

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Health Resources & Services Administration

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

Supporting Healthy Start Performance Project

Funding Opportunity Number: HRSA-19-050
Funding Opportunity Type(s): Competing Continuation and New
Catalog of Federal Domestic Assistance (CFDA) Number: 93.926

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Application Due Date: January 8, 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: November 9, 2018

Christina Lottie
Public Health Analyst, Division of Healthy Start and Perinatal Services
Telephone: (301) 443-0543
Fax: (301) 594-0878
Email: CLottie@hrsa.gov

Authority: Public Health Service Act, § 330H (42 U.S.C. 254c-8), as amended.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2019 Supporting Healthy Start Performance Project (SHSPP). The purpose of SHSPP is to promote consistency in service delivery across Healthy Start (HS) programs and support HS grant recipients in providing effective and high-quality, evidence-based service delivery through training and technical assistance.

Funding Opportunity Title:	Supporting Healthy Start Performance Project
Funding Opportunity Number:	HRSA-19-050
Due Date for Applications:	January 8, 2019
Anticipated Total Annual Available FY 2019 Funding:	\$2,465,000
Estimated Number and Type of Award(s):	One cooperative agreement
Estimated Award Amount:	Up to \$2,465,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	June 1, 2019 through May 31, 2024 (5 years)
Eligible Applicants:	Eligible applicants include any domestic public or private entity. Domestic faith-based and community-based organizations, tribes, and tribal 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: Thursday, November 29, 2018

Time: 2 p.m. – 4 p.m. ET

Call-In Number: 1-866-744-6855

Participant Code: 58122339

Weblink: <https://hrsa.connectsolutions.com/rfc90nbbo4hr/>

The recording will be posted in 5 business days on the MCHB website at <https://mchb.hrsa.gov/fundingopportunities/default.aspx>.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the *Supporting Healthy Start Performance Project (SHSPP)*. The purpose of SHSPP is to promote consistency in service delivery across Healthy Start (HS) programs and support HS grant recipients in providing effective, evidenced-based service delivery through training and technical assistance. SHSPP will assist in strengthening the implementation of HS activities by providing capacity building assistance (CBA), including ongoing technical assistance training and education to HS grant recipients in the implementation of activities in accordance with the program's four approaches to reduce disparities in infant mortality and adverse perinatal outcomes. The four approaches are to: 1) improve women's health, 2) improve family health and wellness, 3) promote systems change, and 4) assure impact and effectiveness through ongoing HS workforce development, data collection, quality improvement (QI), performance monitoring and program evaluation.

Using a CBA model that incorporates ongoing technical assistance, training, and education to HS grant recipients, the SHSPP will:

- 1) Improve the consistency and quality for content of HS services delivered through CBA (i.e., training, technical assistance, technology transfer, and information transfer and dissemination) for HS staff in the core competencies and concepts central to the four HS approaches;
- 2) Increase the delivery of evidence-based services and those based on best practices;
- 3) Ensure that the HS workforce has appropriate knowledge, demonstrable skills and competencies to provide services;
- 4) Increase data collection and data use for QI, performance monitoring and local evaluation;
- 5) Promote synergy among HS grant recipients through meaningful collaborations that are aimed at improving perinatal outcomes and reducing disparities; and
- 6) Support programs in the development of specific, measurable, attainable, realistic and timely (SMART) objectives, as well as sustainability and succession plan.

2. Background

This program is authorized by § 330H of the Public Health Service Act (42 U.S.C. 254c-8), as amended.

Healthy Start (HS) Program

Created as a demonstration project in 1991, HS evolved from a program focused primarily on improving pregnant women's access to prenatal care to a program seeking to improve women's and children's health from preconception to early childhood, creating the foundation for optimal infant and young child health and development. HS programs serve women of reproductive age, pregnant women,

mothers who have just given birth, and infants and families for the first 18 months after birth. HS also involves fathers and supports couples with reproductive life planning.

The HS Program provides grants to high-risk communities with infant mortality rates at least 1.5 times the U.S. national average and high rates of other adverse perinatal outcomes (e.g., low birthweight, preterm birth, maternal morbidity and mortality). HS works to reduce the disparity in health status between the general population and individuals who are members of racial or ethnic minority groups.

Currently, HRSA funds HS programs in 100 communities across 37 states and the District of Columbia. Over the past two decades, the HS grant recipients have designed and implemented interventions and services they believe to be most appropriate for their communities and the population(s) they serve. The result has been the implementation of a wide variety and scope of services and interventions, even when delivering the same core components of the program. Many grant recipients have excelled in implementing and incorporating evidence-based and best practices, building partnerships, leveraging resources, and thereby significantly improving perinatal outcomes in their community. Despite these successes, HRSA and HS grant recipients have identified the need for additional training and technical assistance to assist in strengthening the implementation of HS activities.

Capacity Building Assistance (CBA)

For purposes of this notice of funding opportunity (NOFO) cooperative agreement, CBA is “the transmission of knowledge and skills to improve an organization’s ability to achieve its mission. CBA involves using diverse strategies including training, professional development, staff development, technical assistance, and/or technology transfer.”¹ CBA is a core public health function that contributes to increased quality, effectiveness, cost-effectiveness, and sustainability of community-based, public health programs such as HS.² The overall aim of capacity building is to increase or enhance knowledge, skill, and technology to conduct HS services more effectively and efficiently. Several key mechanisms support the CBA model:³

- Technical Assistance – the provision and/or facilitation of culturally relevant and expert programmatic, scientific, and technical advice (mentoring/coaching) and support.
- Training – the development and delivery of curricula through coordinated training activities to increase the knowledge, skills and abilities of trainers, educators, and service providers.
- Technology Transfer – the process by which innovations and evidence-based and best practices are diffused and spread among HS grant recipients to

¹ Centers for Disease Control and Prevention (CDC) (n.d). 801 Program Guidance - Division of Adolescent and School Health Definitions. Last accessed on 10/18/13 from: http://www.cdc.gov/dash/program_mgt/docs/pdfs/dash_definitions.pdf

² Centers for Disease Control and Prevention (CDC). CBA Resource Center. <http://mycba.org/>

³ Centers for Disease Control and Prevention (CDC) (2013). Capacity Building Assistance. Last accessed on 10/18/13 from: <http://www.cdc.gov/hiv/dhap/cbb/cba.html>

improve intervention effectiveness and to ensure that research knowledge translates into programs and practice.

- Information Transfer and Dissemination – the distribution and sharing of relevant and current infant mortality and perinatal health information (reviewed by peer review committees prior to dissemination) through print materials, presentations, websites, and mass media.

Using a CBA model, the SHSPP will assist in strengthening the implementation of HS activities; including ongoing technical assistance, training and education to HS grant recipients, consumers, and community stakeholders in the consistent implementation of activities in accordance with the program's four approaches. In addition, the SHSPP will support all grant recipients in planning, implementing, and measuring the program activities needed to achieve the four HS approaches:

- 1) *Improve Women's Health*: To improve coverage, access to care, and health promotion and prevention, and health for women before, during, and after pregnancy. Four areas of activity are key for HS grantee efforts to achieve this approach: a) health insurance coverage to improve women's health; b) access to health care services for women; c) preventive services and health promotion to improve women's health; and d) collaboration with local, state, and national initiatives that support women's health.
- 2) *Improve Family Health and Wellness*: Acknowledging the health of families are interrelated, HS grantees support the parental and community factors that promote family health and wellness, including system coordination/integration, health promotion and prevention, and social support services that protect and advance parental and infant/child health and wellbeing. Six areas of activity are required for HS grant recipients: a) access to health care services for infants and children under 18 months; b) prevention and health promotion; c) behavioral health support and services; d) father/partner involvement; e) parent education; and f) service coordination and integration within systems serving women, their infants and children under 18 months and their families.
- 3) *Promote Systems Change*: To maximize opportunities for community action to address the social determinants of health, HS grantees support systems coordination and integration among health and social services, other providers, and key leaders in the community and their states. Grantees provide regional and national leadership within the greater HS community and field of MCH. Three areas of activity are required for HS grant recipients: a) establish and use a Community Action Network (CAN); b) engage in community action that supports the development, implementation, and evaluation of local, state, and national perinatal health systems, initiatives, programs, and/or policies; and c) attend regional and national meetings sponsored by the national HS program.
- 4) *Assure Impact and Effectiveness through ongoing HS workforce development, Data Collection, Quality Improvement, Performance Monitoring and Program Evaluation*: HS grantees report annually on their progress toward achieving the 19 HS benchmark goals. Four areas of activity are required for HS grant

recipients: a) conduct ongoing HS workforce development; b) use standardized HS screening tools for data collection; c) utilized HS performance measures to track the impact and effectiveness of your HS program; d) implement QI activities to improve the quality of your HS program's services and operations; and e) conduct local program evaluation activities to identify best practices, demonstrate implementation of evidence-based practices, and report on results.

The HS Program Services

HRSA has identified and facilitated a number of services that have built grantee understanding of the HS program expectations and their ability to deliver effective services. HS grantees currently receive technical assistance from HRSA and the current SHSPP, called the HS EPIC Center. (Information is currently posted at <http://healthystartepic.org/>)

Based on lessons learned from the first funding cycle, HRSA encourages the following ongoing support for HS grant recipients to continue these critical support services:

- 1) Website inclusive of Community Health Workforce (CHW) course and Evidence-Based Practice inventory maintenance;
- 2) CHW Course;
- 3) Peer Learning Teams;
- 4) Regional Meetings and HS Grantee Meetings;
- 5) Logistical support to COIN;
- 6) Track and report training and TA use at recipient level for evaluation;
- 7) Focus on HS care coordination/case management approach;
- 8) Support program expectations;
- 9) CAN CBA Support for systems change;
- 10) Operationalizing CANs;
- 11) Data integrity and using data for program decision making and QI;
- 12) Fatherhood/male involvement;
- 13) Recruitment and retention;
- 14) Support for staff development;
- 15) Workforce retention;
- 16) Support effective evaluation of program and capacity building impact;
- 17) Planning for sustainability; and
- 18) Establish requirements to participate in training and technical assistance.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: Competing Continuation and New

HRSA will provide funding in the form of one 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:

- Participating in the design, direction and evaluation of activities;
- Participating in the review of CBA approaches and mechanisms;
- Reviewing and providing input on written documents, including training curriculum, publications, presentations, websites, and other resources;
- Providing input in the technical performance of activities;
- Ensuring integration into HRSA programmatic and data reporting efforts; and
- Providing feedback on quarterly and other reports.

The cooperative agreement recipient's responsibilities will include:

- Completing activities proposed in response to the Program Activities section of this NOFO;
- Modifying and/or developing training and TA activities in support of the HS grant recipients to ensure implementation of the four HS approaches;
- Providing the federal project officer with the opportunity to review and discuss, any publications, audiovisuals, and other materials produced (drafts and final products);
- 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 planning and 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 sub-awards;
- Developing and maintaining a public web-based clearinghouse with access to all tools and resources;
- Providing leadership in data collection and analysis; and,
- Convening and leading face-to-face meetings during the project period for the HS grant recipients.

2. Summary of Funding

HRSA expects approximately \$2,465,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to \$2,465,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is June 1, 2019 through May 31, 2024 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the Supporting HS Performance Project 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

Eligible applicants include any domestic public or private entity. Domestic faith-based and community-based organizations, tribes, and tribal 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](https://www.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>.

If you're reading this NOFO (also known as "Instructions" on Grants.gov) and reviewing or preparing the workspace application package, you will automatically be notified in the event HRSA changes and/or republishes 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 9: Other Relevant Documents.

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

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.

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

- **INTRODUCTION -- Corresponds to Section V's Review Criterion(a) #1 Need**
Describe the purpose of the proposed project. Include a discussion that clearly exhibits an expert understanding of the HS program, needs of the HS grant recipients, and the activities/tasks included in this cooperative agreement NOFO. You should demonstrate an understanding of the four HS approaches as well as the knowledge and understanding of:
 - Infant mortality and perinatal care topics;
 - Behavioral health, substance use, fetal alcohol and spectrum disorders; and neonatal abstinence syndrome;
 - Core Competencies for Public Health Professionals;⁴
 - Workforce development;
 - Mentoring;
 - Health systems and insurance coverage topics;
 - Community Action Networks (CAN) – A CAN is a formally organized partnership, advisory board or coalition of organizations and individuals. The CAN represents consumers and appropriate agencies that unite in an effort to connectively apply their resources to the implementation of one or more common strategies to achieve a common goal within their service area;
 - MCH data and performance monitoring;
 - QI improvement processes and practices (i.e., Plan Study Do Act Model), different QI models (e.g., Lean, Six Sigma, etc.), and the principles of collaborative learning; and the COIN model.

Clearly identify the outcomes that you expect to achieve by the end of the 5-year period of performance. Outcomes are the intended results that are expected as a consequence of the program and its strategies. All outcomes should indicate the direction of desired change (i.e., increase, decrease, maintain), and should include baseline measures.

- **NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion(a) #1 Need**
The needs assessment should address the planning activities and information on how you plan to manage capacity building assistance and provide ongoing training to HS frontline staff, HS leadership, consumers and community stakeholders collaborating with the HS grant recipients in connection with the four approaches. Specifically, you should:

⁴ http://www.phf.org/programs/corecompetencies/Pages/Core_Competencies_Domains.aspx

1. Describe the process for ascertaining or identifying the types of capacity-building assistance needed by the HS grant recipients in order to implement the four approaches: 1) improve women's health, 2) improve family health and wellness, 3) promote systems change, and 4) assure impact and effectiveness through ongoing HS workforce development, data collection, QI, performance monitoring, and program evaluation.
2. Discuss your ability and expertise in identifying MCH experts and trainers to assist in facilitating the CBA process to deliver training and technical assistance services to HS grant recipients.

Use and cite data whenever possible to support the information provided. This section will help reviewers understand the community and/or organization that will be served by the proposed project, including HS staff, consumers, and community stakeholders.

This section should provide information on innovative approaches (e.g., blogs, webcasts, text messaging, etc.) to be used to address the activities of this NOFO.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion(a) #2 Response*
 1. You should propose clear and concise methods that will be used to meet the program requirements and expectations in this NOFO, specifically how you will achieve the activities described in this NOFO in Section I (Purpose). Include development of effective tools and strategies for ongoing training, outreach, collaborations, clear communication, and information sharing. Include a plan to disseminate reports, products, and/or grant project outputs so project information is available to key target audiences.
 2. Describe plans for conducting face-to-face consultations including how the experience will engage participants and produce measurable results.
 3. Describe your approaches to be used for multi-site CBA. Include a discussion of any challenges in delivering multi-site CBA and how you plan to address such issues.
 4. Describe plans to use multiple methods to deliver CBA technical assistance and training, and promote technology and information transfer to HS grant recipients, utilizing both face-to-face and remote TA.
 5. Describe plans for providing learning opportunities and information on the identified health promotion and health education topics including but not limited to information regarding Maternal Care, Infant Care, and Family Wellness.
 6. Describe plans to provide HS grant recipients with resources to coordinate, link, and integrate services at the individual and community level of which will connect women, infants/children and families to needed services. A successful applicant is one with access to individuals or organizations with relevant expertise in the following areas:
 - a. Maternal-fetal medicine – the ability to provide advice and expertise on strategies needed to monitor high-risk pregnancies

- and maternal conditions that can affect maternal health and pregnancy outcomes.
- b. Addressing the unmet legal needs of vulnerable populations and barriers that may impede health – the ability to provide legal counsel or advice to improve the health and well-being of pregnant women and their families.
 - c. Management of breastfeeding – the ability to support HS grant recipients by providing advice and expertise on issues related to breastfeeding education for HS program participants.
 - d. Psycho-social assessment and meeting the primary care needs of pregnant women and their families across the life span.
 - e. Behavioral health – the ability to support HS grant recipients by providing advice and expertise on issues related to behavioral health for pregnant and parenting women.
7. Describe plans to develop SMART objectives that relate to the project strategies and activities.

Your application should describe the following methods:

Section I: Basic Activities:

Provide support to all individual HS grant recipients:

1. Describe a plan to ensure that a CBA, including training, technical assistance, translation, and dissemination are provided in each of the four HS approaches;
2. Provide HRSA with a plan to track CBA requests of individual grant recipients, individuals who complete online training and HS staff and stakeholders and ensure completion of such requests in a timely manner, including whether the tracking system currently exists in your organization or if such a system will have to be developed. If the system already exists, state how it has been used in the past by HS grant recipients to deliver and monitor TA requests.

Section II: Types of Capacity Building Assistance:

1. Improve Women’s Health

CBA for All HS Grantee Recipients:

- a Describe a plan for providing resources to HS grant recipients for understanding the effective means of delivering clinical preventive services for women including prenatal, preconception care, family planning and well-woman visits.
- b Describe a plan for providing resources and/or tools for the HS recipients to conduct comprehensive assessments as part of case management/care coordination services.
- c Provide plan details on training, education, and resources to support grantee outreach efforts to raise awareness of health

insurance options and provide eligibility and enrollment assistance to pregnant women, parents (including fathers), infants, and children.

- d. Provide a plan for developing a forum for HS grant recipients to connect with local, state, and national MCH initiatives to better coordinate and augment service delivery focused on women's and perinatal health.

2. Improve Family Health and Wellness

CBA for All HS Grantee Recipients:

- a. Propose a plan for providing training, education and resources to HS grant recipients to ensure families have access to health care services for children up to 18 months of age, which should include a comprehensive medical home, as well as access to related medical, social, developmental, behavioral, educational and informal support services.
- b. Describe tools and resources to support the health promotion activities led by HS grantees for the purposes of increasing consumer knowledge (including topics identified through the grantee's needs assessment).
- c. Describe a plan to identify existing evidence-based curricula for HS grant recipients to use in conducting program activities including to improve infant health, development and family resilience by promoting father/partner involvement prior to, during, and after the child's birth, parenting and paternal involvement.
- d. Describe a plan for assuring the availability of resource topics such as toxic stress, perinatal depression, and other mental and behavioral health services identified as necessary to strengthen family health and wellness. These resources must be linguistically and culturally appropriate and evidence-based.
- e. Describe a plan to utilize a strategy to provide targeted training and technical assistance to support behavioral health and substance use disorder including fetal alcohol spectrum disorder (FASD) prevention, early detection and treatment among HS participants.

3. Promote Systems Change

CBA for All HS Grantee Recipients:

Community Action Network

- a. Provide a process to identify curricula and provide training on the development of CANs. As appropriate, describe your expertise in providing training to engage partners, develop

- priorities, create shared vision and develop measurable goals and objectives.
- b. Describe a plan to identify the types of training needed to engage consumers in this process and the format that will be used to provide such training.

Local and State Action

- a. Describe a plan for providing HS grant recipients with the resources and strategies to engage in community action that supports the development, implementation, and/or evaluation of local, state, and national perinatal health systems, initiatives, programs, and/or policies (e.g., Fetal and Infant Mortality Review (FIMR), Maternal Mortality Measurement Review, and/or Perinatal Periods of Risk (MMMR)).
- b. Provide a plan that describes your understanding and expertise in conducting community-level reproductive risk monitoring, including FIMR, MMR, and Perinatal Periods of Risk (PPOR) and a plan for coordinating these reviews.

Regional and National Action

- a. Propose a plan for providing a description for working with HS recipients interested in applying to participate on the HS COIN. The plan should also include how the applicant will:
 - i. Operate and maintain an Internet-based work space for virtual COIN strategy teams and results-sharing capacity as well as a data repository to support evaluation of small tests of change;
 - ii. Discuss how methods will ensure coordination with HRSA;
 - iii. Respond to identified challenges in planning HS COIN; and
 - iv. Achieve sustainability of HS COIN projects.
- b. Describe a plan for creating a mentoring program for individual HS grant recipients and develop objectives and expected outcomes for the mentoring opportunities as well as developing curricula, training, and in providing peer-to-peer mentoring to other HS programs.

4. Assure Impact and Effectiveness through ongoing HS workforce development, data collection, QI, performance monitoring, and program evaluation.

CBA for All HS Grantee Recipients:

- a. Describe a plan to provide technical assistance on QI processes, including familiarity with various QA/QI models, rapid cycles of change, the

- utilization of data to inform QI process, etc. and an effective plan for educating HS grant recipients on implementation of QI projects.
- b. Describe a plan to include strategies to conduct needs assessments.
 - c. Describe a plan to provide technical assistance on data infrastructure and the process for providing training to HS grant recipients on establishing proper database systems to capture data regarding project goals and objectives and how much assistance will be provided to HS grant recipients.
 - d. Describe a plan to provide training and technical assistance to HS evaluators on key topics such as defining goals of local evaluation, collecting and analyzing data, incorporating evaluation findings, and designing and implementing a rigorous evaluation.

Section III: Provide Access to Shared Resources and Faculty

- a) Provide a description of a plan for obtaining access to shared resources. Include a discussion on whether shared resources are internal to the organization or if such expertise will be accessed through other means (e.g., contracts or MOUs with partner organizations). If shared resources will be acquired through partner organization(s), explain why chosen organization is the most appropriate and the expertise they will bring to the project.
- b) Describe a plan for incorporating MCH faculty into the CBA activities including the provisions of onsite and virtual CBA technical assistance and training to HS grant recipients. Additionally describe the types of MCH faculty available through the recipient organization.

Section IV: Online Internet Workspace

- c) Describe a plan to develop the online internet workspace, including whether such expertise is internal to the recipient or will be completed using other methods (e.g., contract) and interface with the HRSA website. Include a discussion about your ability to host and store multi-media TA products and grantee-developed tools.
- d) Describe a plan for addressing 508 compliance and storage of Personally Identifiable Information (PII).

Section V: Evaluation Activities

- e) Provide a description of how the methodology proposed will allow for transfer of skill and knowledge to the HS staff and show how it responds to the identified challenges in providing technical assistance to a national program.
- f) Describe a plan of implementation of the findings of these evaluation activities to make ongoing adjustments and changes to your activities to better meet the needs of the HS grant recipients during this period of performance.

You must also propose a plan to support HS recipients in developing a sustainability plan for after the period of federal funding ends. HRSA expects HS 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 target population.

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

Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section. 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, including developing the application and, further, the extent to which these contributors reflect the cultural, racial/ethnic, linguistic and geographic diversity of populations and communities served.

The work plan should be used as a tool to actively manage your program by measuring progress, identifying necessary change, and quantifying accomplishments. At a minimum, the work plan should include: 1) statement of need or problem statement; 2) goals; 3) specific, time-framed, measurable objectives; 4) key action steps; 5) time frame for completion; 6) staff responsible; and 7) methods of evaluation and impact.

You must submit a plan for disseminating reports, products and/or project outputs so key target audiences receive the project information. In addition, describe how you will provide opportunities for technical assistance for persons who learn best via self-learning, in other languages, and through other learning/training methods.

You must submit a logic model (as part of Attachment 1) 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);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., any materials generated from the program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

Note: please refer to Section VIII of this NOFO for more guidance on logic models.

NOTE: Organizations or agencies who are submitting a joint-application must provide information on how they will ensure open lines of communication (include resolutions of conflicts or differing viewpoints/opinions) and consistent and timely, high quality of work irrespective of which organization is leading the specific task.

The method of evaluation must include a demonstration of how the technical assistance has assisted HS programs in improving the implementation of program interventions. Evaluation should be provided on customer satisfaction with CBA products provided and demonstrate how CBA assisted HS grant recipients in accomplishing activities related to the four approaches of the HS program.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion(a) #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. Discuss challenges related to partner organizations and identified resources and processes for resolving such issues.

Provide information that shows an understanding of the challenges faced in providing training and technical assistance to a national program addressing the needs of diverse communities. Strategies in the work plan should address the needs and challenges that have been identified.

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

You must describe the plan for the program performance evaluation that will contribute to continuous QI. 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 (as per attachment 5), collaborative partners, key staff (Attachments 2) budget (Attachment 7), and other resources), key processes, and expected outcomes of the funded activities.

You must describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes.

This section should also include a clear delineation of the roles and responsibilities of project staff and their qualifications (as part of Attachments 2 and 3), and how consultants and partner organizations will contribute to achieving the project's outcomes, if applicable. Include information about any contractual organization(s) that will have a significant role(s) in implementing program strategies and achieving project outcomes. Specify who would have day-to-day responsibility for key tasks such as: leadership of project; monitoring the project's on-going progress; administrative oversight; fiduciary oversight; preparation of reports; program evaluation; and communication with other partners and HRSA.

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, and explain how the data will be used to inform program development and service delivery. You must describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

Evaluation and performance measurement help demonstrate achievement of program outcomes, build a stronger evidence base for specific program interventions, clarify applicability of the evidence base to different populations, settings, and contexts, and drive continuous and ongoing program improvement. Evaluation and performance measurement also can determine if program strategies are scalable and effective at reaching target populations.

You must provide an evaluation and performance measurement plan that includes the following:

- Outline evaluation plan that will be used to measure achievement of program objectives and impact of program;
- Describe the type of evaluations to be conducted both process and outcome (e.g., process and/or outcome);
- Describe key evaluation questions to be answered;
- Describe internal continuous QI for program or other mechanism for routinely evaluating and improving quality of services provided;
- Describe the use of a management information system to monitor proposed scope of work;
- Identify key program partners and how these partners will be engaged in the evaluation and performance measurement planning processes; and
- Describe expected data sources as well as any possible challenges associated with collecting and/or accessing valid, reliable data necessary for planned evaluation and performance monitoring in a timely manner.

NOTE: Organizations or agencies who are submitting a joint-application must provide information on how they will monitor and assess performance of methods and activities being completed by partner organizations helping to implement activities included in the work plan for this cooperative agreement.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion(a) #5 Resource and Capabilities*

- 1) You should 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 an organizational chart (Attachment 5).

Provide information on the program's resources and capabilities (including staffing levels and experience) to support provision of culturally and linguistically competent and health literate services appropriate to the populations and communities to be served by HS.

- 2) You should include a detailed description of the entity's experience, program management components, the entity's readiness to establish contracts in a timely manner, and a plan for long-term sustainability of the project (not just once Federal funding ends, but expanding opportunities that will allow for continued growth of activities).

- 3) Describe your organization's capacity and expertise to provide capacity building assistance to include technical assistance. At a minimum, address the following:

- a) State the mission of your organization and describe how the SHSPP fits within the scope of the organization's mission;

- b) Describe the structure of your organization. Include as Attachment 5 an Organizational Chart that clearly shows how your organization is divided into departments, the professional staff positions that administer those departments and the reporting relationship. If partner organizations will be used, describe their expertise and depict the reporting relationship;

- c) Demonstrate that your proposed project will meet the program requirements regarding specific program staff;

- d) Describe the scope of current technical assistance, training and educational activities your organizations engages in;

- e) Demonstrate an understanding of evidence-based approaches and best practices for implementing interventions included as part of the HS program (i.e., case management, outreach, fatherhood, QI and evaluation, etc.);

- f) Demonstrate a proven track record of providing technical assistance and training to organizations addressing maternal and child health issues;

- g) Demonstrate your organization's ability to prepare guidance documents, technical assistance documents, case studies, and scientific publications and to summarize these documents and publications in a digestible, user-friendly form for dissemination to relevant and diverse stakeholders;

- h) Demonstrate your organization's ability to provide platforms for disseminating best practices, case studies, and relevant information to relevant stakeholders, as well as platforms to facilitate sharing of information among stakeholders;
- i) Demonstrate past performance managing federal grants and or/cooperative agreements at the national level, including percentage of services completed within each federal fiscal year for the past 4 completed fiscal years;
- j) Demonstrate staff expertise and capacity as it relates to scope of work proposed;
- k) Demonstrate maternal and child health expertise that is available within core staff and not through consultants.
- l) Demonstrate your current and past experience in providing intensive technical assistance and the impact of such activities.
- m) Provide ongoing CBA to assist HS grant recipients in strengthening implementation of interventions;
- n) Support the identification or development of curriculum for implementation of HS interventions;
- o) Provide CBA in the four HS approaches; and
- p) Use innovative strategies to provide onsite, remote (e.g., telephone and internet-based) technical assistance and training.
- q) Provide key content using CBA approaches, including development of curricula, professional education materials, knowledge synthesis summaries, and other learning materials.
- r) Provide opportunities for technical assistance for persons who learn best via self –learning, in other languages, and through other learning/training methods;
- s) Describe your expertise in providing self-directed, online curricula and training and its ability to provide continuing education credits to HS staff and other stakeholders for trainings delivered by its organization.
- t) Describe your knowledge of curriculum on mental and behavioral health services including trauma-informed care, perinatal depression and parent child interventions. Include a discussion on how the HS grantee plans to access curricula, trainings, and evidence-based tools to assist HS staff in conducting comprehensive assessment and screenings
- u) Describe your expertise in conducting pre- and post-site evaluations on TA delivered to the HS grantee.
- v) Describe your expertise in hosting an online internet workspace and their ability to conduct communities of learning and virtual trainings.

Collaborations via subcontracts or memoranda of understanding are encouraged in order to ensure broad national scope and to secure specific

expertise. However, HRSA expects you to have the internal capacity to guide, lead, and administer the cooperative agreement.

Discuss collaborative efforts with other pertinent agencies that enhance your ability to accomplish the proposed project. Describe the estimated percentage of total agency budget that funding for this cooperative agreement would represent, and describe other sources of funding the agency receives.

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.	
<u>Narrative Section</u>	<u>Review Criteria</u>
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 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.

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 IV. ii. Project Narrative. Also, include the required 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 role, 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 are signed and dated.

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](#).

Attachment 8: Progress Report

(FOR COMPETING CONTINUATIONS-ONLY)

A well-documented progress report is a required and important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered; therefore, you should include previously stated goals and objectives in your application and emphasize the progress made in attaining these goals and objectives. HRSA program staff reviews the progress report after the Objective Review Committee evaluates the competing continuation applications.

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

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

Attachments 9 – 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.

[SAM.gov](#) is experiencing high volume and delays. If you have tried to create or update your SAM.gov registration but have not been able to complete the process, you may not be able to apply for a HRSA funding opportunity via Grants.gov in a timely manner prior to the application deadline. If so, please email DGPwaivers@hrsa.gov, per the instructions in Section 3.6 of your HRSA 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 due date for applications under this NOFO is *January 8, 2019 at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 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 Supporting Healthy Start Performance Project is 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 \$2,465,000 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, except for the competing continuations' progress report, which will be reviewed by HRSA program staff after the objective review process.

Review criteria are used to review and rank applications. The Supporting HS Performance Project has six review criteria:

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

1. The extent to which the application demonstrates the problem and associated contributing factors to the problem.
2. The extent to which the application demonstrates ability to provide capacity building assistance, including technical assistance, to HS grant recipients on a nationwide basis.
3. The extent to which the application notes relevant challenges in responding to the program requirements.
4. The extent to which relevant challenges identified in the proposal meet the expectations HRSA identified for all tasks under this funding opportunity.

Criterion 2: RESPONSE (35 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges

The following review criteria are provided to assess the applicant's response to the "Purpose" section of the NOFO, and includes plans/methods to address individual state needs, and ability to address the needs to meet the program requirements and expectations.

Methodology (20 points):

1. The extent to which the applicant demonstrates a plan to provide HS grantees with sufficient learning, health promotion, and health education topics.
2. The extent to which the application demonstrates an appropriate plan to help HS grantees with resources to coordinate, link, and integrate services.
3. The extent to which the proposed activities are capable of addressing program's goals and objectives.
4. Effectiveness of methods proposed to monitor and evaluate the program and program results.

5. The extent to which the application describes CBA activities to be conducted for each of the four HS approaches and to meet the needs of HS grant recipients across HS programs.
6. The strength and feasibility of the proposed CBA activities to be conducted for each of the four HS approaches.

Work Plan (10 points):

1. The extent to which the logic model explains the relationships between the resources, activities, outputs and outcomes of a program.
2. The extent to which the application:
 - develops and describes a complete and comprehensive plan adequate to achieve the intended program outcomes and carry out the proposed objectives;
 - develops SMART objectives that relate to the project strategies and activities;
 - describes key action steps that contribute directly to meeting each of the objectives;
 - describes activities that are achievable, able to build capacity, and lead to the attainment of the proposed objectives; and
 - describes outcomes that are achievable and address the purpose of the NOFO.
3. The extent to which the capacity building assistance will result in tools that are designed for continuing use after the life of this specific cooperative agreement funding.
4. The extent to which the objectives included in the time line of the work plan are measurable and achievable, and include action steps, target population, end dates, and responsible persons.

Resolution of Challenges (5 points):

1. The extent to which the application shows how challenges noted in the Need section will be resolved.
2. The extent to which proposed resolutions are feasible.
3. The extent to which the application shows how these challenges have been resolved in similar situations.

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

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

1. The extent to which the proposed plan for evaluation is adequate and can show whether the project has met its objectives.
2. The extent to which the data the applicant proposes to collect can show if the project has met its objectives.
3. The extent to which the method to collect data is appropriate to the program.

4. The extent to which the application has provided evidence that it has appropriate resources to implement the technical assistance.
5. The extent to which the application shows expertise available to analyze the collected data, and
6. The extent to which the application has proposed effective methods to monitor and evaluate the progress of the program, and the results of the program.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV’s Work Plan

1. The extent to which the proposed project has a public health impact and the project will be effective, if funded. This may include: the effectiveness of plans for dissemination of project results, the impact results may have on the community or target population, the extent to which project results may be national in scope, the degree to which the project activities are replicable.
2. The extent to which the application explains how tools and resources developed will be constructed to provide continuing value to the widest audience.
3. The extent to which the application proposes avenues for technical assistance for persons who learn best in other languages.
4. The extent to which the application discusses how it will use the findings of the evaluation activities to improve the impact of the technical assistance.

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

1. 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.
2. The extent to which the application explains the existing organizational capacity and specific areas of organizational expertise as they relate to the proposed project, including 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.
3. The extent to which the application provides evidence of its ability to successfully manage federal funds.
4. The extent to which the expertise, training, and experience of the existing and proposed staff match the needs of the project.
5. The extent to which the application describes how collaborative efforts with other agencies/organizations will enhance the proposed project and whether such partnerships are they feasible as described.
6. The extent to which the application demonstrates ongoing adequate infrastructure and capacity to implement the project and achieve the

- project outcomes, including the ability to provide technical assistance on a variety of MCH issues and in the programmatic areas of expertise.
7. The extent to which the staffing plan demonstrates the needed expertise for the project.
 8. The extent to which the application demonstrates that the expertise is available in the staff currently proposed.
 9. The extent to which the application provides justification on the percentage of the staffing plan that will need to be accomplished through contracts vs. in-house.
 10. The extent to which the application demonstrates past effectiveness of the proposed methodology in the same or similar areas of need.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's Budget and Budget Narrative

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the research activities, and the anticipated results.

1. The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
2. The extent to which key personnel have adequate time devoted to the project to achieve project objectives, and deliver quality outcomes.
3. The extent to which the budget clearly justifies proposed staff, contracts, and other resources.

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 \(FAPIS\)](#). 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 [FAPIS](#) 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 FAPIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of June 1, 2019.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of June 1, 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](#).

Data Rights

All publications the cooperative agreement recipient develops or purchases with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the cooperative agreement recipient owns the copyright for materials that it develops under this cooperative agreement, 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 cooperative agreement 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 other

researchers. The specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the Notice of Award (NOA). Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

Human Subjects Protection

Federal regulations ([45 CFR part 46](#)) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

Requirements of Subawards

The terms and conditions in the Notice of Award (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

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 \(FAPIS\)](#). 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 [FAPIS](#) 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 FAPIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

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, 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.
- 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 successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are at https://perf-data.hrsa.gov/mchb/DqisApp/FormAssignmentList/UF5_2.HTML and below.

Administrative Forms
Form 1, Project Budget Details Form 2 Project Funding Profile Form 4, Project Budget and Expenditures Form 6, Maternal & Child Health Discretionary Grant Form 7 Discretionary Grant Project Products, Publications, and Submissions Data Collection Form

Updated DGIS Performance Measures, Numbering by Domain <i>(All Performance Measures are revised from the previous OMB package)</i>			
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 2	New	N/A	Technical Assistance
CB 4	Revised	5	Sustainability
CB 5	Revised	3, 4	Scientific Publications
CB 6	New	N/A	Products

b) Performance Reporting Timeline

Successful 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) Period of Performance End Performance Reporting

Successful 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 Notice of Award will contain a provision for integrity and performance reporting in [FAPIS](#), 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:

Devon Cumberbatch
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-7532
Fax: (301) 594-4073
Email: dcumberbatch@hrsa.gov

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

Christina Lottie
Public Health Analyst, Division of Healthy Start and Perinatal Services
Attn: Supporting Healthy Start Performance Project
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18N94D
Rockville, MD 20857
Telephone: (301) 443-0543
Fax: (301) 594-0878
Email: CLottie@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>

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA’s Electronic Handbooks (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

Logic Models

You can find additional information on developing logic models at the following website: <http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf>.

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a time line used during program implementation; the work plan provides the “how to” steps. You can find information on how to distinguish between a logic model and work plan at the following website: <http://www.cdc.gov/healthyouth/evaluation/pdf/brief5.pdf>.

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Thursday, November 29, 2018
Time: 2 p.m. – 4 p.m. ET
Call-In Number: 1-866-744-6855
Participant Code: 58122339
Weblink: <https://hrsa.connectsolutions.com/rfc90nbbo4hr/>

The recording will be posted in 5 business days on the MCHB website 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](#).