U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

Maternal and Child Health Bureau
Division of Services for Children with Special Health Needs

Coordinating Center for Strategic Approaches to Improving Access to Quality Health Care for Children and Youth with Epilepsy

Announcement Type: New and Competing Continuation
Funding Opportunity Number: HRSA-16-056

Catalog of Federal Domestic Assistance (CFDA) No. 93.110

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Application Due Date: May 17, 2016

Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to one month to complete.

Release Date: March 07, 2016

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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), Maternal and Child Health Bureau (MCHB) is accepting applications for the fiscal year (FY) 2016 Coordinating Center for Strategic Approaches to Improving Access to Quality Health Care for Children and Youth with Epilepsy. The purpose of this program is to improve access to coordinated and comprehensive quality care for children and youth with epilepsy with an emphasis on populations experiencing health disparities and children and youth with epilepsy residing in medically underserved/rural communities.

Funding Opportunity Title:	Coordinating Center for Strategic Approaches to Improving Access to Quality Health Care for Children and Youth with Epilepsy
Funding Opportunity Number:	HRSA-16-056
Due Date for Applications:	May17, 2016
Anticipated Total Annual Available Funding:	$1,950,000
Estimated Number and Type of Award(s):	Up to one (1) cooperative agreement
Estimated Award Amount:	Up to $650,000 per year
Cost Sharing/Match Required:	No
Project Period:	September 1, 2016 through August 31, 2019 (three (3) years)
Eligible Applicants:	As cited in 42 CFR § 51a.3(a), any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450(b) is eligible to apply). Faith-based and community-based organizations are also eligible to apply. (45 CFR § 75.218). [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

Application Guide

All applicants 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 FOA to do otherwise. A short video for applicants explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

Technical Assistance

A pre-submission technical assistance call for all prospective applicants will be held:

Day/Date: Thursday, March 24, 2016
Time: 3:00 pm ET- 4:30 pm ET
Dial-in: 866-702-4108
Passcode: 7658669
Weblink: https://hrsa.connectsolutions.com/dscshngeneral/
Call Playback Link: http://mchb.hrsa.gov/programs/familypropartnerships/index.html

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for a Coordinating Center for Strategic Approaches to Improving Access to Quality Health Care for Children and Youth with Epilepsy (hereafter referred to as the "Coordinating Center"). The purpose of this award is to provide support and technical assistance to grantees receiving funding from HRSA/MCHB through the Strategic Approaches to Improving Access to Quality Health Care for Children and Youth with Epilepsy announcement (HRSA-16-055) with their quality improvement learning collaboratives[1] focused on efforts to implement telehealth/telemedicine[2]/mobile health (mhealth)[3] and youth transition[4], and to provide outreach and education regarding epilepsy to pertinent stakeholders. The awardee will implement a quality improvement learning collaborative and protocol for grantees, and ensure the grantees have access to relevant evidence based models, best practices, and strategies regarding the patient/family-centered medical home model,[5] youth transition[6], and the Got Transition Six Core Elements of Health Care Transition Framework.[7] In addition, the awardee will identify and implement a primary care provider education and training system on pediatric epilepsy.

The goal of this initiative is to improve access to coordinated and comprehensive[8] quality care for children and youth with epilepsy (CYE) with an emphasis on populations experiencing health disparities[9] and CYE residing in medically underserved/rural communities.[10]

The awardee will be expected to perform the following activities:

- Conduct ongoing assessments and evaluations of the grantees' outcomes and objectives, including data collection analysis, and timely provision of performance improvement data feedback to the grantees. When appropriate, the Coordinating Center will provide real time data to the grantees regarding their quality improvement efforts.
- Develop and maintain collaborative partnerships with relevant private and public entities.
- Provide technical assistance to the grantees via webinars, a shared web-based resource, conferences, and training opportunities.
- Identify and disseminate effective tools and strategies for outreach, collaborations, communication, and information sharing/dissemination.

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[1] A learning collaborative is a basic structure of collective transformation and consists of a sequenced, ordered, and layered series of in-person, web-enabled, and data-oriented cycles of pedagogy aimed at building accountable capacity for team-based testing and transformation. Additionally, collaborative improvement networks use standardized quality improvement methods to translate evidence into practice, and support teams to test and implement changes in a reliable, sequenced way. Clancy CM, Margolis PA, Miller M. Collaborative networks for both improvement and research. Pediatrics. 2013;131 (suppl 4): S210–S214.

[2] According to American Telemedicine Association, telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status. Telemedicine includes a growing variety of applications and services using two-way video, email, smart phones, wireless tools and other forms of telecommunications technology (http://www.americantelemed.org/about-telemedicine/what-is-telemedicine#.VsrcU_7VzIU).

[3] According to the Foundation for the National Institutes of Health (FNIH), mHealth is the delivery of healthcare services via mobile communication devices.

[4] http://www.gottransition.org .

[5] As defined by the American College of Physicians, the Patient Centered Medical Home is a care delivery model whereby patient treatment is coordinated through their primary care physician to ensure they receive the necessary care when and where they need it, in a manner they can understand (https://www.acponline.org/node/293847).

[6] http://www.gottransition.org/providers/index.cfm

[7] http://www.gottransition.org/providers/index.cfm

[8] The Agency for Healthcare Research Quality defines coordinated care as care that is coordinated across all elements of the broader healthcare system whereas comprehensive care is defined as patients having the large majority their physical and mental health needs met (https://pcmh.ahrq.gov/).

[9] HRSA defines health disparities as the differences in length and quality of life and rates and severity of disease and disability because of social position, race, ethnicity, gender, sexual orientation, education, or other factors (http://www.hrsa.gov/publichealth/).

[10] The medically underserved population can be defined as a population with one or more of these attributes:
a. a part of a Health Professional Shortage Area (HPSA); it may be a whole county or group of county or group of contiguous counties, a group of civil divisions or a group of urban census tracts to which residents have a shortage of primary care clinicians and/or mental health professionals; and
b. an area that includes groups of persons who face economic, cultural or linguistic barriers to health care.

- Provide assistance to the awardees to assist them in identifying evidence-based and innovative promising practices related to:
    - youth and family engagement and activation;
    - outreach to diverse populations;
    - health care system transformation, as it relates to pediatric epilepsy care;
    - use of health information technology to improve access to and quality of pediatric epilepsy care;
    - supporting the medical home approach;
    - education and training of clinicians;
    - partnership building with stakeholders; and
    - project sustainability.
- Plan, develop, and implement an annual awardee meeting.
- Develop and support primary care provider learning communities in pediatric epilepsy.[11]
- Establish a cross-site state learning community for awardees to discuss the project's progress, challenges, and potential solutions.
- Develop and disseminate a quarterly newsletter that highlights the awardees' initiatives, the Coordinating Center's activities, and provides relevant evidence-based information regarding pediatric epilepsy.
- Assemble a multidisciplinary advisory committee to advise and guide the activities of the Coordinating Center.
    - The committee must be inclusive of CYE, CYE families, and entities with subject matter expertise and knowledge in:
        - the development of a comprehensive system of services for children and youth with special health needs,
        - cultural competency,
        - rural health,
        - health disparities,
        - health information technology, and
        - pediatric epilepsy.
    - Representatives from state Title V Children with Special Health Care Needs and Medicaid/CHIP agencies should be included.
- Implement and update an evaluation plan annually. The plan should address:
    - the extent to which the program-specific objectives have been met;
    - the evaluation of the project's goals and objectives;
    - the effectiveness of strategies implemented to address barriers/challenges; and
    - the data collection/monitoring/reporting pertaining to all project strategies.

[11] A learning community is an environment created for peer-to-peer learning. www.mpca.net

The awardee must report on the following program-specific objectives:

Outcome objectives:

- By August 2019, increase by 10 percent over baseline, the percentage of primary care providers that indicate a change in their delivery of care for CYE (i.e. medical home approach, transition planning) based on the education and training received.

- By August 2019, increase by 10 percent over baseline, the percentage of partnerships created between primary care-and epilepsy subspecialty providers due to the awardees' initiatives.

Process Measures:

- By August 2019, increase by 10 percent over baseline, the percentage of clinical sites (e.g. hospitals, primary care practices, community health centers, rural health clinics, and federally qualified health centers) that report an increase in the use of health technology methods (i.e., telehealth/telemedicine/ and or mhealth).

- By August 2019, increase by 10 percent over baseline, the percentage of clinical sites (e.g. hospitals, primary care practices, community health centers, rural health clinics, and federally qualified health centers) that have implemented the Got Transition Six Core Element Framework.

- By August 2019, increase by 10 percent over baseline, the percentage of primary care providers and families of CYE that report an increased knowledge regarding pediatric epilepsy in the context of a comprehensive coordinated system of services for CYE.

2. Background

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

Epilepsy, the fourth most common neurological disorder in the United States, is a disorder of the brain that results in a person experiencing seizures (Hirtz et al., 2007). The effects of these seizures can vary. Some seizures can appear as staring spells, while others can cause an individual to collapse, shake, and become unaware of their environment. According to latest estimates, about 0.6 percent of children aged zero to 17 years have active epilepsy.[12] When applied to the 2013 population, this represents about 460,000 children and youth with epilepsy aged zero to 17 years.[13]

Children and youth with epilepsy living in medically underserved and rural areas as well as racial and ethnic minority populations are less likely to have access to coordinated and comprehensive quality care.[14] Limited access to comprehensive and coordinated systems of care

[12] Russ SA, Larson K, Halfon N. A national profile of childhood epilepsy and seizure disorder. Pediatrics 2012;129:256–64. DOI: 10.1542/peds.2010-1371.
[13] US Census Bureau, Population Division [database online]. Annual estimates of the resident population by sex, age, race, and Hispanic origin for the United States, States, and Counties: April 1, 2010, to July 1, 2013. Release Date: June 2014.
[14] J.M. Buelow, A. McNelis, C.P. Shore, and J.K. Austin, "Stressors of parents of children with epilepsy and intellectual disability, "The Journal of Neuroscience Nursing, vol. 38, pp. 147-146, 2006

is associated with poorer quality of life for CYE.[15] As a result, the lack of access to primary care providers, specialists, and subsequent appropriate treatments has a dramatic impact on the overall health, family, and employment situation for CYE as well as their caregivers ("Epilepsy Across the Spectrum", Institute of Medicine, 2012). Further, data from the 2009-2010 National Survey of Children with Special Health Care Needs indicated that CYE were less likely to receive the services necessary to make transitions from pediatric to adult life.

This funding opportunity will build upon the successes of past MCHB funding initiatives to improve access to care for CYE by supporting a Coordinating Center that will provide guidance and technical assistance to awardees on: 1) utilizing health information technology (i.e. telehealth/telemedicine/mobile health) for underserved areas/populations, 2) extending quality improvement (QI) efforts with the development of QI collaboratives, 3) improving transition of CYE from pediatric to adult care, and 4) providing outreach and educational initiatives to pediatric primary care providers by using evidence-based tools such as telehealth.

The Health Resources and Services Administration (HRSA) defines telehealth as the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration. For approximately 50 years, telehealth programs have served as innovative tools for care delivery, linking patients and providers separated by geographic and socioeconomic barriers. Additionally, telehealth programs are associated with better care, better health outcomes and lower costs. *Crossing the Quality Chasm*, stated, "information technology must play a central role in the redesign of the health care system if a substantial improvement in quality is to be achieved." When individuals do not have access to necessary services, disparities continue to grow. According to the Institute of Medicine (IOM), telecommunication and information in technology can address some of these disparities by redistributing knowledge and expertise where and when it is needed. Because primary care providers serve as the patient medical home for most epilepsy patients, they play a significant role in their care of patients with seizures.[16] However, as epilepsy is a complex disorder requiring specialized knowledge for correct diagnosis, classification, and treatment, primary care practitioners need to stay current on new diagnostics and therapies. This is where telehealth can prove crucial.

The IOM indicated that research has identified gaps in health professionals' knowledge about treating epilepsy and its comorbidities and in their level of confidence in providing treatment. At the same time, few educational interventions have been developed to improve health professionals' knowledge about epilepsy. The IOM also indicated that building the health care workforce's knowledge base and skill sets in diagnosing, treating, supporting, and generally working with people with epilepsy is necessary to ensure that patients and families have access to high-quality care. Additionally, health professionals need current knowledge about many aspects of epilepsy: seizure recognition and diagnosis; prevention and treatment options; associated comorbidities, risks, and safety concerns; necessary social services; psychosocial and quality-of-life factors; and stigma. The awardee will be responsible for designing and implementing an educational component that will serve as a training system tool to improve primary care providers' knowledge regarding pediatric epilepsy.

[16]Neurology. 2000; 55 (11 Suppl 3): S42-4. How will primary care physicians, specialists, and managed care treat epilepsy in the new millennium? Montouris GD1.

Outreach and education regarding epilepsy among pertinent stakeholders is also a key component of the awardees' projects. In its 2012 report, the IOM recommended the coordination of public awareness efforts by implementing the following:

- developing and sharing messaging that emphasizes the common and complex nature of the epilepsies and the availability of successful seizure therapies and treatments; and
- exploring the feasibility of and development of an ongoing, coordinated, large-scale, multimedia, multiplatform, sustainable public awareness campaign targeting key audiences to improve information and beliefs about the epilepsies and reduce stigma.

Access to information about diagnosis, prognosis, treatment, strategies for injury prevention and healthy living, employment rights and protections, and self-management skills can increase individual's and their families' sense of empowerment, promote adaptation to the disorder, and enhance overall quality of life (Couldridge et al., 2001). The awardee will provide technical assistance to awardees on developing and implementing strategies focused on providing effective outreach and education to the target population. Stakeholders include but are not limited to CYE and their families, caregivers, school personnel, community health centers, first responders, and health care providers. The goal is to enhance CYE and their families' understanding of epilepsy and resources available to them (e.g., access to social services; and community-based organizations such as the Epilepsy Foundation, Family Voices, and local chapters of the American Academy of Pediatrics). At a minimum, information provided should be appropriate for various health literacy levels and must also be culturally and linguistically appropriate.

The Coordinating Center will convene awardees in learning collaboratives to discuss the development and implementation of health information technology, implementation of the Six Core Elements of Youth Transition model,[7] and provision of outreach and education on pediatric epilepsy to stakeholders. A learning collaborative consists of a series of learning opportunities aimed at building accountable capacity for team-based testing and transformation.[17] Collaborative improvement networks use standardized quality improvement methods to translate evidence into practice, and support teams to test and implement changes in a reliable, sequenced way.[18] The Coordinating Center should be a resource that provides awardees with quality improvement methods that result in better outcomes for CYE accessing appropriate and quality health care. The Coordinating Center should be prepared to anticipate and address challenges and complexities that are a part of the design, implementation, and managing of quality improvement learning collaboratives.

Through streamlined and strategic approaches, this funding opportunity is designed to address the lack of access for CYE to optimal health care. The IOM indicated that health professionals' need to have opportunities to deepen their understanding and strengthen their array of skills for the duration of their careers in accord with evolving guidelines, best practices, and research advances. This funding opportunity seeks to address this and the aforementioned issues.

Maternal and Child Health Bureau

MCHB is a component of HRSA within the U.S. Department of Health and Human Services (HHS). Since its inception, Maternal and Child Health services awards have provided a foundation for ensuring the health of our nation's mothers and children. The mission of MCHB is to provide national leadership in partnership with key stakeholders, to reduce disparities,

[17] The Harvard Medical School Academic Innovations Collaborative: Transforming Primary Care Practice and Education, Bitton, Asaf MD, MPH; Ellner, Andrew MD, MSc, et al.
[18] Clancy CM, Margolis PA, Miller M. Collaborative networks for both improvement and research. Pediatrics. 2013;131 (suppl 4): S210–S214

assure availability of quality care, and strengthen the nation's MCH/public health infrastructure in order to improve the physical and mental health, safety and well-being of the MCH population.

MCHB recently revised its national performance measure (NPM) framework that focuses on the establishment of a set of population-based measures. The 15 NPMs address key national MCH priority areas that represent the following six MCH population domains:
(1) Women/Maternal Health; (2) Perinatal/Infant Health; (3) Child Health; (4) CYSHCN; (5) Adolescent Health; and (6) Cross-cutting or Life Course. Learn more about the MCHB and the six MCH population domains at http://mchb.hrsa.gov.

The Division of Services for Children with Special Health Needs
With the Omnibus Budget Reconciliation Act of 1989, Public Law 101-239 amended Title V of the Social Security Act to extend the authority and responsibility of MCHB to address the core elements of community-based systems of services for CYSHCN and their families. With this amendment, state Title V programs under the MCH Services Block Grant program were given the responsibility to provide and promote family-centered, community-based, coordinated care for CYSHCN and facilitate the development of community-based systems of services for such children and their families. CYSHCN are defined as "those children and youth who have or are at increased risk for chronic physical, developmental, behavioral or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally."[19]

According to the National Survey of Children with Special Health Care Needs (2009/2010), 15.1 percent of children under 18 years of age in the United States, approximately 11.2 million children, are estimated to have special health care needs. Overall, 23 percent of U.S. households with children have at least one child with special health care needs.

Through award initiatives, DSCSHN works to achieve the following six critical systems outcomes:

1) Family/professional partnership at all levels of decision making.
2) Access to coordinated ongoing comprehensive care within a medical home.
3) Access to adequate private and/or public insurance and financing to pay for needed services.
4) Early and continuous screening for special health needs.
5) Organization of community services for easy use.
6) Youth transition to adult health care, work, and independence.

[19] McPherson et al. (1998)

II. Award Information

1. Type of Application and Award

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

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

As a cooperative agreement, **HRSA Program involvement will include**:

- participation in the planning and development during the period of the cooperative agreement;
- continuous review of the activities, data, measures, and tools designed and implemented to accomplish this initiative;
- participation, when appropriate, in meetings conducting during the period of the cooperative agreement;
- participation in the preparation of project information prior to dissemination; and
- assistance in the establishment of federal and state interagency partnerships, collaboration, and cooperation that may be necessary for carrying out the project.

The cooperative agreement recipient's responsibilities will include:

- completion of activities proposed in response to the project requirements and scope of work;
- development and maintenance of a website;
- provision of leadership, in collaboration with MCHB, in data collection; analysis of evidence-based data; impact and quality improvement data, and any relevant data trends;
- collaboration with MCHB on ongoing review of activities, budget items, procedures, information/publications prior to dissemination, contracts and interagency agreements through conference calls and/or face-to-face meetings; and
- production, including publishing articles, and dissemination of materials; and adherence to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds[20].

2. Summary of Funding

This program expects to provide funding during federal fiscal years 2016 – 2018. Approximately $1,950,000 is expected to be available annually to fund one (1) recipient. Applicants may apply for a ceiling amount of up to $650,000 per year. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the Coordinating Center for Strategic Approaches to Improving Access to Quality Health Care for Children and Youth

[20] http://www.hrsa.gov/grants/manage/index.html

with Epilepsy Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with this award are subject to the Uniform Guidance 2 CFR Part 200 as codified by HHS at 45 CFR Part 75, which supersede the previous administrative and audit requirements and cost principles that govern the award of federal monies.

III. Eligibility Information

1. Eligible Applicants

As cited in 42 CFR § 51a.3(a), any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450(b)). Faith-based and community-based organizations are eligible to apply. A full listing of eligibility types is listed on the CFDA website: https://www.cfda.gov.

Foreign entities are not eligible for HRSA awards, unless the authorizing legislation specifically authorizes awards to foreign entities or the award is for research. This exception does not extend to research training awards or construction of research facilities.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.4* will be considered non-responsive and will not be considered for funding under this announcement.

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 the applicant's **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*** applicants for this FOA to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this FOA following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 Application Guide* provides instructions for the budget, budget justification, 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. All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the FOA to do otherwise.

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 FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge applicants to take appropriate measures to ensure the 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 the announcement.

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) Where the prospective recipient is unable to attest to any of the statements in this certification, such prospective recipient shall attach an explanation to this proposal.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on this and other 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 justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please 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 and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion 1 (Need)*
  This section should briefly describe the purpose of the proposed project.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1 (Need)*
  The target population (children and youth with epilepsy) and its unmet health needs must be described and documented in this section. The applicant must also address the needs of the awardees and the strategies that the Coordinating Center will use to ensure that the awardees are successful in achieving the MCHB program requirements. Disparities based on race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions should be considered when addressing the target population. Include socio-cultural determinants of health and health disparities impacting the population or communities served. Demographic data should be used and cited whenever possible to support the information provided. Discuss any relevant barriers in the service area that the project hopes to overcome. This section should help reviewers understand the communities and populations that will be served by the proposed project.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria 2 (Response), 3 (Evaluative Measures), and 4 (Impact)*
  Propose methods that will be used to address the stated needs and meet each of the previously described program requirements and expectations listed in the Purpose section in this FOA. As appropriate, include development of effective tools and strategies for ongoing Coordinating Center staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families and communities of culturally, linguistically, socio-economically and geographically diverse backgrounds. Include a plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences (e.g., populations facing health disparities and CYE residing in medically underserved/rural communities).

  Applicants must outline and describe a detailed plan regarding:
  - providing technical assistance and facilitation of the awardees' projects (e.g., the development and implementation of the quality improvement learning collaboratives as well as outreach and educational strategies);
  - gathering pertinent stakeholders to participate in the professional educational component;
  - utilizing advanced technologies for outreach, effective training and opportunities for pertinent stakeholders (including but not limited to health care providers, CYE and their families, populations facing health disparities and CYE residing in medically underserved/rural communities);

- mechanism(s) for data collection and analysis; and,
- an effective dissemination plan with timeframes and methods.

Applicants should identify meaningful support[21] and collaboration with key stakeholders, including CYE and their families, patient/family support organizations, and state and federal agencies, in planning, designing, and implementing all activities including development of the proposal. An indication of this is the recruitment of a multidisciplinary advisory committee of stakeholders with subject matter expertise in the project's focus areas as previously described on page 2 of the FOA. Additionally, applicants must include the extent to which these contributors reflect, racial, linguistic, and geographic diversity of the populations and communities served.

Applicants must also propose a plan for project sustainability after the period of federal funding ends. Recipients are expected 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 Criteria 2 (Response) and 4 (Impact)* As noted above, describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology section. Use a timeline that includes each activity and identifies responsible staff.

  Applicants must submit a logic model for designing and managing their 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 announcement 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 is supporting resources; assumptions should be based 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 (e.g., the direct products or deliverables of program activities); and
  - outcomes (e.g., the results of a program, typically describing a change in people or systems).

  See Section VIII. Other Information of this FOA for more details on logic models.

[21] The MCHB definition of "meaningful support" from organizations and stakeholders are specific contributors to the project that have a direct impact on the stated project goals and objectives. This goes above and beyond stating in general terms that one "supports" the organization in its efforts to implement the project.

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

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria 3 (Evaluative Measures), 4 (Impact), 5 (Resources/Capabilities), and 6 (Support Requested)*
  Applicants must describe the plan for the project performance evaluation that will contribute to continuous quality improvement. The project performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project and address the program-specific objectives in Section I. Purpose. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.

  Applicants must describe the systems and processes that will support the 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, with different cultural groups (e.g., race, ethnicity, language). Explain how the data will be used to inform program development and service delivery. Applicants must describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

  At a minimum, 20 percent of the annual awarded budget must be allocated to evaluation activities and development of a plan to sustain the project's activities beyond federal funding. When appropriate, applicant's sustainability plan should address the transformation of health care delivery and emerging payment models.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criteria 2 (Response), 3 (Evaluative Measures), 4 (Impact), 5 (Resources/Capabilities), and 6 (Support Requested)*
  Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health literate services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

Applicants must include a description of the existing available resources (e.g. staff, funds, in-kind contributions) and supports available at the community, state, regional and/or national levels to support the project. Provide a detailed description as to how all of these will

contribute to the ability of the organization to conduct the program requirements and meet program expectations.

Describe current experience, skills and knowledge, including the individuals on staff, published materials, data collection capabilities and previous work that is similar in nature.

NARRATIVE GUIDANCE

In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response, (3) Evaluative Measures and (4) Impact
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures (4) Impact (5) Resources/Capabilities and (6) Support Requested
Organizational Information	(2) Response (3) Evaluative Measures (4) Impact (5) Resources/Capabilities and (6) Support Requested
Budget and Budget Justification 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 differ from those offered by Grants.gov. Please follow the instructions included the Application Guide and, *if applicable*, the additional budget instructions provided below.

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 Consolidated Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) 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." Please 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 FY 2017, as required by law.

iv. Budget Justification Narrative

See Section 4.1.v. of HRSA's *SF-424 Application Guide*. In addition, the Coordinating Center for Strategic Approaches to Improving Access to Quality Health Care for Children and Youth with Epilepsy Program requires the following:

- Award-Related Meetings: sufficient funding must be budgeted to support a minimum of one (1) staff to attend an annual awardee meeting and participation in monthly/quarterly calls.

- Evaluation/Sustainability Activities: data collection activities and procedures that are required by the recipient evaluation should be accounted for and included within the scope of the budget (e.g., baseline and periodic data collection annually). Recipients must allocate 20 percent of the awarded budged to evaluation and sustainability activities annually.

v. Program-Specific Forms

1) Performance Standards for Special Projects of Regional or National Significance (SPRANS) and Other MCHB Discretionary Projects

HRSA has modified its reporting requirements for SPRANS projects, Community Integrated Service Systems (CISS) projects, and other award programs administered by MCHB 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). This Act 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, MCHB's authorizing legislation. Performance measures for other MCHB-funded award programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect. An electronic system for reporting these data elements has been developed and is now available.

2) Performance Measures for the Coordinating Center for Strategic Approaches to Improving Access to Quality Health Care for Children and Youth with Epilepsy

To inform successful applicants of their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U23_2.HTML.

NOTE: The performance measures and data collection information is for your PLANNING USE ONLY. These forms are not to be included as part of this application. However, this information will be due to HRSA within 120 days after the Notice of Award.

vi. Attachments

Please 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. **Each attachment must be clearly labeled**.

Attachment 1: Logic Model, Work Plan, Tables, Charts
Attach the Work Plan for the project that includes all information detailed in Section IV. 2. ii. Project Narrative. Include the project's logic model, tables and/or charts that will provide further details about the proposed project in this attachment.

*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 possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 3: Resumes/Curriculum Vitas (CVs) and/or Biographical Sketches of Key Personnel
Include resumes/CVs and/or biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 4: Memoranda of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)
Provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. All memoranda of agreement must be dated.

Attachment 5: Project Organizational Chart
Provide a one-page figure that depicts the organizational structure of the project.

Attachment 6: Summary Progress Report
ACCOMPLISHMENT SUMMARY (FOR COMPETING CONTINUATIONS ONLY)
A well-planned accomplishment summary can be of great value by providing a record of accomplishments. It is an 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 during the review process; therefore, applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. Because the Accomplishment Summary is considered when applications are reviewed and scored, competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do. The Accomplishment Summary will be evaluated as part of Review Criterion 4: IMPACT.

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

(1)The period covered (dates).

(2) Specific Objectives - Briefly summarize the specific objectives of the project as actually funded.

(3) Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachments 7 – 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

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Each applicant 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 it has 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 an applicant/recipient organization has 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://fedgov.dnb.com/webform/pages/CCRSearch.jsp)
- 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*.

Applicants that fail to allow ample time to complete registration with SAM or Grants.gov 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 FOA is *May 17, 2016 at 11:59 P.M. Eastern Time.*

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

5. Intergovernmental Review

The Coordinating Center for Strategic Approaches to Improving Access to Quality Health Care for Children and Youth with Epilepsy Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

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

6. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than $650,000 per year. 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.

Funds under this announcement may not be used for the following purposes:

- Telehealth Equipment: a maximum of 10 percent of funds from this project can be allocated for purchasing telehealth equipment.

The General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L. 114-113) 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 may apply in FY 2017, as required by law.

All program income generated as a result of awarded funds must be used for approved project-related activities.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

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

Review Criteria are used to review and rank applications. The *Coordinating Center for Strategic Approaches to Improving Access to Quality Health Care for Children and Youth with Epilepsy Program* has *six (6)* review criteria:

Criterion 1: NEED (10 points) – Corresponds to Section IV.2.ii. "Introduction" and "Needs Assessment"

The extent to which the application demonstrates the problem and associated contributing factors to the problem as well as the following:

- uses relevant data to describe the health care needs of the target population as well as the problems, barriers and associated contributing factors (e.g., social determinants) of the problem (5 points); and
- the applicant should describe how the awardees' needs regarding meeting the deliverables of their project will be addressed (5 points).

Criterion 2: RESPONSE (35 points) – Corresponds to Section IV.2.ii. "Methodology," "Work Plan," "Resolution of Challenges," "Evaluation and Technical Support Capacity "and "Organizational Information"

The extent to which the proposed project responds to the "Purpose" included in the program description. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

The extent to which the applicant describes the following:

- activities described in the proposal are capable of addressing the problem and attaining the project objectives, and proposed responses to the problem are feasible (5 points);
- how the project activities will assist awardees, CYE and their families, health care professionals, other relevant and pertinent stakeholders in promoting and implementing evidence based, innovative models and practices to improve access to coordinated and comprehensive[22] quality care for children and youth with epilepsy (CYE), particularly those underserved and experiencing health disparities (5 points);
- project activities are relevant and well defined with identified staff, consultants, and/or responsible partners (5 points);
- the application demonstrates meaningful support and collaboration with key stakeholders including the target population (5 points);
- as a Coordinating Center, the applicant must describe how it will (10 points):
    - provide technical assistance to the awardees' projects (e.g. the development and implementation of the quality improvement learning collaboratives as well as outreach and educational strategies);
    - gather pertinent stakeholders to participate in the professional educational component;
    - utilize advanced technologies for effective training and opportunities for pertinent stakeholders;
    - develop and implement the mechanism(s) for data collection (e.g. surveys, informant interviews), analysis, and provision of performance data feedback to the awardees;
    - devise an effective dissemination plan with timeframes and methods; and,
    - convene a multidisciplinary advisory committee of stakeholders with subject matter expertise in the project's focus areas. Representatives from state Title V and Medicaid/CHIP agencies should be included; and

[22] The Agency for Healthcare Research Quality defines coordinated care as care that is coordinated across all elements of the broader healthcare system whereas comprehensive care is defined as patients having the large majority their physical and mental health needs met.

- challenges that are likely to be encountered and approaches that will be used to resolve such challenges are logical and clearly described (5 points).

Criterion 3: EVALUATIVE MEASURES (20 points) – Corresponds to Section; IV.2.ii. "Methodology," "Evaluation and Technical Support Capacity," "Organizational Information"
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 specific objectives have been met, and 2) to what extent these can be attributed to the project. In addition, the extent to which the applicant:

- provides an evaluation plan that details the practices and procedures for successfully conducting the evaluation that includes measurable progress toward achieving the stated goals and objectives, and outcome/process measures (5 points);
- provides a description as to how data will be collected, analyzed, and tracked (5 points);
- provides a detailed description regarding the quality improvement methodologies that will be incorporated into the proposed project (5 points) and;
- provides a detailed description regarding how the project will address populations experiencing health disparities and CYE residing in medically underserved/rural communities (5 points).

Criterion 4: IMPACT (20 points) – Corresponds to Section IV's Corresponds to Section IV.2.ii. "Methodology," "Work Plan," "Evaluation and Technical Support Capacity," "Organizational Information"
The feasibility and effectiveness of plans for dissemination of project results (5 points), and the extent to which project results may be national in scope (5 points), and the degree to which the project activities are replicable (5 points), and the sustainability of the program beyond the federal funding (5 points). For applicants that are competing continuations, past performance will also be considered.

Criterion 5: RESOURCES/CAPABILITIES (10 points) – Corresponds to Section IV.2.ii. "Evaluation and Technical Support Capacity," "Organizational Information," and "Budget"
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. In particular, the extent to which applicants:

- provide a description regarding the feasibility and effectiveness of plans for dissemination of project results, maintenance of up-to-date resources, tools, and models for sharing and dissemination (5 points); and
- demonstrate experience and expertise facilitating collaborative learning and quality improvement activities to achieve specific and measurable goals (5 points).

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV.2.ii. "Methodology," "Evaluation and Technical Support Capacity," and "Budget"
The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research activities, and the anticipated results.

- the extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work (3 points).
- the extent to which key personnel have adequate time devoted to the project to achieve project objectives (2 points).

2. Review and Selection Process

Please see Section 5.3 of HRSA's *SF-424 Application Guide*.

This program does not have any funding priorities, preferences or special considerations.

3. Assessment of Risk

The Health Resources and Services Administration 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).

Effective January 1, 2016, HRSA is required to review and consider any information about the applicant that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in FAPIIS in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in 45 CFR § 75.205 Federal Awarding Agency Review of Risk Posed by Applicants.

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS (45 CFR § 75.212).

The decision not to make an award or to make an award at a particular funding level, is discretionary and is not subject to appeal to any HHS Operating Division or HHS official or board.

4. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 1, 2016.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of September 1, 2016. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's *SF-424 Application Guide*.

3. Reporting

MCHB intends to update the Discretionary Grant Information System with new Discretionary Grant Performance Measures. As announced in the Federal Register on November 6, 2015 (https://www.gpo.gov/fdsys/pkg/FR-2015-11-06/pdf/2015-28264.pdf), the DRAFT Performance measures introduce a new performance measure framework and structure that will better measure

the various models of MCHB award programs and the services each funded program provides. The performance data will serve several purposes, including awardee monitoring, performance reporting, MCHB program planning, and the ability to demonstrate alignment between MCHB discretionary programs and the MCH Title V Block Grant program. This revision will allow a more accurate and detailed picture of the full scope of activities supported by MCHB-administered award programs, while reducing the overall number of performance measures from what is currently used. The proposed performance measures can be reviewed at: http://mchb.hrsa.gov/dgis.pdf. In addition to the reporting on the new performance measures, awardees will continue to provide financial and program data, if assigned.

Pending approval from the Office of Management and Budget (OMB), the new package will apply to all MCHB discretionary awardees. New and existing awards awarded on or after October 1, 2016, will be required to report on measures assigned by their Project Officer. Additional instructions will be provided on how to access the new DGIS once it becomes available for awardee reporting. For award activities funded with 2015 dollars, awardees will continue to report on their currently assigned measures in DGIS.

The successful applicant under this FOA 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. Further information will be provided in the award notice.

2) **Performance Reports.** HRSA has modified its reporting requirements for SPRANS projects, CISS projects, and other award programs administered by MCHB 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). This Act 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, MCHB's authorizing legislation. Performance measures for other MCHB-funded award programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect.

a) Performance Measures and Program Data

To prepare successful applicants for their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U23_2.HTML.

b) Performance Reporting

Successful applicants receiving HRSA funds will be required, within 120 days of the Notice of Award (NoA), to register in HRSA's Electronic Handbooks (EHBs) and electronically complete the program-specific data forms that appear for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U23_2.HTML. 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 project period. Recipients will be required, within 120 days of the NoA, to enter HRSA's EHBs and complete the program-specific forms. This requirement includes providing expenditure data, finalizing the abstract and cooperative agreement summary data as well as finalizing indicators/scores for the performance measures.

c) Project Period End Performance Reporting
Successful applicants receiving HRSA funding will be required, within 90 days from the end of the project period, to electronically complete the program-specific data forms that appear for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U23_2.HTML. The requirement includes providing expenditure data for the final year of the project period, the project abstract and cooperative agreement summary data as well as final indicators/scores for the performance measures.

3) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR 75 Appendix XII.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:

Sarah E. Morgan
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Room 10SWH-03
Rockville, MD 20857
Telephone: (301) 443-4584
E-mail: smorgan1@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Sadie Silcott, MBA, MPH
Public Health Analyst, Division of Services for Children with Special Health Needs
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 13-103
Rockville, MD 20857
Telephone: (301) 443-0133
Fax: (301) 443-2960
E-mail: ssilcott@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should 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, seven days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
E-mail: 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, 8:00 a.m. to 8:00 p.m. ET:

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:

Additional information on developing logic models can be found at the following website: http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm.

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a timeline used during program implementation; the work plan provides the "how to" steps. Information on how to distinguish between a logic model and work plan can be found at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf.

Technical Assistance:

A pre-submission technical assistance call for all prospective applicants will be held:
Day/Date: Thursday, March 24, 2016
Time: 3:00 pm ET – 4:30 pm ET
Dial-in: 866-702-4108
Passcode: 7658669
Weblink: https://hrsa.connectsolutions.com/dscshngeneral/
Call Playback Link: http://mchb.hrsa.gov/programs/familypropartnerships/index.html

IX. TIPS for Writing a Strong Application

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