate what impact your service area's geography has on the availability and accessibility of maternal health services.

3) Describe your population of focus based on disparities in maternal health indicators and known barriers to optimal maternal health for the proposed innovation(s), as

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[25] Suggested data sources include the Maternal and Infant Health Mapping Tool and UDS Mapper.

indicated in the Project Plan form, including why the population is appropriate given the data presented above. If the population extends beyond your current patients to other residents of the service area, clearly describe the additional population(s) (e.g., relevant demographics, location) and explain why it is important to include them.

4) Describe and provide data on the most significant clinical and health-related social needs affecting the population of focus and highlight the barriers your proposed innovation(s) will address (consistent with Project Plan form). Describe applicable barriers/needs as they relate to the following:

    a) Health care delivery, including:

        i.   Clinical services
        ii. Care models/teams
        iii. Clinical quality and safety
        iv. Continuity of care
        v. Patient experience and input
        vi. Other – please describe

    b) Access, including:

        i.   Language access
        ii. Transportation to access health center services
        iii. Care coordination
        iv. Knowledge of health center services (e.g., for residents of the area who are not in care)
        v. Cultural barriers
        vi. Geographic barriers
        vii. Other – please describe

    c) Health-related social needs, including:

        i.   Housing insecurity
        ii. Food insecurity
        iii. Financial strain
        iv. Lack of transportation/access to public transportation
        v. Intimate partner violence
        vi. Other – please describe

5) Describe how each of the following groups informed your problem statement and the barriers you identified in the Project Plan form, including how you collected and analyzed the information:

    a) Health center staff
    b) Health center patients and community members who have experienced maternal health barriers
    c) Community partners

RESPONSE -- *Corresponds to Section V.1 Review Criterion 2: RESPONSE*

1) Complete the [Project Plan form](), which is divided into two sections: Project Overview and Innovation Tables. The Project Overview section provides summary information that applies to the entire project. The Innovation Tables describe your proposed innovation(s) in detail, including barriers the innovation will address, activities you will implement, and evaluative measures. See [Project Plan form]() for a list of all items that must be included for a complete project plan.

2) Provide the rationale for selecting the clinical and health-related social needs that your proposed innovation(s) will address and describe how community engagement informed the selection process.

3) Provide the following related to the evidence-based[26] resources that influenced your proposed innovation(s):

   a) A brief summary of the evidence-based resources used as the foundation of your proposal.
   b) How your proposed innovation(s) addresses potential gaps/challenges and builds upon the evidence base for your population of focus.

4) Describe how your proposed innovation(s) identified in the [Project Plan form]():

   a) Differs from previous approaches or strategies in the maternal health field.
   b) Offers new or improved solutions to achieve your goal(s) to improve maternal health and reduce racial and ethnic maternal health disparities.
   c) Addresses one or more barriers related to health care services, access to care, and/or health-related social needs for your population of focus.
   d) Could be applied by other health centers, particularly those that are similar to your health center (e.g., geographic factors, patient demographics).[27]

5) Describe how input from each of the following groups was used to inform the development of your proposed innovation(s):

   a) Health center staff
   b) Health center patients and community members who have experienced maternal health barriers
   c) Community partners

6) Describe how you will identify and take steps to proactively support[28] the provision of culturally affirming, equitable maternal health care to improve outcomes and reduce disparities in maternal health care, including:

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[26] "Evidence-based" refers to resources that are published intervention evaluations or studies that have evidence in effectiveness, feasibility, reach, sustainability, and transferability. See https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/evidence-based-resources.

[27] The following may be helpful as you complete your application: HRSA Data Warehouse, PCAs, and NTTAPs.

[28] Proactive support may include additional staff training, soliciting patient and community perspectives on provider-patient relationships, and/or other activities designed to eliminate inequities in the provision of maternal health care.

a) Training providers to account for patient preferences, culture, values, and needs (including linguistic accessibility needs).
b) Creating opportunities for community members and providers to work together on improving culturally affirming, equitable maternal health care.
c) Providing training and/or learning experiences that support providers in recognizing and addressing mechanisms that impact equity in maternal health outcomes.

7) Refer to your Form 5A: Services Provided and your Scope Overview form. If you will rely on contracted services (Form 5A, column II) and/or formal written referral arrangements (Form 5A, column III) to carry out substantial portions of your proposed innovation(s), explain:

a) How contracted and/or formal written referral arrangement services will contribute to the success of your innovation(s).
b) How you will ensure continuity of care across providers and stages of maternal health care.
c) How utilization of such service delivery methods may impact the scalability of the proposed innovation(s).

8) If applicable, describe how proposed minor alteration/renovation (A/R) activities and/or equipment purchases are integral to addressing the barriers identified in the Project Plan form. Identify the specific activities listed in the Innovation Tables of the Project Plan form that minor A/R and/or equipment purchases will support. Your response should align with, and not duplicate, the information in the Budget, Minor A/R Project Cover Page and/or the Equipment List form.

COLLABORATION -- *Corresponds to Section V.1 Review Criterion 3: COLLABORATION*

1) In Attachment 1: Letters of Partnership, provide at least one letter from a community partner(s). Letter(s) must:

a) Define the nature and duration of the partnership.
b) Describe specific collaboration in support of your proposed project, as detailed in the Project Plan form.
c) Be current, include a signature, and be addressed to the health center's board, CEO, or other appropriate key management staff member.

2) Describe how you will collaborate with community partner(s) (documented in Attachment 1) to:

a) Identify and address barriers, as described in the Project Plan form, related to health care delivery, access to care, and/or health-related social needs for your population of focus.
b) Adapt your proposed innovation(s) throughout the period of performance with their input (e.g., continuous quality improvement).
c) Strengthen and improve care coordination, community engagement, and population health.

3) Describe how you will engage and gather input from health center patients and community members who have experienced maternal health barriers, including:

    a) How patients and community members will be selected for engagement.

    b) What mechanisms you will use to ensure meaningful engagement among patients and community members and program administrators, providers and evaluators.

    c) How frequently you will solicit patient and community member input during the development of the proposed innovation(s) and throughout the period of performance.

    d) How you will use patient and community member input to inform your continuous quality improvement processes including efforts to improve and adapt the proposed innovation(s) throughout the period of performance (e.g., engagement in identifying barriers to maternal health, identifying strengths or weaknesses of the proposed innovation(s), reviewing the data).

4) Describe how your health center plans to complement or build on state and/or local collaborative efforts to improve maternal health. For example, if your health center is located within one of the states currently funded under HRSA's State Maternal Health Innovation (MHI) Program, describe current or planned engagement with the State MHI Program. If no state or local collaborative efforts exist in your area, please indicate this.

RESOURCES/CAPABILITIES -- *Corresponds to Section V.1 Review Criterion 4: RESOURCES/CAPABILITIES*

1) Describe your current maternal health care service delivery model, including:

    a) Providers and other staff who support maternal care delivery (e.g., enabling services staff).

    b) The services you provide directly, through formal written contract/agreement, and by formal written referral arrangement (including enabling services that support maternal health patients).

    c) How your providers and staff work in an interdisciplinary team to provide integrated services (e.g., integration with mental health, substance use disorder, and pharmacy services, as applicable).

    d) Collaborations with community partners (e.g., community-based organizations, social service agencies, home visiting programs) and community members.

    e) Efforts to ensure coordinated, clinically effective care[29] across all stages of maternal health (preconception[30], prenatal, intrapartum, postpartum).

2) Describe your experience designing, implementing, and evaluating clinical quality improvement efforts, including:

    a) Collaborating with community partners to address patient needs and how the collaboration impacted the clinical health outcomes.

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[29] Patients receive high-quality services tailored to their needs and values.
[30] Preconception services are documented on Form 5A: Services Provided under Gynecological Care.

b) Targeted interventions for patients at risk of a specific adverse clinical outcome, including the results of the intervention.
c) Collecting and using patient input and continuous feedback throughout a clinical transformation effort.
d) Screening for and reporting social risk factors to UDS.[31]
e) Training providers on implicit biases and culturally and linguistically appropriate care.
f) Workforce development and workforce recruitment strategies to ensure patient-centered, equitable care delivery.
g) Collecting data to evaluate the results of strategies/interventions to improve the clinical quality of health services, improve health outcomes, and reduce health disparities.

3) Describe your capacity to implement, monitor, and adapt the proposed innovation(s) throughout the period of performance, including:

a) How the proposed personnel (direct hire and contracted) listed in the Budget Narrative will successfully implement the project, including clearly describing each individual's role.
b) The expertise of key management staff to guide the development and implementation of your proposed innovation(s), and to provide operational and clinical oversight for your project.
c) How the proposed innovation(s) will ensure continuity of care of maternal health services for patients at highest risk for adverse maternal health outcomes.
d) Your organizational systems to collect and integrate ongoing patient experience feedback to inform continuous improvement throughout the period of performance.
e) Your organizational systems to track and close referral loops to address health-related social needs.
f) Your capacity to collect identified process and outcome data measures and use them for continuous quality improvement.
g) Your capacity to utilize information gathered in the learning collaborative to improve strategies of innovation throughout the period of performance.

EVALUATIVE MEASURES -- *Corresponds to Section V.1 Review Criterion 5: EVALUATIVE MEASURES*

1) Describe the goal(s), as documented in the Project Plan form, including how:

a) You anticipate your proposed innovation(s) will achieve your goal(s).
b) The goal(s) are realistic given the identified disparities, barriers, organizational capacity, and partnerships.
c) The goal(s) are reflective of ongoing engagement with and input from health center patients and community members who have experienced maternal health barriers.

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[31] See the UDS Training and Technical Assistance webpage for additional information.

> d) The goal(s) will achieve the funding purpose to improve maternal health for the population of focus and reduce racial and ethnic maternal health disparities.

2) For each evaluative measure listed in the Innovation Tables of the Project Plan form, provide the following:

> a) The source[32] of the measure.
> b) How the measure applies to the proposed innovation(s).
> c) The data collection method.
> d) Frequency of data collection.[33]
> e) How you will use the findings to assess performance and adapt your innovation(s).

> Note:

> - Your evaluative measures must include at least one patient experience[34] measure and one community engagement measure per innovation proposed.

SUPPORT REQUESTED -- *Corresponds to Section V.1 Review Criterion 6: SUPPORT REQUESTED*

1) Provide a consistent budget presentation (i.e., SF-424A, Budget Narrative with personnel table, and Equipment List and Minor A/R Project Cover Page, if applicable) that aligns with and will clearly support the success of the proposed innovation(s).

iii. Budget (*Submit in EHBs*)

Follow the instructions in Section 5.1.iv of HRSA's *SF-424 Two-Tier 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.

Your budget must:
- Demonstrate that you will use QIF-MH funds for costs that will advance progress on the QIF-MH purpose.

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[32] Evaluative measures may be adapted from UDS, Healthy People 2030, HEDIS, Maternal and Infant Health Mapping Tool, your state's Title V Annual Report, or other sources, or may be developed specifically for this project.
[33] Please refer to Reporting, Section VI.3 for additional guidance on the required frequency of data and progress updates.
[34] The contractor may ask you to utilize and provide additional patient experience measures that your health center collects (e.g., the patient satisfaction tools you may use for the PCMH certification process).

- Clearly detail proposed costs for each line item on the SF-424A Budget Information Form for Non-Construction Programs, with calculations for how you derive each cost.
- Not include ineligible costs.
- Align with the Minor A/R Project Cover Page and Equipment List form, as applicable. See Appendix B: Equipment and Minor A/R Requirements for details.
- Provide HRSA with sufficient information to determine that you will use QIF-MH funds separately and distinctly from other Health Center Program support (e.g., H80 awards).

In addition, QIF-MH requires the following:

Budget Information Form for Non-Construction Programs (SF-424A): You must present the total budget for the project, which includes QIF-MH funds (up to $2,000,000) and all non-federal funds that will support the proposed project. You have discretion about how you propose to allocate the total budget between QIF-MH federal funds and other funding that supports the project, provided that the projected budget complies with all applicable HHS policies and other federal requirements.[35]

- In Section A – Budget Summary, under New or Revised Budget, in the Federal column, enter the QIF-MH federal funding requested for **the entire 2-year period of performance** (up to $2,000,000). Enter all other project costs in the Non-Federal column. Estimated Unobligated Funds are not applicable for this funding opportunity.

- In Section B – Budget Categories, enter an object class category (line item) budget for the entire 2-year period of performance. The amounts for each category in the Federal and Non-Federal columns, as well as the totals, should align with the Budget Narrative. Up to $400,000 in federal funds may be requested for equipment and/or minor A/R. If requesting funds for minor A/R, include that amount on the construction line.

- In Section C – Non-Federal Resources, enter the amount of all other sources of funding for the entire 2-year period of performance (if any), not including the QIF-MH federal funding request. The total in Section C must be consistent with the Non-Federal Total in Section A. When providing Non-Federal Resources by funding source, include other federal funds supporting the proposed project in the "other" category.

- In Sections D, E, and F – You may leave these sections blank.

As required by the Consolidated Appropriations Act, 2022 (P.L. 117-103) "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".[36] Note

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[35] See Chapter 17: Budget of the Compliance Manual.
[36] Executive Level II is $203,700 (current as of April 2022). See HRSA's *SF-424 Two-Tier Application Guide* for additional information.

that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. ***Budget Narrative (include a Table of Personnel to be Paid with Federal Funds, if applicable) (Submit in EHBs)***

See Section 5.1.v of HRSA's *SF-424 Two-Tier Application Guide*. QIF-MH requires a detailed budget narrative that outlines federal and non-federal costs for the total project by object class category, including a year 1 and year 2. The sum of line item costs for each category must align with those presented on the SF-424A Budget Information Form for Non-Construction Programs.

In addition, provide a Table of Personnel to be Paid with Federal Funds, as shown in the example provided in HRSA's *SF-424 Two-Tier Application Guide*. See the QIF-MH technical assistance webpage for an example Budget Narrative.

All contractual arrangements must be appropriate for health center oversight of the proposed project and include any contractors and sub-recipients.

Format the budget narrative to have all columns fit on an 8.5 x 11 page in portrait orientation when printed.

v. ***Program-Specific Forms (Submit in EHBs)***

You will submit the required SF-424 information through Grants.gov. The instructions in this section refer to Phase 2 of your application, supplemental information to be submitted through EHBs. To preview the forms to be completed in EHBs, visit the QIF-MH technical assistance webpage.

Form 1B: Funding Request Summary (Required)

Before completing Form 1B, complete the SF-424A Budget Information Form for Non-Construction Programs. See the Budget section for instructions on completing the SF-424A.

QIF-MH Funding Request

The form displays the QIF-MH funding request, pre-populated from the SF-424A Budget Information Form for Non-Construction Programs, Section A.

- The maximum amount of federal funding that can be requested is $2,000,000.
- If changes are required, modify the appropriate section of the SF-424A.

H80 Verification

Enter your Health Center Program grant number where indicated (H80CSXXXXX – reminder: this is an eligibility factor).

Equipment and Minor A/R Funding

- Up to $400,000 in federal funding may be requested for equipment and/or minor A/R.
- Indicate if you are requesting QIF-MH funds for:
  - Equipment purchases (no minor A/R),

- o Minor A/R with equipment,
- o Minor A/R without equipment, or
- o Not applicable (funding for equipment and minor A/R not requested).
  - If you select equipment, you must enter the amount requested for equipment on the equipment line in Section B of the SF-424A. This will make the Equipment List Form available for you to complete.
  - If you select minor A/R, you must enter the amount requested for minor A/R on the construction line in Section B of the SF-424A. This will make the Minor A/R Project Cover Page and Other Requirements for Sites Forms available for you to complete.
  - See Appendix B: Equipment and Minor A/R Requirements for further information.

Form 5A: Services Provided (view-only)

This form will pre-populate from your current scope of project and cannot be modified through this application. Changes in services require prior approval through a Change in Scope request submitted in EHBs. If the pre-populated data do not reflect recently approved changes, click the Refresh from Scope button in EHBs to display the latest scope of project. Refer to the Scope of Project documents and resources for details about defining and changing your scope. This form should support your application development, including question 1 of the RESOURCES/CAPABILITIES section of the Project Narrative.

Scope Overview Form (Required)

In the scope overview form in EHBs evaluate your current scope of project in light of your proposed project.[37] If your scope requires changes based on your proposed project, indicate if changes will be required to your Form 5A: Services Provided, Form 5B: Service Sites, and/or Form 5C: Other Activities/Locations. Provide an overview of the change(s) along with a timeline for making the necessary request(s). Access the technical assistance materials on the Scope of Project webpage for guidance in determining if a scope adjustment or change in scope will be necessary. To request a change in scope or seek additional guidance, use the BPHC Contact From and select "Change in Scope" under the Program Monitoring H80 heading.

If a change in scope is required to fully implement your QIF-MH project, you must submit scope adjustment and change in scope requests outside of the QIF-MH application. You should allow 60 days for HRSA to review your request and obtain approval before implementing change(s).

- **Review your Form 5A: Services Provided.** When reviewing this form, consider if your proposed QIF-MH project requires a change in service delivery methods on Form 5A (e.g., moving postpartum care services from Column II to Column I).

- **Review your Form 5B: Service Sites.** When reviewing this form, consider if you propose to use QIF-MH funds to purchase a mobile unit, requiring you to request a change in scope to add the new mobile site to Form 5B.

- **Review your Form 5C: Other Activities/Locations.** When reviewing this form, consider if you propose to use QIF-MH funds to provide services at locations that do not meet the definition of a service site or have irregular or limited timeframes (e.g., home visits, portable clinical care).[38]

Project Plan Form (required)

Complete the Project Plan Form in EHBs to serve as an overview of the proposed innovation(s). The project plan should be aligned with responses provided in the Project Narrative and will include:

Project Overview – In this section, you will provide an overview of your entire QIF-MH proposed project.

- Project name – Provide a brief title for your project.
- Problem statement(s) – Provide a brief description of the barrier(s) your proposed innovation(s) plans to address.
- Goal(s) – Provide a brief description of the goal(s) your proposed innovation(s) will achieve.
- Population of focus – Briefly describe your population of focus for the proposed innovation(s).
- Community engagement approach – briefly describe your plan to gather input from and meaningfully engage with patients, community members, and community partners throughout the period of performance.
- Barriers summary
  - Select at least one category of barriers your innovation(s) directly addresses (select all that apply):
    - Health care delivery:
      - Clinical services
      - Care models/teams
      - Clinical quality and safety
      - Continuity of care
      - Patient experience
      - Other – please describe
    - Access:
      - Language access
      - Transportation to access health center services
      - Care coordination
      - Knowledge of health center services (e.g., for residents of the area who are not in care)
      - Cultural barriers

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[38] See section III.B.1.g: Other Activities of Policy Information Notice 2008-01 for additional information.

- o Geographic barriers
- o Other – please describe
  - Health-related social needs:
    - o Housing insecurity
    - o Food insecurity
    - o Financial strain
    - o Lack of transportation/access to public transportation
    - o Intimate partner violence
    - o Other – please describe

Innovation Tables – In this section, you will describe each proposed innovation(s) in detail. Each innovation will be described in a separate entry within the Innovation Tables section.

- Innovation proposal – Provide a brief overview of your proposed innovation(s).
- Stage(s) of maternal health – Name the stage(s) of maternal health that your proposed innovation(s) will address: preconception, prenatal, intrapartum, and/or postpartum.
- Provide your implementation plan for your proposed innovation(s), including:
    - Barriers – Describe the specific barriers that impact maternal health outcomes for your population of focus that your proposed innovation(s) will address and that reflect input from your community engagement efforts.
    - Innovative activities – List and describe the activities you will implement to address the identified barriers.
    - Evaluative measures – Identify the evaluative measures you plan to use to assess the success of your innovation. You must include at least one measure of patient experience and one measure of community engagement per innovation.

A sample project plan form can be found on the [QIF-MH technical assistance webpage](#).

Equipment List and Minor A/R Forms (if applicable)

Up to $400,000 may be requested for equipment and/or minor A/R if necessary to support your proposed innovation(s). If you are requesting funding for equipment purchases or for minor A/R activities, see [Appendix B: Equipment and Minor A/R Requirements](#).

vi. *Attachments*

Provide the following items in the order specified below. **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.

Attachment 1: Letters of Partnership (Required)

Upload at least one current, dated, and signed letter(s) of partnership to provide evidence of commitment to the project from partner(s). As stated in the [Collaboration](#) section of the Project Narrative, letter(s) should:

- Define the nature and duration of the partnership,
- Describe specific collaboration and/or coordinated activities in support of your proposed innovation(s), and/or for your population of focus and,
- Be dated within 6 months of the application submission date and signed by a key individual.

Attachment 2: Other Relevant Documents (if applicable)

Upload an indirect cost rate agreement, if applicable. Include other relevant documents to support the proposed project that are integral to the implementation of your innovation(s), as desired. You are encouraged to consider the effect on your application's page length when providing additional documents.

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

The UEI (SAM), a new, non-proprietary identifier assigned by [SAM](#), has replaced the UEI Data Universal Numbering System (DUNS) number.

Effective April 4, 2022:

- The UEI assigned by [SAM](#) has replaced the Data Universal Numbering System (DUNS) number.

- Register at [SAM.gov](#) and you will be assigned a UEI.

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have: an active federal award, an active application, or an active 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 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 Knowledge Base](#))

- Grants.gov (https://www.grants.gov/)

For more details, see Section 3.1 of HRSA's *SF-424 Two-Tier Application Guide*.

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 application due date under this NOFO in Grants.gov (Phase 1) is ***December 5, 2022 at 11:59 p.m. ET***. The due date to complete all other required information in EHBs (Phase 2) is ***January 13, 2023 at 5 p.m. ET***. HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadlines** to allow for any unforeseen circumstances. See Section 9.2.5 – Summary of emails from Grants.gov in HRSA's *SF-424 Two-Tier Application Guide* for additional information.

5. Intergovernmental Review

The Health Center Program is subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 5.1.ii. of HRSA's *SF-424 Two-Tier Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 2 years, at no more than $2,000,000 total per application (inclusive of direct **and** indirect costs).

The General Provisions in Division H of the Consolidated Appropriations Act, 2022 (P.L. 117-103) apply to this program. See Section 5.1 of HRSA's *SF-424 Two-Tier Application Guide* for additional information. Note that these or other restrictions will apply in following fiscal years, as required by law.

45 CFR part 75 and the HHS Grants Policy Statement (HHS GPS) include information about allowable expenses. You cannot use funds under this notice for the following purposes:

- Costs already supported by H80 operational grant or related supplemental funding (e.g., H8F);
- Purchase or upgrade of an electronic health record (EHR) that is not certified to the 2015 edition of certification criteria under the Office of the National Coordinator for Health Information Technology Health IT Certification Program;[39]
- Construction activities, including additions or expansions;

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[39] The Centers for Medicare and Medicaid Services and the Office of the National Coordinator for Health Information Technology have established standards and other criteria for structured data. For additional information, refer to https://www.healthit.gov/topic/certification-ehrs/about-onc-health-it-certification-program

- Major alteration/renovation, defined as A/R in excess of $500,000 in total federal and non-federal costs (excluding the cost of moveable equipment);
- Purchase and/or installation of trailers and pre-fabricated modular units;
- Facility or land purchases; or
- Concrete or asphalt paving of new areas outside of a building.

Under existing law and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortions (except in cases of rape or incest, or when a physician certifies that the woman has a physical disorder, physical injury, or physical illness that would place her in danger of death unless an abortion is performed). This includes all funds awarded under this notice and is consistent with past practice and long-standing requirements applicable to awards to health centers.

You are required to have the necessary policies, procedures, financial and other internal controls[40] 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 use of funds for lobbying, executive salaries, gun control, abortion, etc. 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 subrecipients 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. You can find post-award requirements for program income at 45 CFR § 75.307. The non-federal share of the project budget includes all program income sources such as fees, premiums, third party reimbursements, and payments that are generated from the delivery of services, and from other revenue sources such as state, local, or other federal grants or contracts; private support; and income generated from fundraising and donations/contributions.

In accordance with Section 330(e)(5)(D) of the PHS Act relating to the use of non-grant funds, health centers shall use non-grant funds, including funds in excess of those originally expected, "as permitted under section 330," and may use such funds "for such purposes as are not specifically prohibited under section 330 if such use furthers the objectives of the project."

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[40] For more information see HRSA Internal Controls at a Glance:
https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/internal-controls-tip-sheet.pdf

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.

Reviewers will evaluate and score the merit of the application based upon these criteria. The entire proposal will be considered during objective review.

Six review criteria are used to review and rank QIF-MH applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (20 points) – Corresponds to Section IV.2.ii NEED

1) The extent to which the applicant describes service-area specific disparities in maternal health indicators by race and ethnicity and highlights data specific to the disparities the proposed innovation(s) will address.

2) The extent to which the applicant describes barriers to optimal maternal health that are unique to the geography of their service area, describes the impact the service area geography has on the availability and accessibility of maternal health services, and highlights data specific to the barriers the proposed innovation(s) will address.

3) The strength of the applicant's description of their population of focus for the proposed innovation(s) including:
   - Justification of their selection based on the identified disparities and barriers (in NEED, items 1-2).
   - If applicable, the extent to which the applicant describes why it is important to include residents of the service area who are not current patients in their population of focus.
   - The extent to which the applicant provides relevant data for and clearly describes the barriers their proposed innovation will address, including barriers related to one or more of the following: health care delivery, access to care, and/or health-related social needs (see NEED, item 4 for a full list).

4) The extent to which the applicant collected and analyzed information from each of the following groups to inform the problem statement and selection of barriers the proposed innovation(s) will address:
   - Health center staff
   - Health center patients and community members who have experienced maternal health barriers
   - Community partners

Criterion 2: RESPONSE (35 points total) – Corresponds to Section IV.2.ii RESPONSE

1) **Project Plan (15 of 35 points)**: The extent to which the [Project Plan form](#) is thorough and provides an overview that includes clear descriptions that logically support the proposed innovation(s) in each of the following sections:
   - Problem statement
   - Goal of proposed innovation(s)
   - Stage(s) of maternal health
   - Population(s) of focus
   - Community engagement approach
   - Innovation(s) proposal
   - Innovation table(s), including:
     - Barriers that impact maternal health outcomes for the population of focus
     - Innovative activities
     - Evaluative measures

Remaining RESPONSE Items (20 of 35 points)

2) The strength of the applicant's rationale for selecting the clinical and health-related social needs the proposed innovation(s) will address.

3) The extent to which the proposed innovation(s) clearly build upon the described evidence-based resources to address gaps/challenges for the population of focus.

4) The extent to which the proposed innovation(s) identified in the [Project Plan form](#):
   - Differ from previous approaches or strategies in the maternal health field.
   - Offer new or improved solutions to achieve the applicant's identified goals to improve maternal health outcomes and reduce racial and ethnic disparities.
   - Address one or more barrier(s) related to health care delivery, access barriers, and/or health-related social needs.
   - Could be applied by other health centers, particularly those that are similar to the applicant's health center (e.g., similar geographic factors, patient demographics).

5) The extent to which the applicant used information from following groups to inform the proposed innovation(s):
   - Health center staff
   - Health center patients and community members who have experienced maternal health barriers
   - Community partners

6) The strength of the applicant's plan to proactively support provider training and/or learning experiences in the provision of culturally affirming, patient centered, equitable maternal health care that takes into account patient input regarding culture, values, and needs (including linguistic accessibility needs) to improve outcomes and reduce disparities in maternal health care, including how these plans incorporate opportunities for provider engagement with community members.

7) If the applicant states that substantial portions of the proposed innovation(s) rely on contracts and/or referral arrangements, the degree to which:
- Contracts and/or referral arrangements will contribute to the success of the proposed innovation(s).
- Continuity of care across providers and stages of maternal health care will be ensured.
- The scalability of the proposed innovation(s) will not be impacted by the use of contracted and/or referred services.

8) If minor alteration/renovation (A/R) activities and/or equipment purchases are proposed, the extent to which such activities and/or purchases are integral to addressing the identified barriers, including the extent to which the applicant clearly links these activities and/or purchases to specific activities listed in the Innovation Tables of the Project Plan form.

Criterion 3: COLLABORATION (10 points) – Corresponds to Section IV.2.ii COLLABORATION

1) The extent to which the letter(s) of partnership in Attachment 1 provide evidence of specific collaboration in support of the proposed project. Note: At least one letter of partnership is required.

2) The degree to which collaboration with community partner(s) will:
- Support identification and addressing of barriers, including barriers related to health care delivery, access to care, and/or health-related social needs, for the population of focus.
- Inform the adaptation of the proposed innovation(s) throughout the period of performance.
- Strengthen and improve care coordination, community engagement, and population health.

3) The strength of the applicant's plan to engage and gather input from health center patients and community members who have experienced maternal health care barriers, including:
- How the group will be selected for engagement.
- How frequently their input will be solicited during the development of the proposed innovation(s) and throughout the period of performance.
- How their input will be used to inform the proposed innovation(s), continuous quality improvement processes, and the improvement and adaptation of the proposed innovation(s) throughout the period of performance.

4) The extent to which the applicant describes how the proposed project will complement or build on existing state and/or local collaborative efforts to improve maternal health or clearly states that no such collaborative efforts exist in their area.

Criterion 4: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV.2.ii RESOURCES/CAPABILITIES.

1) The strength of the applicant's current maternal health care service delivery model, including:
    - Providers and other staff who support maternal care delivery.
    - The services provided directly, through formal written contract/agreement, and by formal written referral.
    - Interdisciplinary teamwork to provide integrated services.
    - Collaborations with community partners.
    - Efforts to ensure coordinated, clinically effective care across all stages of maternal health.

2) The extent to which the applicant has prior experience with designing, implementing, and evaluating clinical quality improvement efforts, including:
    - Collaborating with community partners to address patient needs and how the collaboration impacted clinical health outcomes.
    - Targeted interventions for patients at risk of a specific adverse clinical outcome and the results of the intervention.
    - Efforts to include patient input and continuous feedback.
    - Collecting and reporting data on patients' social risk factors.
    - Training providers on implicit biases and culturally and linguistically appropriate care.
    - Conducting workforce development and recruitment to ensure patient-centered, equitable care.
    - Collecting data to evaluate the results of strategies/interventions to improve the clinical quality of maternal health services, improve health outcomes, and reduce health disparities.

3) The applicant's capacity to implement, monitor, and adapt the proposed innovation(s), including:
    - The proposal of personnel capable of successfully implementing the project.
    - The expertise of key management staff to guide development, implementation, and operational and clinical oversight for the project.
    - How the proposed innovation(s) will ensure continuity of care of maternal health services for patients at highest risk for adverse maternal health outcomes.
    - Organizational systems to:
        i. Collect ongoing patient experience and community feedback to inform continuous improvement.
        ii. Track and close referral loops to address health-related social needs.
    - Capacity to:
        i. Collect identified process and outcome data measures and use them for continuous quality improvement.
        ii. Use information gathered in the learning collaborative to improve innovation strategies.

Criterion 5: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV.2.ii EVALUATIVE MEASURES.

1) The effectiveness and quality of the applicant's goal(s), including:
   - The degree to which the innovation(s) will achieve the goal(s).
   - Whether the goal(s) are realistic given the identified barriers, organizational capacity, and partnerships.
   - How the goal(s) are reflective of input from health center patients and community members who have experienced maternal health barriers.
   - Whether the goal(s) will achieve the funding purpose to improve maternal health and reduce racial and ethnic maternal health disparities in the population of focus.

2) The strength of the applicant's explanation of:
   - The source of each evaluative measure.
   - How each measure applies to the proposed innovation(s).
   - How the data for each measure will be collected.
   - How frequently the data will be collected.
   - How data will be used to assess performance and adapt the innovation(s).
   Note:
   - At least one patient experience measure and one community engagement measure per innovation must be included.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV.2.ii SUPPORT REQUESTED

1) The extent to which the budget presentation (i.e., SF-424A, Budget Narrative with personnel table, and Equipment List and Minor A/R Project Cover Page, if applicable) is consistent, reasonable, and aligns with the proposed plan to develop and implement innovative strategies that reduced disparities in maternal health outcomes (as outlined in the RESPONSE section and the Project Plan form).

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See section 6.3 of HRSA's *SF-424 Two-Tier Application Guide* for more details.

Compliance Status[41]

- You will not receive QIF-MH funding if you meet any of the following exclusion criteria at the time HRSA makes funding decisions: You are no longer an active Health Center Program (H80) award recipient under sections 330(e), (g), (h), and/or (i), or

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[41] See Chapter 2: Health Center Program Oversight of the Compliance Manual.

- You have an active 30-day condition on your H80 award related to Health Center Program requirement area(s).

3. Assessment of Risk

HRSA may apply special conditions of award or 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 August 1, 2023. See Section 6.4 of HRSA's *SF-424 Two-Tier Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Two-Tier 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 receive 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.

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.

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

Health Information Technology (IT) Interoperability Requirements

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for	Utilize health IT that meets standards and implementation specifications adopted in 45 CFR part 170, Subpart B, if such standards and

activities by any funded entity	implementation specifications can support the activity. Visit https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-D/part-170/subpart-B to learn more.
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Utilize health IT certified under the ONC Health IT Certification Program, if certified technology can support the activity. Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more.

If standards and implementation specifications adopted in 45 CFR part 170, Subpart B cannot support the activity, recipients and subrecipients are encouraged to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at https://www.healthit.gov/isa/.

3. Reporting

Award recipients must comply with Section 7 of HRSA's *SF-424 Two-Tier Application Guide* **and** the following reporting and review activities:

1) **Monthly Data and Progress Updates**. You will submit monthly data and progress updates to the contractor-led collaborative learning and evaluation center. You will report on your selected metrics, as indicated in the Project Plan form, and you may also be asked to report HRSA-selected metrics. More information will be available in the NOA.

2) **Final Report.** You will submit a final progress report, along with a final expenditure report, within 90 days of the end of the period of performance.

3) **Financial Report.** You will submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the period of performance.

4) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

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:

Joi Grymes-Johnson
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 443-2632
Email: jgrymes@hrsa.gov

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

Clare Stevens
Lead Public Health Analyst
Office of Policy and Program Development
Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration
5600 Fishers Lane, Room 16N108D
Rockville, MD 20857
Telephone: (301) 594-4300
Contact: BPHC Contact Form
Web: QIF-MH technical assistance webpage

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
Phone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base

You may need assistance when working online to submit your application electronically through the EHBs. Always obtain a case number when calling for support. For assistance with submitting the remaining information 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
Phone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance

HRSA will hold a pre-application TA webinar for applicants seeking funding through this opportunity. Visit the [QIF-MH technical assistance webpage](#) for webinar details, examples of forms, frequently asked questions, and other resources that will help you submit a competitive application.

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

HRSA Primary Health Care Digest

The HRSA [Primary Health Care Digest](#) is a weekly email newsletter containing information and updates pertaining to the Health Center Program, including release of all competitive funding opportunities. You are encouraged to have several staff subscribe.

Federal Tort Claims Act (FTCA) Coverage

FTCA coverage for new services and sites is dependent, in part and where applicable, on HRSA approval of a post-award change in the scope of the project. For more information, review the FTCA Health Center Policy Manual, available at https://bphc.hrsa.gov/sites/default/files/bphc/ftca/pdf/ftcahcpolicymanualpdf.pdf.

Tips for Writing a Strong Application

See Section 5.7 of HRSA's *SF-424 Two-Tier Application Guide*.

Appendix A: Applicant Page Limit Checklist

The purpose of this worksheet is to give you a tool to ensure the number of pages you attach to Standard Forms is within the specified page limit (do not submit this worksheet as part of your application). The Standard Forms do not count against the page limit; however, attachments to the Standard Forms do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the entire length of your attachment to that form does count against the page limit.

Standard Form Name *(Forms themselves do not count against the page limit)*	Attachment File Name *(Unless otherwise noted, attachments count against the page limit)*	Required OR Optional Attachment	Section of the NOFO or Application Package	# of Pages *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	Optional	Application Package	*My attachment = # pages*
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	Optional	Application Package	*My attachment = # pages*
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	Required, if "Yes"	Application Package	*My attachment = # pages*
Attachments Form	Attachment 1: Letters of Partnership	Required	Section IV.2.v	*My attachment = # pages*
Attachments Form	Attachments 2: Other Relevant Documents	Optional	Section IV.2 v	*My attachment = # pages*
Project/Performance Site Location Form	Additional Performance Site Location(s)	Optional	Application Package	*My attachment = # pages*

Standard Form Name (Forms themselves do not count against the page limit)	Attachment File Name (Unless otherwise noted, attachments count against the page limit)	Required OR Optional Attachment	Section of the NOFO or Application Package	# of Pages Applicant Instruction – enter the number of pages of the attachment to the Standard Form
Project Narrative Attachment Form	Project Narrative	Required	Section IV.2ii	*My attachment = # pages*
Budget Narrative Attachment Form	Budget Narrative	Required	Section IV.2.iii	*My attachment = # pages*
# of Pages Attached to Standard Forms				*Applicant Instruction* Total the number of pages in the boxes above.
Page Limit for HRSA-23-027 is 80 pages				**My total = ## pages**

Appendix B: Equipment and Minor A/R Requirements

Within the maximum award amount of $2,000,000, you may request to use up to $400,000 in federal funds and up to $500,000 in combined federal and non-federal funds for minor alteration/renovation (A/R) and/or equipment purchases if necessary to support the proposed innovation(s) for QIF-MH.

If you request to use QIF-MH funds for equipment purchases, with or without minor A/R, you must enter the amount on the SF-424A Budget Information Form for Non-Construction Programs on the equipment line and list the equipment items on the Equipment List Form. Each proposed equipment purchase must be listed separately and align with the Budget Narrative.

Any equipment purchased with QIF-MH funds must be:
- Pertinent to the QIF-MH project,
- Procured through a competitive process, and
- Maintained, tracked, and disposed of in accordance with 45 C.F.R. part 75.

Equipment includes moveable items that are non-expendable, tangible personal property (including information technology systems) having a useful life of more than 1 year and a per-unit acquisition cost that equals or exceeds the lesser of the capitalization level established by the applicant for its financial statement purposes, or $5,000. Moveable equipment can be readily shifted from place to place without requiring a change in the utilities or structural characteristics of the space.

Equipment that does not meet the $5,000 per unit cost threshold could be considered Supplies and should not be entered on the Equipment List Form. The total on the Equipment List Form must equal the total amount of funding requested on the equipment line on the SF-424A Budget Information Form for Non-Construction Programs.

You should report yearly license renewals for existing EHRs or health information technology in "Other Costs" in your budget, not as equipment. You should report licenses for EHRs or health information technology, as part of an EHRs or health information technology system purchase, as part of the overall equipment purchase.

For each item on the Equipment List Form, complete the following fields:
- **Type** – Select clinical or non-clinical.
- **Item Description** – Provide a description of each item.
- **Unit Price** – Enter the price of each item.
- **Quantity** – Enter of the number of each item to be purchased.
- **Total Price** – The system will calculate the total price by multiplying the unit price by the quantity entered.

The selection of all equipment should be based on a preference for recycled content, non-hazardous substances, non-ozone depleting substances, energy and water efficiency, and consideration of final disposal (disposed in a manner that is safe, protective of the environment, and compliant with all applicable regulations), unless

there are conflicting health, safety, and performance considerations. You are strongly encouraged to employ the standards established by either the Electronic Product Environmental Assessment Tool (EPEAT) or Energy Star, where practicable, in the procurement of equipment. Following these standards will mitigate the negative effects on human health and the environment. Additional information for these standards can be found at http://www.epeat.net and http://www.energystar.gov.

To request funding for minor A/R, you must enter the amount on the SF-424A: Budget Information Form for Non-Construction Programs on the construction line.

QIF-MH funding cannot be used for new construction activities (e.g., additions or expansions, work that requires ground disturbance such as new parking surfaces or expansion of a building footprint), the purchase or installation of trailers/pre-fabricated modular units, or major A/R. For a minor A/R activity, the total federal and non-federal cost of the project cannot exceed $500,000, excluding the cost of moveable equipment.

Permanently affixed equipment (e.g., heating, ventilation, and air conditioning (HVAC), generators, signs in or on the existing building, wiring or cabling inside walls, and lighting) is considered fixed equipment and is categorized as minor A/R (not equipment).

An allowable minor A/R project must be a stand-alone project consisting of work in an existing facility required to:
- Install fixed equipment;
- Modernize, improve, and/or reconfigure the interior arrangements or other physical characteristics of a facility;
- Repair and/or replace the exterior envelope;
- Improve accessibility such as curb cuts, ramps, or widening doorways; and/or
- Address life safety requirements.

If you are requesting funding for minor A/R activities, you must complete the Minor A/R Project Cover Page and Other Requirements for Sites forms as well as attach additional documentation for each site-specific minor A/R project. See the QIF-MH technical assistance webpage for detailed instructions for the required forms and attachments.

Appendix C: HRSA-funded Maternal Health Resources

HRSA is the primary federal agency charged with improving health care to people who are geographically isolated and economically or medically vulnerable, including those in need of high-quality primary health care, such as pregnant women and mothers. Improving maternal health and access to quality maternity care services is central to HRSA's mission to improve health and address health disparities through access to quality services, a skilled health workforce, and innovative, high-value programs.

HRSA encourages funded projects to collaborate with other maternal health stakeholders, including the following existing programs:
- State Maternal Health Innovation (MHI) Program
- Supporting Maternal Health Innovation Program
- Alliance for Innovation on Maternal Health (AIM)
- AIM Community Care Initiative
- Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program
- Rural Maternity and Obstetrics Management Strategies Program
- National Maternal Mental Health Hotline
- Title V Maternal and Child Health Services Block Grant Program
- Healthy Start Initiative: Eliminating Disparities in Perinatal Health
- Maternal, Infant, and Early Childhood Home Visiting programs

HRSA currently funds nine states under the State MHI Program to strengthen capacity to address disparities in maternal health and improve maternal health outcomes, including the prevention and reduction of maternal mortality and severe maternal morbidity (SMM), by promoting innovation in maternal health service delivery. Funded states include: Arizona, Iowa, Illinois, Maryland, Montana, North Carolina, New Jersey, Ohio and Oklahoma. HRSA plans to expand this program and fund additional states in FY 2022.

HRSA funds the Maternal Health Learning and Innovation Center (MHLIC) to provide technical assistance and support capacity building for State MHI and other award recipients. MHLIC fosters collaboration and learning among diverse stakeholders to accelerate evidence-informed interventions advancing equitable maternal health outcomes through engagement, innovation, and policy. MHLIC focuses its activities in the following areas of support:
- Capacity building,
- Resource development and dissemination, and
- Peer learning opportunities.

MHLIC also serves as a national hub to connect maternal health stakeholders across the country, cataloging and disseminating best practices related to maternal health improvement. The MHLIC provides a variety of learning opportunities through annual Learning Institutes, individual coaching, technical assistance webinars, and by hosting the annual National Maternal Health Innovation Symposium.

The [Alliance for Innovation on Maternal Health (AIM)](#) program leads the development and implementation of maternal (patient) evidence-based safety bundles for the promotion of safe care for every U.S. birth and addresses the high maternal mortality and SMM rates within the United States. Safety bundles are a set of small, straightforward evidence-based practices that, when implemented collectively and reliably in the delivery setting, have improved patient outcomes and reduced maternal mortality and SMM.[42] The bundles bring together the existing evidence-based recommendations and resources, and they provide modifiable examples for various types of facility capacity. The existing bundles cover the following topics:

1) Obstetric Hemorrhage
2) Severe Hypertension in Pregnancy
3) Safe Reduction of Primary Cesarean Birth
4) Cardiac Conditions of Obstetrical Care
5) Care for Pregnant and Postpartum People with Substance Use Disorder
6) Postpartum Discharge Transition

AIM state-based teams commit to improving maternal health by implementing one or more bundles. These state-based teams come together to address an area of concern and work together to implement the selected bundle(s). During the implementation periods, teams connect with national maternal health partners and other state-based teams to share their learning and results.

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[42] http://www.ihi.org/Topics/Bundles/Pages/default.aspx