# U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

# HRSA
## Health Resources & Services Administration

Maternal and Child Health Bureau
Division of State and Community Health

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*Advancing State and Urban Maternal and Child Health (MCH)*

**Funding Opportunity Number:**  HRSA-20-044
**Funding Opportunity Type(s):**  Competing Continuation, New
**Assistance Listings (CFDA) Number:**  93.110

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## NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

# Application Due Date:  November 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:  August 7, 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) 2020 Advancing State and Urban Maternal and Child Health (MCH) Program. The purpose of this program is to strengthen state and urban MCH programs' capacity to deliver quality public health and health care services to improve MCH outcomes. Through this program, the recipients are expected to support state Title V and urban MCH leaders across the country to achieve national impact.

The FY 2020 President's Budget does not request funding for this program. This notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. You should note that this program may be cancelled prior to award.

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| Funding Opportunity Title: | Advancing State and Urban Maternal and Child Health (MCH) |
| Funding Opportunity Number: | HRSA-20-044 |
| Due Date for Applications: | November 15, 2019 |
| Anticipated Total Annual Available FY 2020 Funding: | $2,317,500 |
| Estimated Number and Type of Award(s): | Up to two cooperative agreements, one award for each focus area below |
| Estimated Award Amount: | 1. State MCH Leadership Focus, up to $1,617,500 per year (one award) 2. Urban MCH Leadership Focus, up to $700,000 per year (one award) You may apply for only one focus area. See Section IV.2.i. Project Abstract for more details. |
| Cost Sharing/Match Required: | No |
| Period of Performance: | May 1, 2020 through April 30, 2025 (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:  Thursday, September 5, 2019
Time:  1–2 p.m. ET
Call-In Number:  1-866-620-0779
Participant Code:  6634498
Weblink:  https://hrsa.connectsolutions.com/state_urban_mch_nofo_TA

To access the archived webinar recording, please visit the HRSA MCHB Funding Opportunities Webpage:  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 Advancing State and Urban Maternal and Child Health (MCH) Program.

**Purpose:**  The purpose of this program is to strengthen state and urban MCH programs' capacity to deliver quality public health and health care services to improve MCH outcomes, with an emphasis on innovation, collaboration, impact, and effectiveness.  Through this program, one recipient will support state Title V MCH leaders, including children with special health care needs (CSHCN) leaders (Focus area 1) and one recipient will support urban MCH leaders (Focus area 2) across the country to achieve national impact by each addressing the following four core functions:

1) **Evidence-Based Practice and Data-Driven Programming:**  Identifying and implementing evidence-based and informed practices, evaluating programs, and assuring data-driven decision-making;
2) **Current and Emerging Public Health Issues and Threats:**  Responding quickly to current and emerging MCH-related public health issues;
3) **Collaboration and Coordination:**  Collaborating with state and local partners to ensure optimal alignment with state Title V priorities and to identify areas of common need, interest, and effort; and
4) **Leadership and Workforce:**  Developing and assuring a highly skilled MCH workforce.

This program may also support state and urban efforts to advance priorities for the MCH population related to maternal mortality, infant mortality, mental health, substance use disorders, and childhood obesity.

For purposes of this notice of funding opportunity (NOFO), urban MCH leaders are defined as leaders of MCH programs in any city or county health department having jurisdiction over one or more areas with populations of 100,000 or larger.

**Program Goal:**  The overall goal of this program is to strengthen the system of services for delivering quality public health and health care services to the MCH population and improve MCH outcomes. By awarding two separate and distinct cooperative agreements (one with a state Title V MCH leadership focus and one with an urban MCH leadership focus), this program will promote a coordinated and complementary approach that addresses statewide MCH needs, while also considering the specific MCH needs of individual urban communities.

**Program Objectives:**  To meet the program goal described above, the Advancing State and Urban MCH Program has set the following objectives, based on Federally Available Data (FAD) for the Title V MCH Block Grant program, which can be found in the FAD Resource Document:
1. By April 2025, FAD for the Title V MCH Block Grant program National Performance Measures (NPMs) will demonstrate an improvement at the national

and urban levels of at least 5 percent over baseline data, as available in April 2020, for one or more of the NPMs.

2. By April 2025, FAD for the Title V MCH Block Grant program National Outcomes Measures (NOMs) will demonstrate an improvement at the national and urban levels of at least 5 percent over baseline data, as available in April 2020, for one or more of the NOMs.

## 2. Background

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

In recent years, the evolving health care environment, changing MCH workforce, state budget cuts, reorganizations, and shifting priorities have impacted the infrastructure of state and urban MCH programs.  These factors have contributed to an increased need for support and assistance, at state and urban levels, in regularly assessing the changing needs of the MCH population and in responding to the identified needs through the development and implementation of evidence-based or -informed public health strategies and programs.

The Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) previously funded two separate cooperative agreements to establish, support, and ensure state Title V programs and urban MCH leaders were equipped to serve the MCH population.  These previous efforts:

- Strengthened the system of services and addressed the needs of the MCH population by increasing the sharing of promising and best practices and supporting innovation, collaboration, peer learning, peer sharing, and workforce development;
- Assisted state Title V leaders and urban MCH leaders in efforts to support and improve systems of care for the MCH population;
- Focused on improving outcomes for women, infants, children, adolescents, and children with special health care needs; and
- Provided national, state, and urban partners with information on MCH issues, including emerging issues.

Recipients are expected to build upon the work or progress that has been completed previously.

This focused effort to foster coordination and innovation across multiple systems of care for the MCH population can complement and strengthen Title V program efforts to establish and assure integrated and comprehensive systems of care.  This NOFO builds upon program capacity assessments conducted by state Title V programs every 5 years and lessons learned from previous HRSA investments in state and urban MCH leadership.  The two cooperative agreements funded under this program will promote a coordinated and complementary approach that addresses statewide MCH needs while considering the specific MCH needs of individual urban communities.  While state and urban approaches may utilize different strategies and objectives to achieve shared MCH goals, the following activities are central to both projects:

- Shared needs assessment and action planning;

- Peer-to-peer consultation;
- Design and implementation of quality improvement strategies;
- Translation of evidence analysis and other research into training for families, health care providers, and consumers; and
- Convening of stakeholders and content experts to facilitate discussion and work toward consensus on shared state and urban MCH issues of concern.

The ultimate impact of these cooperative agreements will be continued improvements in MCH outcomes at the national, state, and urban levels, as reflected in the Title V MCH Block Grant NPMs and NOMs.  For example, under previous funding, recipients conducted epidemiological and leadership trainings and peer-learning events that prepared state and urban MCH leaders and staff throughout the nation to implement data-driven policies and practices.  Infant mortality and safe sleep are two examples of MCH priority areas that were highlighted in these trainings and peer-learning events.  Such focused efforts and trainings are supporting reductions in infant mortality, which decreased from 6.1 per 1,000 in 2010 to 5.9 per 1,000 in 2016 (NOM 9.1).  Improvements were also noted in the percent of infants that were placed to sleep on their backs, from 71.7 percent in 2010 to 78.0 percent in 2016 (NPM 5A).  Both national data and urban stratified data are available every April as part of the FAD Resource Document that is used to pre-populate NPM and NOM data for the Title V MCH Block Grant Applications/Annual Reports.

**Alignment with Agency Principles and Priorities**
The Advancing State and Urban MCH Program supports the following HRSA principles:
- Focus on achieving results for the populations served, by engaging in ongoing assessments to identify population needs and facilitating more timely and higher quality data to support real time decision making, supporting evidence-based and informed practices, monitoring impact, and adjusting programs to improve outcomes; and
- Partner with an inclusive array of stakeholders, including individuals, families, and communities; federal, state, local, territorial, and tribal organizations; and the public, private, and international sectors to achieve optimal health outcomes.

This program also may support state and urban efforts to advance priorities for the MCH population related to maternal mortality, infant mortality, mental health, substance use disorders, and childhood obesity.  Thirty-two state Title V MCH Block Grant programs, through their Title V Block Grant, have identified behavioral health, emotional wellness, and/or substance use (including opioid use) in the maternal population as state MCH priorities, reflecting key challenges that need a coordinated response from all levels of government.  Due to the importance of these priority issues, HRSA's MCHB anticipates that the projects and initiatives supported through these cooperative agreements will target some of these same issues.  These priorities are not readily solved and require strategic, ongoing coordination and support.  Coordinating with internal and external partners will maximize impact and improve data collection.

## II. Award Information

### 1. Type of Application and Award

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

HRSA will provide funding in the form of cooperative agreements.  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**:
- Making available the services of HRSA personnel as participants in the planning and implementation of project activities during the period of performance;
- Reviewing the activities, data, measures, and tools designed and implemented to accomplish this initiative;
- Participating, when appropriate, in meetings, conference calls, and learning sessions conducted during the period of performance;
- Participating in network learning communities and select topic areas for targeted outreach and improvement;
- Reviewing, as appropriate, written documents and publications developed by the recipients, funded in part, or in whole under the cooperative agreement;
- Participating with the recipients in the dissemination of project findings, promising/best practices, and lessons learned from states and stakeholders, and in producing and jointly reviewing reports, articles, and/or presentations developed during the period of performance; and
- Assisting in the establishment of federal, state, and urban interagency partnerships, collaboration, and cooperation that may be necessary for carrying out the project.

**The cooperative agreement recipient's responsibilities will include:**
- Leveraging existing products or resources developed by the previously-funded entities;
- Developing products that are accurate and fact-based;
- Collaborating with the other Advancing State and Urban MCH Program award recipient to leverage information exchange, where feasible;
- Meeting with the HRSA project officer at the time of the award and throughout the entire period of performance to review current strategies and ensure that project activities and goals align with the HRSA priorities for this program;
- Working closely with the HRSA project officer to plan and implement any proposed new activities;
- Being flexible and responsive to changing state and urban MCH priorities, which may mean modifying activities and initiatives as priorities change, while also staying within the scope of effort and consulting with the HRSA project officer for approval;
- Consulting with the HRSA project officer before scheduling any meetings or events that pertain to the scope of work and at which the HRSA project officer's attendance may be appropriate;

- Providing the HRSA project officer with any materials produced under this cooperative agreement in order to review and provide advisory input.  Such review should start as part of the concept development and include review of drafts and final products;
- Communicating in a timely manner with the HRSA project officer, which includes meeting monthly in person, by phone, or using virtual technology, with the HRSA project officer for status updates;
- Establishing contacts that may be relevant to the project's mission, which includes federal and non-federal partners and other HRSA projects, such as MCHB-funded resource centers; and
- Leveraging resources internally and externally to maximize the program efficiency and effectiveness.

## 2. Summary of Funding

HRSA expects approximately $2,317,500 to be available annually to fund two recipients.  Applicants for the State MCH Leadership focus area (Focus area 1) may apply for a ceiling amount of up to $1,617,500 total cost (includes both direct and indirect, facilities and administrative costs) per year.  Applicants for the Urban MCH Leadership focus area (Focus area 2) may apply for a ceiling amount of up to $700,000 total cost (includes both direct and indirect, facilities and administrative costs) per year.  The FY 2020 President's Budget does not request funding for this program.  The actual amount available will not be determined until enactment of the final FY 2020 federal appropriation.  This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner.

The period of performance is May 1, 2020 through April 30, 2025 (5 years).  Funding beyond the first year is subject to the availability of appropriated funds for the Advancing State and Urban MCH Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

# III. Eligibility Information

## 1. Eligible Applicants

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. **HRSA strongly urges 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) You, on behalf of the applicant organization certify, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where you are 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*.

   Please use the Project Abstract to indicate the focus area for which you are applying (State Title V MCH Leadership Focus (Focus area 1) or Urban MCH Leadership Focus (Focus area 2)). Include a statement expressing interest in only **one** focus area. Please note an applicant can only apply to *one* focus area. MCHB highly recommends that you include this language: "**Your organization's name** is submitting an application for **XXX** focus area (Focus area #)." **Please place this statement on the top of the page as the first statement.**

   Your application will **only** be evaluated and considered for the focus area (Focus area 1 or Focus area 2) designated in this statement. Your application will **not** be considered for more than one focus area. If your organization applies for both focus

areas, you will be considered non-responsive and both applications will be disqualified.

### 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 1*
  Briefly describe the purpose of the proposed project and the focus area (Focus area 1 or Focus area 2) for which you are applying, including discussions of state or urban MCH program capacity to deliver quality public health and health care services to improve MCH outcomes, with an emphasis on innovation, collaboration, impact, and effectiveness.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1*
  - Outline the needs of state Title V MCH and CSHCN directors or urban MCH leaders related to the goals outlined below in the *Methodology* section.
  - Address the resources available to state Title V MCH and CSHCN directors or urban MCH leaders.
  - Discuss any relevant barriers that the project hopes to overcome.
  - Identify gaps or inadequacies of state Title V MCH and CSHCN directors or urban MCH leaders in meeting needs of the MCH population.
  - Describe the benefit to the MCH population if these needs could be met more effectively.
  - Use and cite data to support the information provided.

  This section will help reviewers understand the target population that will be served by the proposed project.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria 2 and 4*
  Clearly describe how the project will address the following four core functions for either state Title V MCH and CSHCN leaders (Focus area 1) or urban MCH leaders (Focus area 2):

  1. **Evidence-Based Practice and Data-Driven Programming:** Identifying and implementing evidence-based and informed practices, evaluating programs, and assuring data-driven decision-making.

     Describe how you will strengthen state and urban MCH program capacity to advance quality public health programming that responds to the needs of the MCH population. Activities may include, but are not limited to:
     - Assess and monitor data collection capacity and needs of state and urban MCH programs in developing comprehensive, timely, and linked data systems.

- Promote and support program evaluation at state and urban levels, particularly evaluation of program outcomes and program infrastructure.
- Host learning collaborative cohorts that address MCH foundational issues, such as maternal mortality, infant mortality, mental health, substance use disorder, childhood obesity, and systems of services for children with special health care needs.
- Convene meeting(s) to foster the sharing of best practices for improving MCH outcomes.
- Promote best practices for improving MCH outcomes through various activities, which may include identification and dissemination of best practices, provision of stipend support for peer learning and replication, or other methods.
- Promote and support the development/publication of state and urban MCH issue briefs, reports, one-pagers, and/or manuscripts for peer-reviewed journals, particularly manuscripts and other documents focusing on state and urban program evaluation activities and results (e.g., identification of barriers to accessing quality health care).
- Develop and maintain a comprehensive virtual platform which: (1) facilitates exchange of innovative, promising, and evidence-based or -informed practices; (2) connects Title V NPMs with evidence-based strategies and Evidence-Based or -Informed Strategy Measures (ESMs); and (3) coordinates with other HRSA MCHB investments that are contributing to the evidence base.
- Develop communication materials to raise awareness of evidence-based and informed programs, including issue briefs and newsletters.

2. **Current and Emerging Public Health Issues and Threats:** Responding quickly to current and emerging MCH-related public health issues.

   Describe how you will invest in a broad range of activities to support and enhance state or urban MCH program capacity for monitoring and responding to current and emerging public health issues and threats, such as maternal mortality, mental health, substance use disorder, and childhood obesity, which may include, but is not limited to:
   - Conduct assessment/surveillance of MCH program capacity, identifying MCH needs at the state and urban level as well as assessing gaps in knowledge and MCH services delivery, to address emerging MCH needs.
   - Develop and conduct peer learning opportunities for state and urban MCH leaders to facilitate their sharing of innovative and effective approaches, and engage in collective problem solving.
   - Create and conduct training focused on leadership competencies for state and urban MCH leaders related to current and emerging public health issues and threats.

3. **Collaboration and Coordination:** Collaborating with state and local partners to ensure optimal alignment with state Title V priorities and to identify areas of common need, interest, and effort.

Describe how you will foster collaboration between national, state, and urban MCH leaders to ensure a coordinated public health system that promotes the health and well-being of mothers, infants, children (including CSHCN), and their families, which includes alignment and collaboration between the two award recipients. Activities may include, but are not limited to:

- Develop a mechanism for formalizing collaboration between the two award recipients.
- Identify topics of interest or emerging issues in MCH for award recipients to address collaboratively.
- Develop a conceptual model to represent how award recipients will collaborate to achieve project goals and objectives.
- Ensure alignment between State Title V priorities and urban MCH programming.
- Develop a shared set of measures/variables for award recipients to use in evaluating overall project outcomes, which may include impact measures that help to determine the extent to which the collaboration and coordination between the two recipients have contributed to improved outcomes.

Coordinate with a range of stakeholders and policymakers at national, state, and urban levels, through activities which may include, but are not limited to:

- Develop tools, strategies, and innovative methods for communication with key partners, including non-traditional partners (e.g., online newsletters, issue briefs, webinars, and social media).
- Develop presentations for national meetings.
- Develop and conduct webinars addressing issues important to improving MCH outcomes in women and children.
- Develop outreach plan containing innovative approaches for collaboration with key partners to address a range of MCH issues, which include emerging issues (e.g., maternal mortality, substance use disorder, childhood obesity, mental health).

State MCH Leadership (Focus area 1) applicants also should describe a plan to strengthen collaboration between Title V, the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, and the Early Childhood Comprehensive Systems (ECCS) program, in order to improve early childhood systems and assure that children reach their developmental potential.

4. **Leadership and Workforce:** Developing and assuring a highly skilled MCH workforce.

Describe how you will conduct activities aimed at ensuring a committed and well-trained MCH workforce at state and urban levels, which may include but is not limited to:
- Develop and conduct educational opportunities for the MCH workforce at the state, urban, and local levels, aimed at the core functions of

public health, MCH epidemiology (see below), program development, and leadership.
- Conduct assessment of MCH workforce strengths and needs.
- Plan and conduct meeting(s) of membership cohort to develop further leadership competencies.
- Conduct or facilitate other methods to address workforce development, such as mentorship opportunities, virtual training opportunities, etc.

State MCH Leadership (Focus area 1) applicants also should describe a plan to design, implement, and evaluate an annual pipeline program to build future state and local, including urban, MCH epidemiological capacity through approximately 20 12-week graduate-level student internship placements in state and local health agencies. Such placements serve a dual purpose of filling critical state/local needs for data analysis, program evaluation, or needs assessment while providing practical student training opportunities that may promote state/local career trajectories.

Urban MCH Leadership (Focus area 2) applicants also should describe a plan to design, implement, and evaluate an annual in-person training course focused on developing epidemiological skills for approximately 40 existing state and local, including urban, MCH analysts. Content may include a variety of topics, such as analytic methods, needs assessment, performance measurement, program evaluation, and effective data presentation and translation that are needed to promote effective data-driven MCH policy and practice at the state and local level.

Applicants for both Focus area 1 and Focus area 2 also should describe a plan to conduct an annual mentorship program for new MCH leaders.

Propose methods that you will use to address the stated needs and meet each of the four core functions outlined above. As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, evaluation, and information sharing and dissemination. Include a plan to disseminate reports, products, and/or project outputs so key target audiences receive the project information.

Include a description of any innovative methods that you will use to address the stated needs and four core functions.

State the overall goal(s) of the project and list the specific objectives that respond to the stated need, purpose, and core functions for this project. The objectives must be specific, measurable, attainable, relevant, and time-bound (i.e., SMART objectives). Delineate specific outcomes for each project year that correspond to the evaluation plan developed. These outcomes contribute to the criteria for the evaluation of the program.

- *WORK PLAN -- Corresponds to Section V's Review Criteria 2 and 4*
  In Attachment 1 describe the activities or steps that you will use to achieve each of the SMART objectives proposed during the entire period of performance in the

Methodology section. Use a time line that includes each activity and identifies responsible staff.

Include performance metrics and annual performance objectives for assessing progress.

As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application.

**Logic Model**
Submit a logic model (also in 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 personnel, budget, other resources);
- Target 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).

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

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion 2*
Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria 3 and 5*
Identify performance measures that you will use to assess progress toward the objectives outlined in the Purpose section.

Document your plans and ability to collect and report data on these performance measures as part of your annual progress report. Include baseline data and targets in this documentation.

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 toward 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 of the funded activities.

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

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 5*
  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 an organizational chart as Attachment 5. Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.

  Detail your reach at the national level with MCH leaders and demonstrate prior experience and expertise working with a range of federal, state, and local public health entities and other state and national organizations. Describe the role your organization and your organization's key stakeholders play in affecting MCH outcomes and impacting the MCH population's access to quality health care. Discuss how you will use this relationship to disseminate products and materials in order to achieve the Program's objectives.

  Highlight your experience and expertise working with, educating, and/or representing MCH leaders as a membership organization for state Title V directors or urban MCH leaders. Discuss how you will leverage resources internally and externally to maximize the program's impact and foster collaboration across stakeholders.

  Include a brief, specific description of the available resources (staff, space, equipment, etc.) and any other related services that are available and will be used to carry out the Program. Include biographical sketches of key staff, including how they are qualified to work on this Program.

| 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.  Any attachments referenced in a narrative section may be considered during the objective review. |

| Narrative Section | Review Criteria |
|---|---|
| Introduction | (1) Need |
| Needs Assessment | (1) Need |
| Methodology | (2) Response  and (4) Impact |
| 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 | (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 this 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.2.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)*
After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B, which does not count in the page limit:

however, any related budget narrative does count.  See Section 4.1.iv 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*.

**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.

**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 *November 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

Advancing State and Urban Maternal and Child Health (MCH) 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 $1,617,500 for State MCH Leadership Focus (Focus area 1), and $700,000 for Urban MCH Leadership Focus (Focus area 2) per year (inclusive of direct **and** indirect costs). The FY 2020 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. 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) are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Awards will be made subsequent to enactment of the FY2020 appropriation. The NOA will reference the FY2020 appropriation act and any restrictions that may apply. Note that these or other restrictions will apply in the next 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 and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

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

Review criteria are used to review and rank applications. The Advancing State and Urban MCH Program has six review criteria. See the review criteria outlined below with specific detail and scoring points.

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

The extent to which the application:
- Describes the focus area (State MCH—Focus area 1; or Urban MCH—Focus

area 2) for which the applicant is applying.
- Describes the purpose of the proposed project.
- Discusses state MCH (Focus area 1) or urban MCH (Focus area 2) program capacity to deliver quality public health and health care services to improve MCH outcomes.
- Emphasizes innovation, collaboration, impact, and effectiveness.
- Outlines the needs of state Title V MCH and CSHCN directors (Focus area 1) or urban MCH leaders (Focus area 2) related to the goals outlined in the *Methodology* section.
- Addresses the resources available to state Title V MCH and CSHCN directors (Focus area 1) or urban MCH leaders (Focus area 2).
- Discusses relevant barriers that the project hopes to overcome.
- Identifies gaps or inadequacies of state Title V MCH and CSHCN directors (Focus area 1) or urban MCH leaders (Focus area 2) in meeting the needs of the MCH population.
- Describes the benefit to the MCH population if these needs could be met more effectively.
- Uses and cites data to support the information provided.

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

**Methodology (15 points)**
The extent to which the application:
- Responds to the project's four core functions: (1) Evidence-Based Practice and Data-Driven Programming; (2) Current and Emerging Public Health Issues and Threats; (3) Collaboration and Coordination; and (4) Leadership and Workforce.
- Proposes goals and objectives that are specific, measurable, attainable/achievable, relevant, and time-bound (i.e., SMART objectives) and will meet the purpose and requirements of the proposed project.
- Describes activities that are capable of addressing the problem and attaining the project objectives, including effective tools for ongoing outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve key state health policymakers.
- Explains how initiatives will lead to, where feasible, a nationwide impact that will improve outcomes for MCH populations.
- For State MCH Leadership (Focus area 1), describes a plan to strengthen collaboration between Title V, the MIECHV program, and the ECCS program, in order to improve early childhood systems and assure that children reach their developmental potential.
- For State MCH Leadership (Focus area 1) describes a plan to design, implement, and evaluate an annual pipeline program to build future state and local, including urban, MCH epidemiological capacity through approximately 20 12-week graduate-level student internship placements in state and local health agencies.
- For Urban MCH Leadership (Focus area 2) describes a plan to design, implement, and evaluate an annual in-person training course focused on

developing epidemiological skills for approximately 40 existing state and local, including urban, MCH analysts.
- Describes a plan to conduct an annual mentorship program for new MCH leaders.
- Includes a plan to disseminate reports, products, and/or project outputs so key target audiences receive the project information.
- Includes a description of innovative methods to address the stated needs and four core functions.

**Work Plan (10 points)**
The extent to which the application's work plan:
- Outlines proposed goals and activities and their relationship to the project.
- Corresponds to the four core functions outlined in the Methodology section.
- Includes a time line and identifies responsible staff.
- Includes performance metrics and annual performance objectives for assessing progress.
- Identifies meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities.
- Includes a logic model that clearly identifies the goals, assumptions, inputs, target population, activities, outputs, and outcomes.

**Resolution of Challenges (5 points)**
The extent to which the application:
- Discuss challenges that are likely to be encountered in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges.

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

The extent to which the application:
- Addresses the strength and effectiveness of the methods proposed to monitor and evaluate the project results.
- Provides 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.
- Describes the plan for the program evaluation that monitors and tracks progress toward the select focus area outcomes and overall impact. The program evaluation should monitor ongoing processes and progress toward the goals and objectives of the project.
- Describes potential obstacles for implementing program performance evaluation and plans to address those obstacles.

*Criterion 4: IMPACT (15 points) – Corresponds to Section IV's Methodology and Work Plan*

The extent to which the application:
- Proposes a project with public health impact, which will be effective, if funded.

- Describes the extent to which project results may have national impact.
- Discusses the degree to which the project activities are replicable across multiple states (Focus area 1) or urban communities (Focus area 2).
- Addresses the feasibility and effectiveness of plans for dissemination of project results.
- Describes how proposed activities will accomplish project goals and objectives, and demonstrate measureable impact across the period of performance.

*Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information*

The extent to which the application:
- Provides evidence that the project personnel are qualified by training and/or experience to implement and carry out the project. Describes current experience, skills, and knowledge, as well as previous work of a similar nature.
- Discusses the capabilities of the applicant organization and the quality and availability of personnel to fulfill the needs and requirements of the proposed project.
- Provides information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart that describe how these contribute to the ability of the organization to conduct the program priorities and meet program expectations.
- Describes the qualifications and expertise of the applicant in the selected focus area at the national level across all four core functions.
- Provides information on time allocation for all key staff on proposed project activities.

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

The extent to which the application:
- Outlines a reasonable proposed budget for each year of the period of performance in relation to the objectives, the complexity of the activities, and the anticipated results.
- Describes costs, as outlined in the budget and required resources sections, which are reasonable given the scope of work.
- Provides budget line items that are well described and justified in the budget narrative.
- Provides evidence that key personnel have adequate time devoted to the project to achieve project objectives.

## 2. Review and Selection Process

The objective review process provides an objective evaluation 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

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 May 1, 2020. 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.

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

## 3. Reporting

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

1) **DGIS Performance Reports.**  Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA.  Award recipients are required to submit a DGIS Performance Report **annually**, by the specified deadline.  To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are available at https://perf-data.hrsa.gov/MchbExternal/DgisApp/formassignmentlist/U01_6.html. The type of report required is determined by the project year of the award's period of performance.

| Type of Report | Reporting Period | Available Date | Report Due Date |
|---|---|---|---|
| **a) New Competing Performance Report** | May 1, 2020 – April 30, 2025<br><br>*(administrative data and performance measure projections, as applicable)* | Period of performance start date | 120 days from the available date |
| **b) Non-Competing Performance Report** | May 1, 2021 – April 30, 2022 | Beginning of each budget period (Years 2–4, as applicable) | 120 days from the available date |
| **b) Non-Competing Performance Report** | May 1, 2022 – April 30, 2023 | Beginning of each budget period (Years 2–4, as applicable) | 120 days from the available date |
| **b) Non-Competing Performance Report** | May 1, 2023 – April 30, 2024 | Beginning of each budget period (Years 2–4, as applicable) | 120 days from the available date |
| **c) Project Period End Performance Report** | May 1, 2024 – April 30, 2025 | Period of performance end date | 90 days from the available date |

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

2) **Progress Report(s)**.  The recipient must submit a progress report narrative to HRSA **annually** via the Non-Competing Continuation Renewal in the EHBs, which should address progress against program outcomes (e.g., accomplishments, barriers, significant changes, plans for the upcoming budget year), and include annual data on performance measures identified in the Project Narrative, if not captured by DGIS.  Submission and HRSA approval of a progress report will trigger the budget period renewal and release of each subsequent year of funding.  Further information will be available in the NOA.

3) **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:

Sharon Farris
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD  20857
Telephone:  (301) 945-9883
Email:  sfarris@hrsa.gov

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

Kate Marcell, MS
Public Health Analyst, Division of State and Community Health
Attn:  Advancing State and Urban Maternal and Child Health (MCH)
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18N104D
Rockville, MD  20857
Telephone:  (301) 443-4656
Email:  kmarcell@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 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

**Technical Assistance**

 HRSA has scheduled the following technical assistance:

*Webinar*

Day and Date:  Thursday, September 5, 2019
Time:  1–2 p.m. ET
Call-In Number:  1-866-620-0779
Participant Code:  6634498
Weblink:  https://hrsa.connectsolutions.com/state_urban_mch_nofo_TA

To access the archived webinar recording, please visit the HRSA MCHB Funding Opportunities Webpage:  https://mchb.hrsa.gov/fundingopportunities/Default.aspx.

**Tips for Writing a Strong Application**

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