U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Maternal and Child Health Bureau
Division of Healthy Start and Perinatal Services

Alliance for Innovation on Maternal Health (AIM) – Community Care Initiative

Funding Opportunity Number: HRSA-19-109
Funding Opportunity Type(s): New
Assistance Listings (CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Application Due Date: July 15, 2019

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, including SAM.gov and Grants.gov,
may take up to 1 month to complete.

Issuance Date: May 15, 2019

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Authority: Social Security Act, Title V, § 501(a)(2) (42 U.S.C. § 701(a)(2))

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2019 Alliance for Innovation on Maternal Health (AIM) - Community Care Initiative. The purpose of the AIM – Community Care Initiative is to: 1) support the development and implementation of non-hospital focused maternal safety bundles within community-based organizations and outpatient clinical settings across the United States and 2) build upon the foundational work of AIM by addressing preventable maternal mortality and severe maternal morbidity among pregnant and postpartum women outside of hospital and birthing facility settings.

Funding Opportunity Title:	Alliance for Innovation on Maternal Health (AIM) – Community Care Initiative
Funding Opportunity Number:	HRSA-19-109
Due Date for Applications:	July 15, 2019
Anticipated Total Annual Available FY 2019 Funding:	$1,830,000
Estimated Number and Type of Award(s):	Up to one cooperative agreement
Estimated Award Amount:	Up to $1,830,000 per year
Cost Sharing/Match Required:	No
Period of Performance:	September 30, 2019 through September 29, 2024 (5 years)
Eligible Applicants:	Any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b) is eligible to apply. See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are also eligible to apply. See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Tuesday, June 4, 2019
Time: 3–4 p.m. ET
Call-In Number: 1-866-714-2132
Participant Code: 1427617#
Weblink: https://hrsa.connectsolutions.com/aimcc

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

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Alliance for Innovation on Maternal Health (AIM) – Community Care Initiative. The purpose of the AIM – Community Care Initiative is to: 1) support the development and implementation of non-hospital focused maternal safety bundles within community-based organizations and outpatient clinical settings across the United States and 2) build upon the foundational work of AIM by addressing preventable maternal mortality and severe maternal morbidity among pregnant and postpartum women outside of hospital and birthing facility settings.[1, 2] Maternal safety bundles are a set of small, straightforward evidence-based practices, which when implemented collectively and reliably in the delivery setting have improved patient outcomes and reduced maternal mortality and SMM.[3] For more information on maternal safety bundles, please refer to page 6 of the notice of funding opportunity (NOFO).

Specifically, funding for this cooperative agreement will support the recipient's ability to conduct the following core activities:

1) Identifying and convening a maternal safety workgroup comprised of community-focused public health and clinical experts to guide program activities;
2) Facilitating national implementation and adoption of two existing non-hospital focused maternal safety bundles (Postpartum Care Basics for Maternal Safety: From Birth to the Comprehensive Postpartum Visit and Postpartum Care Basics for Maternal Safety: Transition from Maternity to Well-Woman Care) and developing new non-hospital focused maternal safety bundles for use within outpatient clinical settings and community-based organizations; and,
3) Collecting and analyzing structure, process, and outcome data to drive continuous improvement in the implementation of non-hospital focused maternal safety bundles, through a continuous quality improvement (QI) framework.

The AIM – Community Care Initiative is one of four new programs in HRSA's maternal health portfolio, including the State Maternal Health Innovation Program; the Supporting Maternal Health Innovation Program; and, the Rural Maternity and Obstetrics Management Strategies Program (RMOMS). These collective efforts will expand HRSA programming to improve maternal health outcomes and address disparities that contribute to maternal mortality and SMM.

Program Goal
The overarching goal of this initiative is to improve maternal health and safety in the United States. Addressing the quality and safety of maternity care is a critical step to improving maternal health outcomes. The AIM – Community Care Initiative will provide an infrastructure based on collaborative learning, quality improvement, and innovation

[1] https://www.who.int/healthinfo/statistics/indmaternalmortality/en/
[2] https://www.acog.org/Clinical-Guidance-and-Publications/Obstetric-Care-Consensus-Series/Severe-Maternal-Morbidity-Screening-and-Review?IsMobileSet=false.
[3] http://www.ihi.org/Topics/Bundles/Pages/default.aspx

to increase the utilization of best practices among outpatient clinical settings and community-based organizations to show measurable impact and outcomes within a short period.

Primary Program Objective
By September 29, 2024, the AIM – Community Care Initiative is expected to increase the evidence base on the adoption, implementation, and impact of non-hospital focused maternal safety bundles. For a detailed list of the program objectives, see Section IV.2.ii. Project Narrative.

Program Description
For a detailed description of the program, including core activities, please see Program Description and Program Activities in Section IV.2.

2. Background

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

HRSA's Role in Improving Maternal Health Outcomes
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 outcomes and access to quality maternity care services is central to HRSA's mission to improve health outcomes and address health disparities through access to quality services, a skilled health workforce, and innovative, high-value programs. HRSA has taken an active role in addressing maternal mortality and morbidity through health promotion, risk prevention, and by training health care professionals to identify and treat early maternal warning signs of an obstetric emergency.

Maternal Mortality
The World Health Organization (WHO) estimates that more than 300,000 women across the globe died from complications of pregnancy or childbirth in 2015.[4] Maternal mortality and severe maternal morbidity (SMM) are key indicators of maternal health and health care quality worldwide. Maternal mortality is defined by the WHO as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.[5] It is reported as the number of maternal deaths per 100,000 live births.[6] The WHO reports that, globally, maternal mortality rates have fallen by nearly 44 percent from 1990 to 2015; however, the rate of maternal death has increased in the United States.[7] In 2015, there were approximately 550 maternal deaths in the United States placing the United States at 46th among all 181 countries with maternal mortality

[4] http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/
[5] https://www.who.int/healthinfo/statistics/indmaternalmortality/en/
[6] https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html
[7] http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/

estimates.[8] It is near the bottom of all developed countries (38th out of 46)[9] on this indicator.

Over the past few decades, the rate of pregnancy-related deaths, during or within 1 year of pregnancy, in the United States has more than doubled from 7.2 deaths per 100,000 live births in 1987 to 18.0 deaths per 100,000 live births in 2014.[10] Much of this increase is attributable to improved ascertainment of deaths; however, the increasing prevalence of obesity and other chronic health conditions among pregnant women may also play a role.[11] [12] In addition, the risk of experiencing maternal mortality and morbidity is magnified for specific populations, including women of advanced maternal age, and those residing in medically underserved areas.[13] Significant racial and ethnic disparities also exist, with non-Hispanic Black women being three to four times more likely to die from pregnancy complications than non-Hispanic White women.[14]

From 2011–2014, cardiovascular disease was the leading cause of pregnancy-related death, followed by other non-cardiovascular medical conditions, infection, hemorrhage, and cardiomyopathy.[15] Additional causes of pregnancy-related deaths included thrombotic pulmonary embolism, cerebrovascular accident, hypertensive disorders of pregnancy, amniotic fluid embolism, and anesthesia complications. The cause of death was unknown for nearly 7 percent of pregnancy-related deaths during this period.

Severe Maternal Morbidity

While maternal mortality is considered a rare but sentinel event on the maternal health continuum, SMM is nearly 100 times more common. In 2014, more than 50,000 women living in the United States were affected by SMM.[16] SMM includes unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman's health.[17] Similar to maternal death, SMM has been on the rise in the United States for the past two decades. The Centers for Disease Control and Prevention (CDC) reports that the rates for most SMM indicators increased between 1993 and 2014, with the largest relative increases observed for blood transfusions, acute myocardial infarction or aneurysm, acute renal failure, and adult respiratory

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[8] http://www.who.int/gho/maternal_health/mortality/maternal/en/

[9] http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/

[10] Data are from the CDC PMSS that includes death certificates for all women who died during pregnancy or within 1 year of pregnancy and matching birth or fetal death certificates. Pregnancy-related deaths are defined as the death of a woman while pregnant or within 1 year of the end of a pregnancy –regardless of the outcome, duration or site of the pregnancy–from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes. This definition extends the World Health Organization definition of maternal deaths from within 42 days to within 1 year of pregnancy.

[11] MacDorman MK, Declerq E, Cabral H, Morton C. Is the United States maternal mortality rate increasing? Disentangling trends from measurement issues. Obstet Gynecol, 2016 Sep; 128(3): 447-455.

[12] https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm

[13] https://www.cdc.gov/chronicdisease/resources/publications/aag/maternal.htm

[14] Creanga A, Syverson C, Seed K, Callaghan W. Pregnancy-related mortality in the United States, 2011-2013. Obstet Gynecol, 2017; 130(2): 366-373.

[15] https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm

[16] https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html

[17] https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html

distress syndrome.[18] These conditions can be exacerbated by labor and delivery, have significant short- and long-term outcomes,[19] and represent a significant burden for women, their families, and society.

Contributing Factors

Factors that contribute to high rates of maternal mortality and SMM in the United States are numerous. One major factor is the variability of, and in some cases, lack of access to high-quality prenatal and maternity care services. Access issues affect women of all races and ethnicities. Too often, women cannot initiate prenatal care within the first trimester of their pregnancy due to lack of access to providers or coverage for services.[20] Many women living in the United States are geographically isolated with limited access to quality obstetric care facilities. Although national data on women's health and outcomes according to geographic location are limited, disparities among women residing in rural communities are apparent. Recent research shows that 45 percent of rural U.S. counties had no hospital obstetric services from 2004–2014.[21] Prenatal care initiation in the first trimester was lower for mothers in rural areas compared with suburban areas.[22] Women living in rural areas experienced higher rates of hospitalizations with complications during pregnancy compared to women living in metropolitan areas.[23] Lack of access can mean life or death if a woman experiences complications, such as hemorrhage or hypertension, after returning home from delivery.

Provider knowledge, training and preparedness, as well as access to life-saving medication and tools (e.g., crash cart with obstetric supplies) within birthing facilities are other factors affecting maternal mortality rates. Unfortunately, not all birthing facilities are prepared to manage obstetric emergencies and may not have immediate access to vital equipment, medications, and supplies for a rapid response. Because obstetric emergencies are an infrequent occurrence in many inpatient and outpatient facilities, providers and staff may not be routinely educated or trained on recognizing and responding to the early warning signs of emergencies. This lack of experience in dealing with obstetric emergencies can result in denial and delay of care when warning signs are present.[24]

Pregnant and postpartum women, their families, and social networks may also lack knowledge about the early warning signs of obstetric emergencies, during both the prenatal and postpartum periods. Medical professionals play a vital role in providing

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[18] https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html

[19] American College of Obstetricians and Gynecologists. Severe maternal morbidity: screening and review. Am J Obstet Gynecol, 2016; 215 (3): B17-B22.

[20] https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.9.4.91

[21] Hung, P., Henning-Smith, C., Casey, M., and Kozhimannil, K. "Access To Obstetric Services In Rural Counties Still Declining, With 9 Percent Losing Services, 2004–14." Health Affairs 36, No. 9 (2017).

[22] Agency for Healthcare Research and Quality. 2012 national healthcare disparities report. AHRQ Publication No. 13-0003. Rockville (MD): AHRQ; 2013. Available at: http://www.ahrq.gov/research/findings/nhqrdr/nhdr12/nhdr12_prov.pdf.

[23] Elixhauser A, Wier LM. Complicating conditions of pregnancy and childbirth, 2008. Statistical Brief #113. Healthcare Cost and Utilization Project (HCUP). Rockville (MD): Agency for Healthcare Research and Quality; 2011. Available at: http://www.hcup-us.ahrq.gov/reports/stat briefs/sb113.pdf.

[24] Robinson DW, Anana M, Edens MA, et al. Training in Emergency Obstetrics: A Needs Assessment of U.S. Emergency Medicine Program Directors. *West J Emerg Med*. 2017;19(1):87-92. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5785207/.

patients and their families with adequate guidance on identifying the early warning signs of complications, and by helping women recognize potential life-threatening postpartum warning signs and educating them on how best to obtain immediate medical attention. Women are often discharged after only a brief post-delivery hospitalization, and consistent messaging about early warning signs should be reinforced early and often. Once home, these women may be uncertain whether they are experiencing symptoms that warrant medical attention and may not have rapid access to expert guidance 24 hours a day. The postpartum visit offers an opportunity to address any health concerns post-delivery. While evidence shows close monitoring and follow-up care throughout the postpartum period is crucial, not all women attend a postpartum visit. Currently, as many as 40 percent of women do not attend a postpartum visit.[25]

Lastly, identification and review of maternal deaths, and specifically pregnancy-related deaths, across the country are inconsistent. Estimates on the number of postpartum or post-discharge maternal deaths are not representative nationally. Over the past several decades, numerous national, state, and local initiatives have been implemented to improve the identification, review, and prevention of maternal deaths. However, challenges remain with respect to shared terminology, definitions, and accuracy of maternal mortality data.[26] There continues to be a need for accurate standardized data to better understand the trends and causes of maternal death, and to inform preventive efforts to reduce maternal mortality and SMM in the United States. Access to high-quality and reliable data that identify both the characteristics of women who die due to pregnancy complications and the specific circumstances that may lead to these deaths is essential for informing our nation of critical action steps, developing strategies to prevent negative outcomes, and improving systems of care to prevent maternal mortality and SMM.

History of AIM

In response to the number of women who are experiencing pregnancy-related deaths in the United States and the conclusion that many of these deaths are preventable, AIM was launched by HRSA on September 1, 2014, through a 4-year cooperative agreement awarded to the American College of Obstetricians and Gynecologists (ACOG). The purpose of the project was to reduce maternal mortality and SMM, and consequently improve pregnancy outcomes (preterm birth, low birth weight, and infant mortality). The AIM initiative set an ambitious goal to prevent 1,000 maternal deaths and 100,000 cases of SMM. While this goal has yet to be achieved, the framework and momentum was set in motion through the initial cooperative agreement.

The initial AIM award recipient was expected to:

1) Engage national stakeholders to form a partnership;
2) Facilitate the development of state-based teams to promote widespread adoption and implementation of the maternal safety bundles;
3) Plan, implement, and evaluate an action plan to reduce low-risk primary cesarean delivery; and,

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[25] https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Optimizing-Postpartum-Care.

[26] St. Pierre A, Zaharatos J, Goodman D, Callaghan WM. Challenges and opportunities in identifying, reviewing, and preventing maternal deaths. Obstet Gynecol, 2018; 131(1): 138-142.

4) Plan, implement, and evaluate a provider education campaign focused on improving interconception health starting with the postpartum visit.

In 2018, ACOG applied for funding to continue the work of AIM. Following a competitive process, HRSA awarded ACOG a cooperative agreement for a 5-year period of performance, broadening AIM's reach to additional states and territories. As part of this expansion from the original eight states, AIM has put in place a system for collecting and tracking baseline and outcome data to measure progress in preventing morbidity and mortality.

Collaboration among teams is a central tenet of AIM, and allows for the seamless sharing of ideas, information and resources, and experiences utilized to address and improve maternal health outcomes. AIM state-based teams commit to improving maternal health outcomes by implementing one or more maternal safety bundles. These state-based teams come together to address an area of concern, identify and accept participating birthing facilities, 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.

To date, the AIM interventions are being applied to nearly 2 million births each year, or nearly half of all births in the United States. HRSA has expanded AIM to be actively working in 23 states, implementing these maternal safety bundles in over 1,000 birthing facilities.

Patient Safety and Maternal Safety Bundles

Maternal safety bundles have been created by the Council on Patient Safety in Women's Health Care and through the cooperative agreement between HRSA and ACOG with the AIM project. These bundles inform providers of best practices to use when caring for pregnant and postpartum women, and offer a framework to incorporate established guidelines into health care practice using a standard approach. Maternal 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.[27] The bundles do not introduce new guidelines, but bring together the existing evidence-based recommendations and resources to facilitate rapid implementation within birthing facilities. These bundles enumerate what a facility should have and provide modifiable examples for various types of facility capacity. To date, 10 maternal safety bundles have been created. The existing bundles developed by AIM are as follows:

1) Maternal Venous Thromboembolism
2) Obstetric Care for Women with Opioid Use Disorder
3) Obstetric Hemorrhage
4) Postpartum Care Basics for Maternal Safety: From Birth to the Comprehensive Postpartum Visit
5) Postpartum Care Basics for Maternal Safety: Transition from Maternity to Well-Woman Care
6) Reduction of Peripartum Racial/Ethnic Disparities
7) Safe Reduction of Primary Cesarean Birth
8) Severe Hypertension in Pregnancy

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

9) Severe Maternal Morbidity Review
10) Support After a Severe Maternal Event

Expansion of AIM Activities to Support Postpartum Care
AIM enables hospitals and birthing facilities to adopt the maternal safety bundles and incorporate technical assistance and quality improvement processes to enhance maternity care practices. To date, the hospital-focused maternal safety bundles include data metrics, are shown to be clinically effective, and are currently being adopted by states for inpatient use. The non-hospital focused maternal safety bundles are less developed and have yet to develop data metrics, be tested to show effectiveness in both community-based organizations and outpatient clinical settings, and to be implemented. In addition to developing new non-hospital focused maternal safety bundles, the recipient will further develop the following two existing non-hospital focused maternal safety bundles through this cooperative agreement: Postpartum Care Basics for Maternal Safety: From Birth to the Comprehensive Postpartum Visit and Postpartum Care Basics for Maternal Safety: Transition from Maternity to Well-Woman Care.

To ensure the greatest national impact on reducing maternal mortality and severe maternal morbidity, it is essential that evidence-based practices be incorporated into all aspects of a woman's prenatal and postpartum care. The AIM – Community Care Initiative will help support continuity of care from pregnancy through the postpartum period.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

HRSA program involvement will include, but is not limited to:

- Having experienced HRSA personnel available as participants in the planning and development of all phases of the project;
- Participating, as appropriate, in conference calls, meetings, and convening of the maternal safety workgroup to be conducted during the period of the cooperative agreement;
- Establishing federal interagency partnerships, collaboration, and cooperation that may be necessary to conduct the project;
- Supporting collaboration with the Supporting Maternal Health Innovation Program recipient, and other HRSA recipients that may be necessary to conduct the project;
- Supporting collaboration with ACOG, who is the recipient for AIM;

- Participating in the selection of outpatient clinical and non-clinical community-based test sites to facilitate implementation of the non-hospital focused maternal safety bundles;
- Participating in the identification and selection of new non-hospital focused maternal safety bundles; and,
- Reviewing and providing input on written documents, including information and materials for the activities conducted through the cooperative agreement, prior to submission for publication or public dissemination.

The cooperative agreement recipient's responsibilities will include:

- Completing activities proposed in response to the Program Activities in Section IV.2.;
- Ensuring that 40-50 percent of the annual budget is provided to test sites as subawards and to workgroup members as compensation for meetings and travel;
- Collaborating with the Supporting Maternal Health Innovation Program recipient and AIM recipient;
- Collaborating with other federal and external stakeholders who support projects that are addressing maternal mortality and severe maternal morbidity to advance the work of the AIM – Community Care Initiative and promote dissemination of the non-hospital focused maternal safety bundles;
- Participating in face-to-face meetings and conference calls with HRSA conducted during the period of the cooperative agreement;
- Consulting with the federal project officer in conjunction with scheduling any meetings that pertain to the scope of work and at which the project officer's attendance would be appropriate (as determined by the project officer);
- Collaborating with HRSA on ongoing review of activities, procedures and budget items, information/publications prior to dissemination, contracts and subawards (such review should start as part of concept development and include review of drafts and final products);
- Providing leadership in data collection and analysis for testing of the non-hospital focused maternal safety bundles; and,
- Participating in face-to-face annual meetings for the test sites convened during the period of performance by the Supporting Maternal Health Innovation Program award recipient (on average, one meeting per year).

2. Summary of Funding

HRSA expects approximately $1,830,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to $1,830,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is September 30, 2019 through September 29, 2024 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the AIM – Community Care Initiative in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b) is eligible to apply. See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are also eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in *Section IV.4* non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this NOFO following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

The NOFO is also known as "Instructions" on Grants.gov. You must provide your email address when reviewing or preparing the workspace application package in order to receive notifications including modifications and/or republications of the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the For Applicants page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

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

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is 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. 3321).
3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in ***Attachment 8-15***: Other Relevant Documents.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

Program Description
The AIM – Community Care Initiative will support the development and implementation of non-hospital focused maternal safety bundles within community-based organizations and outpatient clinical settings across the United States, in order to address preventable maternal mortality and severe maternal morbidity among pregnant and postpartum women outside hospital and birthing facility settings.

Program Activities
In order to achieve expected outcomes for the AIM – Community Care Initiative, an applicant should consider including the following program activities within the proposed work plan and logic model:

- Identify and convene a maternal safety workgroup comprised of community-focused public health and clinical experts to guide program activities.
- Develop metrics for non-hospital focused maternal safety bundles.
- Identify approximately five outpatient clinical and non-clinical test sites and facilitate implementation of the non-hospital focused maternal safety bundles at the test sites.
- Facilitate national implementation and adoption of non-hospital focused maternal safety bundles for use within outpatient settings and community-based organizations.
- Collect and analyze quality improvement baseline, process, structure, and outcome data on the implementation of the non-hospital focused maternal safety bundles, both within test sites and during national rollout.
- Collaborate with AIM to develop and maintain a publicly-accessible website as a resource for AIM non-hospital focused maternal safety bundle materials; facilitate the integration of the peripartum racial/ethnic disparity bundle within all non-hospital focused maternal safety bundles; and, collect and analyze quality improvement process and outcome data elements of the non-hospital focused maternal safety bundles that are applicable to and implemented within hospital/birthing facilities.
- Develop and implement new non-hospital focused maternal safety bundles deemed necessary to improve maternal health outcomes.
- Collaborate with the Supporting Maternal Health Innovation Program recipient to develop resource materials to support the non-hospital focused maternal safety bundles.
- Collaborate with key stakeholders, including maternal and child health (MCH) partners and grant recipients, to facilitate national implementation and adoption of the non-hospital focused maternal safety bundles for use within outpatient clinical settings and non-clinical community organizations.

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

i. Project Abstract
See Section 4.1.ix of HRSA's *SF-424 Application Guide*.

ii. Project Narrative
This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and well organized so that reviewers can understand the proposed project.

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

- *INTRODUCTION -- Corresponds to Section V's Review Criteria #1 (Need)*

  Briefly describe the purpose of the proposed project as it relates to the core activities listed in the I.1. Purpose section of this NOFO.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criteria #1 (Need)*

  This section will help reviewers understand the needs of the community you will serve with the proposed project. Specifically, you should highlight information that exhibits an expert understanding of the complexity of preventing and treating maternal mortality and severe maternal morbidity experienced in the United States. You must describe the focus population, which is pregnant and postpartum women, and their unmet needs related to health, education, and socio-cultural determinants of health and health disparities, that can be associated with maternal mortality and severe maternal morbidity. Whenever possible, use and cite the most recent demographic data to support the information provided. Discuss any relevant barriers that the project hopes to overcome, and outline plans to address the barriers identified.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria #2 (Response)*

  The award recipient of this cooperative agreement should have and demonstrate immediate capacity to implement formal partnerships with community-focused organizations with public health expertise and organizations that either represent health professionals or provide health care and/or support services to women during the preconception, interconception, prenatal, and postpartum periods in outpatient clinical settings or community-based organizations.

  This section will help reviewers understand how you will address the stated needs and meet the expectations in this NOFO by the end of the period of performance, including each of the following program objectives:
  - Increase knowledge and awareness of non-hospital focused maternal safety bundles, and how bundle contents are related to best practices among providers, community-based organizations, outpatient clinical settings, etc.;
  - Increase the capacity to implement and test non-hospital focused maternal safety bundles;
  - Increase the number of non-hospital focused maternal safety bundles developed that address emerging topics in the provision of maternal care services;
  - Increase implementation of the non-hospital focused maternal safety bundles within non-clinical community-based organizations and outpatient clinical settings across states/communities;
  - Increase awareness of staff and providers in both inpatient and outpatient clinical settings regarding the need to address racial/ethnic disparities when implementing all non-hospital focused maternal safety bundles; and,

- Increase the evidence base on the implementation of non-hospital focused maternal safety bundles.

Describe how you will conduct the following two core activities as previously stated in the I.1. Purpose section of this NOFO, and the associated activities:

1) Identifying and convening a maternal safety workgroup comprised of community-focused public health and clinical experts to guide program activities

Describe how you will identify key stakeholders/individuals in the field of maternal health who are experts in the area of public health at the community level and would be valuable participants on the maternal safety workgroup.

Describe your process for convening the workgroup and engaging the participants in providing guidance for activities outlined in this NOFO throughout the 5-year period of performance.

Describe your process for leading the workgroup in creating a structured work plan and timeline for completion of action steps.

2) Facilitating national implementation and adoption of existing non-hospital focused maternal safety bundles and developing new non-hospital focused maternal safety bundles for use within outpatient clinical settings and community-based organizations

Describe how you will develop metrics to standardize data collection for non-hospital focused maternal safety bundles, including *Postpartum Care Basics for Maternal Safety: From Birth to the Comprehensive Postpartum Visit* and *Postpartum Care Basics for Maternal Safety: Transition from Maternity to Well-Woman Care.*

Describe how you will identify approximately five outpatient clinical and non-clinical community-based organizations to be test sites and facilitate implementation of the non-hospital focused maternal safety bundles at the test sites.

Describe how you will utilize information obtained during the testing phase of the existing non-hospital focused maternal safety bundles to inform national implementation of the bundles.

Describe your plan for dissemination of the non-hospital focused maternal safety bundles nationwide to include how you will engage AIM state-based teams to facilitate dissemination and adoption of the non-hospital focused maternal safety bundles within outpatient clinical settings and community-based organizations that provide services for pregnant and postpartum women.

Describe how you will develop effective tools and strategies for establishing collaborations with other federal and external stakeholders that support

maternal mortality projects to share information and support dissemination of the non-hospital focused maternal safety bundles.

Describe how your program will develop and implement, where appropriate, any new non-hospital focused maternal safety bundles deemed necessary to improve maternal health outcomes. Include a description of any innovative methods that you will use to identify unaddressed maternal health issues that impact maternal mortality and SMM, and any proposed non-hospital focused maternal safety bundles you may have already identified.

Describe how you will collaborate with the Supporting Maternal Health Innovation Program recipient to develop resource materials to support the non-hospital focused maternal safety bundles.

Describe how you will establish a collaborative relationship with AIM and other federally supported MCH programs to facilitate integration of the *Reduction of Peripartum Racial/Ethnic Disparities* bundle within all non-hospital focused maternal safety bundles and support project activities. Include a letter of support from ACOG, at a minimum, for collaborating with AIM in ***Attachment 4***.

Describe how you will work with AIM to further develop the AIM public website to house non-hospital focused maternal safety bundle materials and support a connection between both the AIM website and the Supporting Maternal Health Innovation Program site.

Describe how your program will assist AIM with continuous maintenance of the site with access to all non-hospital focused maternal safety bundle tools and resources.

Describe how you will ensure that resources and materials created through the initiative's activities will be applicable to the community setting. Include a plan to disseminate reports, products, and/or project outputs so key audiences receive the project information.

In addition, propose a plan for project sustainability after the period of federal funding ends. HRSA expects recipients to sustain key elements of their projects (e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the focus population).

- *WORK PLAN -- Corresponds to Section V's Review Criterion #2 (Response) and #4 (Impact)*

Describe the action steps you will use to achieve each of the program performance measures listed below in the Evaluation and Technical Support Capacity section of the NOFO and all of the activities associated with the two core activities described within the Methodology section, the one core activity described within the Evaluation and Technical Support Capacity section, and the program activities listed in Section IV.2. Use a time line that includes each activity and identifies

responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities. In this section, you should identify measurable, realistic, time-framed project objectives (if applicable) along with the identified performance measures. Each objective should be clearly stated, outcome-oriented, and realistic for your available resources. Each program objective should have associated calendar year objectives for each year of requested funding within the proposed 5-year period of performance. The work plan must be submitted in table format as ***Attachment 1***, and include all of the information detailed in this narrative. Your budget narrative (described in subsection iv) should support the strategies described in the work plan. Your proposed position descriptions should also align with and support your narrative.

You should submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:

- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- Focus population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products of program activities); and,
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criteria #2 (Response)*

  Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges. Describe potential barriers that may affect project implementation and discuss how you will address the barriers. Discuss challenges you may encounter related to convening a workgroup comprised of community-focused public health and clinical experts to guide program activities and establish collaborative relationships with key stakeholders. Strategies in the work plan should address the needs and challenges that you have identified.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion #3 (Evaluative Measures), #4 (Impact), and #5 (Resources/Capabilities)*

  Describe how you will conduct the following core activity as previously stated in the I.1. Purpose section of this NOFO, and the associated activities:

3) Collecting and analyzing structure, process, and outcome data to drive continuous improvement in the implementation of non-hospital focused maternal safety bundles, through a continuous QI framework.

Describe the systems and processes your program will implement to support QI activities of determining a methodology to use, stating metrics for change, implementing the project, measuring progress through analysis, and data reporting both within test sites and during national rollout.

You should include a description of how the organization will collect and manage data using a central data center/platform (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes/outputs to HRSA. Emphasis should be directed towards rapid cycle learning, data collection, and analysis in real-time, and progress made through each learning cycle.

Your program should engage in QI efforts informed by data collected from test sites, communities, and states. Describe how your program will utilize data from the test sites to identify opportunities for QI (i.e., to close the gap between knowledge and practice) related to your project activities, as well as for the program as a whole, and how you will utilize the data to inform national implementation of the non-hospital focused maternal safety bundles.

Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes/outputs, and explain how the data will be used to inform program development and service delivery.

Describe how you will provide sufficient technical support to test sites, as well as states and communities, for collection, analysis, and reporting of process and outcome/output data.

Describe how you will work with AIM to collect and analyze quality improvement process and outcome/output data on implementation of applicable elements of the non-hospital focused maternal safety bundles within hospitals/birthing facilities.

Describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes/outputs of the funded activities.

Describe plans to evaluate the outcomes/outputs and impact of implementation of the non-hospital focused maternal safety bundles within the test sites and during national rollout within outpatient clinical settings and community-based organizations. Describe any potential obstacles for implementing the program

performance evaluation and your plan to address those obstacles. If you plan to use an external evaluator, describe how your organization will coordinate evaluation activities with this evaluator. Discuss how you will use the findings of the evaluation activities to inform progress towards project goals and objectives.

The application should include baselines and targets for the following annual performance measures in the work plan (***Attachment 1***). Each measure should include a baseline (with data source), a proposed numerator and denominator, and a proposed outcome/output for each year of the period of performance.

Program Performance Measures:

1) # of maternal safety workgroup meetings
2) # of new non-hospital focused maternal safety bundles developed
3) # of process and outcome data measures created for new and existing non-hospital focused maternal safety bundles
4) # of test sites that have adopted and implemented at least one new and existing non-hospital focused maternal safety bundles(s)
5) # of states that have adopted and implemented at least one new and existing non-hospital focused maternal safety bundle(s)
6) # of states submitting data to the central data center/platform
7) # of maternal safety bundles fully integrated with contents of the peripartum racial/ethnic disparity bundle

Describe how your program will analyze the following impact/outcome measures throughout the period of performance, including baselines and targets.

1) # of downloads or redirects on public website(s) for non-hospital focused maternal safety bundles
2) # of pregnancy-related deaths in test sites

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criteria #5 (Resources/Capabilities)*

Your organization should have sound systems, policies, and procedures in place for managing funds, equipment, and personnel to receive grant support. Succinctly describe your organization's current mission and structure, scope of current activities, and how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations. Include a project organizational chart as ***Attachment 5***.

Describe project personnel that will be engaged to fulfill the needs and requirements of the proposed project. Include relevant training, qualifications, expertise, and experience of staff to implement and carry out this national-level project. Include a staffing plan and job descriptions for key personnel in ***Attachment 2***, and biographical sketches of key personnel in ***Attachment 3***.

Provide a detailed staffing model that supports large-scale program implementation. The model should list staff titles (e.g., Program Director, Program

Assistant, and Data Coordinator) the number of FTEs fulfilling the role, and the roles and responsibilities of each position.

Provide a list of proposed community-focused public health and clinical experts who will be invited to serve on the maternal safety workgroup and identify workgroup members' roles and responsibilities to guide program activities.

Describe any significant experience with current AIM activities, and a description of your organization's current role and responsibilities within AIM, if applicable.

Describe any relevant experience related to maternal mortality reduction and/or programs, initiatives, or projects to improve maternal health outcomes. Specifically, describe your organization's and proposed staff's roles in those programs.

Describe your organization's experience collaborating with relevant entities working to improve women's health/maternal health outcomes through a variety of mechanisms and processes on the community, state, and/or national levels.

Describe relationships with any organizations with which you intend to partner, collaborate, coordinate efforts, or receive assistance from, while conducting these project activities. Include letters of agreement and/or descriptions of proposed/existing project-specific contracts in ***Attachment 4***.

Discuss how your organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.

Describe your organization's current capacity and demonstrated experience in:

- Convening a national level workgroup comprised of public health experts to address a priority issue;
- Developing data metrics;
- Facilitating implementation and adoption of new information, resources, and materials; and,
- Collecting and analyzing data to inform project activities.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact

Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures, (4) Impact, and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative (below)	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA's *SF-424 Application Guide*. Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and by carefully following the approved plan can 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) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable. Include within the budget proposal the level of support, expected to be between 40–50 percent of the annual budget that will be provided to the test sites as subawards and to the workgroup members as compensation for meetings and travel.

The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 202 states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

iv. Budget Narrative

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

v. Program-Specific Forms

Program-specific forms are not required for application.

vi. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. You must clearly label **each attachment**.

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in Section I.1. Purpose and Program Activities in Section IV.2.2. Also, include the logic model in this attachment. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

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

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

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement/support are signed and dated. Include a letter of support from ACOG for collaboration between AIM and this cooperative agreement.

Attachment 5: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project.

Attachment 6: Tables, Charts, etc.

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 7: For Multi-Year Budgets--5th Year Budget (NOT counted in page limit).

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B. See Section 4.1.iv of HRSA's *SF-424 Application Guide*.

Attachments 8–15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and 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 three separate systems:

- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

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

UPDATED SAM.GOV ALERT: For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018. Read the updated FAQs to learn more.

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is *July 15, 2019 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances.

See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The Alliance for Innovation on Maternal Health (AIM) – Community Care Initiative is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than $1,830,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in the following FY, as required by law.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review of applications 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. See the review criteria outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. The Alliance for Innovation on Maternal Health (AIM) – Community Care Initiative has six review criteria:

Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction and Needs Assessment

This criterion assesses:

- The extent to which the application describes the purpose of the proposed project
- The extent to which the applicant exhibits an expert understanding of the issues related to the proposed project, as well as activities listed in this cooperative agreement.
- The extent to which the application describes the focus population, which is pregnant and postpartum women; their unmet needs related to health, education, and socio-cultural determinants of health and health disparities, that can be associated with maternal mortality and severe maternal morbidity; and uses and cites the most recent demographic data to support the information provided.

Specifically, the applicant's ability to highlight information describing the complexity of preventing and treating maternal mortality and severe maternal morbidity experienced in the United States, contributing factors to the problem, and barriers to prevention.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges

This criterion assesses the extent to which the proposed project responds to the "Purpose" of the program, included in section I.1., the strength of the proposed goals and objectives and their relationship to the identified project, and the extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives. This includes:

- The extent to which the applicant's description of activities that will be accomplished during the period of performance in the Methodology section are adequate, reasonable, clearly depicted, and support the program's goals.
- The extent to which the applicant describes its organizational process for the management of subawards that are to be issued under this cooperative agreement to test sites, as well as managing compensation for workgroup members' attendance at meetings and travel.
- The extent to which the applicant describes the plans and activities that will be used to foster collaborative relationships with AIM, the Supporting Maternal Health Innovation Program recipient, and other federally supported MCH programs to support project activities.
- The extent to which the applicant has proposed a work plan that is adequate, proposes a reasonable timeline, and includes each activity, responsible staff, and, as appropriate, identifies support and collaboration with key stakeholders.
- The extent to which the applicant proposes a plan for project sustainability after the period of federal funding ends.

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

This criterion assesses the strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project. This includes:

- The extent to which the applicant details the plan for the program performance evaluation, including the necessary infrastructure, which will contribute to and ensure continuous quality improvement and inform progress towards project goals and objectives.
- The extent to which the applicant will ensure that test sites utilize a central data center/platform to share and monitor progress during the testing phase, and community-based organizations, outpatient clinical settings, and states utilize the central data center/platform for reporting results from implementing the non-hospital focused maternal safety bundles during national rollout, and will monitor progress towards project goals and objectives.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Work Plan and Evaluation and Technical Support Capacity

This criterion assesses the feasibility and effectiveness of the applicant's work plan/methodologies for developing and leading project activities towards achieving the project goals. This includes:

- The extent to which the applicant provides details ensuring technical support is directed towards test sites to support the achievement of project goals.
- The extent to which the applicant details the plan for the program performance evaluation that will contribute to continuous quality improvement.
- The extent to which the proposed project intends to impact maternal mortality and severe maternal morbidity.
- The extent to which the applicant describes plans for dissemination of project results.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information

This criterion assesses the extent to which project personnel are qualified by training and/or experience to implement and carry out the project, the capabilities of the applicant organization, and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. This includes:

- The extent to which the applicant describes their organization's mission, structure, staffing, and scope of current activities; and whether these components contribute to the organization's ability to conduct the program activities and meet the project expectations.
- The extent to which the applicant has experience with AIM activities, and provides a clear description of their organization's roles and responsibilities within AIM.
- The extent to which the applicant has relevant experience related to maternal mortality reduction and/or programs, initiatives, or projects to improve maternal

health outcomes.
- The extent to which the applicant describes relationships to and demonstrates commitments from (e.g., letters of agreement in ***Attachment 4***), any organization, or entity with a focus on addressing maternal mortality and severe maternal morbidity with which they plan to partner, collaborate, coordinate efforts, or receive consultative services from, while conducting project activities.
- The extent to which the applicant describes its current capacity, expertise, and experience in leading national organizations, developing test sites, facilitating adoption of new information, and in collecting and analyzing community and state level data to inform project activities.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget and Budget Narrative

This criterion assesses the reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, and the anticipated results. This includes:

- The extent to which the applicant denotes the minimum amount that will be awarded to each of the test sites to support implementation of activities that will achieve the project goals.
- The extent to which the applicant denotes the minimum amount that workgroup members will be compensated for participation in meetings, travel, etc.
- The extent to which the funding amount to subawards and workgroup members are adequate (expected to be between 40–50 percent of the budget).
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

The independent review process provides an objective evaluation 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 5.3 of HRSA's *SF-424 Application Guide* for more details.

3. Assessment of Risk and Other Pre-Award Activities

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

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional

programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award; however, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

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

Effective January 1, 2016, 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 any of 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 posed 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 issue the Notice of Award (NOA) prior to the start date of September 30, 2019. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

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. See 45 CFR § 75.101 Applicability for more details.

3. Reporting

The Discretionary Grant Information System (DGIS) reporting system will continue to be available through the Electronic Handbooks (EHBs). HRSA enhanced the DGIS and these improvements are available for recipient reporting. The agency will communicate

with recipients and provide instructions on how to access the system for reporting. HRSA will also provide technical assistance via webinars, written guidance, and one-on-one sessions with an expert, if needed.

The updated and final reporting package incorporating all OMB-accepted changes can be reviewed at:

https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection (OMB Number: 0915-0298 Expiration Date: 06/30/2019).

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) **Progress Report(s)**. The recipient must submit a progress report to HRSA on an **annual** basis, which should address progress against program outcomes/outputs, including any expected outcomes in the first year of the program. Further information will be available in the award notice.

2) **Final Report Narrative.** The recipient must submit a final report narrative to HRSA after the conclusion of the project. The Project Officer will provide additional information about this narrative after HRSA makes the award.

3) **Performance Reports.** HRSA has modified its reporting requirements for Special Projects of Regional and National Significance projects, Community Integrated Service Systems projects, and other grant/cooperative agreement programs to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). GPRA requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act.

a) Performance Measures and Program Data

To prepare applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are at https://perf-data.hrsa.gov/MchbExternal/DGISApp/FormAssignmentList/U7B_2.HTML.

Updated DGIS Performance Measures, Numbering by Domain *(All Performance Measures are revised from the previous OMB package)*			
Performance Measure	**New/Revised Measure**	**Prior PM Number (if applicable)**	**Topic**
Core			
Core 1	New	N/A	Grant Impact

Core 2	New	N/A	Quality Improvement
Core 3	New	N/A	Health Equity – MCH Outcomes
Capacity Building			
CB 3	New	N/A	Impact Measurement
CB 4	Revised	5	Sustainability
CB 6	New	N/A	Products
Women's/ Maternal Health			
WMH 2	New	N/A	Perinatal/ Postpartum Care
WMH 3	New	N/A	Well Woman Visit/ Preventive Care

b) Performance Reporting Timeline

Applicants receiving HRSA funds will be required, within 120 days of the period of performance start date, to register in HRSA's EHBs and electronically complete the program-specific data forms that are required for this award. This requirement entails the provision of budget breakdowns in the financial forms based on the award amount, the project abstract and other grant/cooperative agreement summary data as well as providing objectives for the performance measures.

Performance reporting is conducted for each year of the period of performance. Recipients will be required, within 120 days of the budget period start date, to enter HRSA's EHBs and complete the program-specific forms. This requirement includes providing expenditure data, finalizing the abstract and grant/cooperative agreement summary data as well as finalizing indicators/scores for the performance measures.

c) Project Period End Performance Reporting

Applicants receiving HRSA funding will be required, within 90 days from the end of the period of performance, to electronically complete the program-specific data forms that appear for this program. The requirement includes providing expenditure data for the final year of the period of performance, the project abstract and grant/cooperative agreement summary data as well as final indicators/scores for the performance measures.

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.

VII. Agency Contacts

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

Tonya Randall
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 594-4259
Email: Trandall@hrsa.gov

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

Sandra J. Lloyd, RN, BSN, MEd
Public Health Analyst, Division of Healthy Start and Perinatal Services
Attn: Alliance for Innovation on Maternal Health – Community Care Initiative
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18N94C
Rockville, MD 20857
Telephone: (301) 443-3669
Fax: (301) 594-0878
Email: wellwomancare@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's EHBs. For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday–Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

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

VIII. Other Information

Related Websites

Alliance for Innovation on Maternal Health
http://safehealthcareforeverywoman.org/aim-program/

Maternal Safety Bundles
http://safehealthcareforeverywoman.org/patient-safety b-maternal

Technical Assistance

HRSA has scheduled the following technical assistance.

Webinar

Day and Date: Tuesday, June 4, 2019
Time: 3–4 p.m. ET
Call-In Number: 1-866-714-2132
Participant Code: 1427617#
Weblink: https://hrsa.connectsolutions.com/aimcc

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

Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 Application Guide*.