

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Maternal and Child Health Bureau
Division of Home Visiting and Early Childhood Systems

Rural Health Integration Models for Parents and Children to Thrive (IMPACT)

Funding Opportunity Number: HRSA-18-105
Funding Opportunity Type(s): New
Catalog of Federal Domestic Assistance (CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Application Due Date: July 2, 2018

*Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to 1 month to complete.*

Issuance Date: May 2, 2018

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2018 for the *Rural Health Integration Models for Parents and Children to Thrive (Rural Health IMPACT)*. Two-generational approaches focus on creating opportunities for and addressing needs of both at-risk children and their parents together. The purpose of the Rural Health IMPACT program is to implement evidence-based two-generational strategies that promote health and well-being of children (prenatally to age 3) and create economic opportunities for their families. This includes:

- 1) ensuring rural children and their families have access to high-quality health, development, education, and family support services that are aligned and coordinated;
- 2) improving early identification of and intervention for families who have experienced or are at-risk for adverse childhood experiences, maternal depression and other mental health issues, substance use disorders including opioid use and related neonatal abstinence syndrome, as well as other factors that lead to poor health and social outcomes for rural families; and
- 3) developing, implementing, and expanding two-generational strategies that effectively link children and their families to services to: a) encourage children's healthy development; and b) help families overcome barriers to achieving economic security and self-sufficiency.

The goal will be accomplished through identifying and implementing evidence-based two-generational approaches in rural communities based on the lessons learned from the initial Rural IMPACT project. The recipient is expected to support three (3) demonstration sites through intensive technical assistance (TA) and training, as well as provide universal TA¹ to the Maternal, Infant and Early Childhood Home Visiting and Early Childhood Comprehensive Systems Programs. The initial Rural IMPACT sites will serve as key resources in the TA to the demonstration sites and in the universal TA provision. Development of a web-based clearinghouse of existing resources, tools, research and subject matter expertise as well as the coordination of a cross-systems steering committee may be supported by the recipient.

Funding Opportunity Title:	Rural Health Integration Models for Parents and Children to Thrive (IMPACT)
Funding Opportunity Number:	HRSA-18-105
Due Date for Applications:	July 2, 2018
Anticipated Total Annual Available FY 2018 Funding:	\$600,000
Estimated Number and Type of Award(s):	Up to one cooperative agreement
Estimated Award Amount:	Up to \$600,000 per year dependent on the availability of appropriated funds
Cost Sharing/Match Required:	No

¹ For purpose of this NOFO, universal technical assistance is defined as technical assistance available to a broad group of stakeholders through no cost mechanisms, such as webinars and online resources.

Period of Performance:	September 1, 2018 through August 31, 2023 (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), formerly known as the funding opportunity announcement (FOA), 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. A short video explaining the *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

Technical Assistance

HRSA will host a technical assistance webcast to review the NOFO and answer applicants' questions.

Day and Date: Tuesday, May 15, 2018

Time: 4 p.m. – 5 p.m. ET

Call-In Number: 1-888-790-1923

Participant Code: 9398819

Weblink: https://hrsa.connectsolutions.com/rhi_nofo_ta_webinar/

HRSA will record the webinar and archive the recording on <https://mchb.hrsa.gov/earlychildhoodcomprehensivesystems> by Tuesday, May 22, 2018.

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I. Program Funding Opportunity Description

1. Purpose

This notice solicits applications for *Rural Health Integration Models for Parents and Children to Thrive (IMPACT)*.

A two-generational approach focuses on creating opportunities for and addressing needs of both vulnerable children and their parents together. It prioritizes and facilitates coordination of programs and services needed to address the additive effects of poverty and geographic isolation on early childhood health and development. A holistic-family-based approach acknowledges the importance of the family in shaping health and developmental outcomes for children.² Research has shown that the well-being of parents greatly impacts the health and developmental trajectories of their children and is a crucial factor in children's social-emotional, physical, and economic well-being. At the same time, the emotional and behavioral needs of at-risk infants, toddlers, and preschoolers are best met through coordinated services that focus on relationships, especially with parents and other caregivers. Parents' ability to succeed in school and/or at work is affected by how well their children are doing.

The overarching goal of the Rural Health IMPACT program is to implement evidence-based two-generational strategies that promote health and well-being of children (prenatally to age 3) and create economic opportunities for their families. This includes:

- 1) ensuring rural children and their families have access to critical health, development, education, and family support services that are aligned and coordinated;
- 2) improving early identification of and intervention for high-risk families who have experienced or are at-risk for adverse childhood experiences, maternal depression and other mental health issues, substance use disorders including opioid use and related neonatal abstinence syndrome, as well as other factors that lead to poor health and social outcomes for rural families; and
- 3) developing, implementing, and expanding two-generational strategies that effectively link children and their families to services to encourage: a) children's healthy development; and b) help families overcome barriers to achieving economic security and self-sufficiency.

Performance Metrics:

Data will be collected from the three demonstration sites³ and may be related to the following content areas:

- 1) Access to primary care and mental health services
- 2) Developmental screening
- 3) Maternal depression
- 4) Substance use

² Center for Law and Social Policy Thriving Children, Successful Parents: A Two-Generation Approach to Policy, July 9, 2014, <https://www.clasp.org/sites/default/files/public/resources-and-publications/publication-1/Two-Gen-Brief-FINAL.pdf> Center for Law and Social Policy

³ <https://aspe.hhs.gov/system/files/pdf/224826/ImplementationFederalRuralIMPACT.pdf>

- 5) Access to comprehensive services such as transportation, early learning and development and family support programs
- 6) Education and/or job opportunities

The recipient will specify process and outcome measures as well as family and systems measures within each of these areas. Measures will be aligned, as feasible and appropriate, with established performance measures for the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program and informed by the early childhood development evidence base. These data will be collected and reported to HRSA every six (6) months; measures to be reported on a different schedule should be clearly identified and a rationale provided.

Process measures from the universal TA to the MIECHV⁴ and Early Childhood Comprehensive System Impact (ECCS-I)⁵ sites that participate will also be collected.

Program Activities

Build on Lessons Learned from the Initial Rural IMPACT Program

The Rural Health IMPACT program will build on the lessons learned from the initial Rural IMPACT project, which include:⁶

- Greater tailoring of TA to increase effectiveness: Understanding the sites' differing histories, contexts, and stages of development was critical to understanding how best to support them with TA.
- Additional site resources required to build/create complex systems change: Nearly all sites mentioned the lack of a dedicated funding stream to support their work as a limit on their progress.
- A range of partners who must be at the table, and in particular families should be engaged: A strong start to two-generation efforts entailed consulting with families about the barriers they face and possible solutions—and involving them as partners at all stages of program development and implementation.
- Local leadership is critical: Several respondents stressed the need to nurture and support the site leaders and staff.
- A federal role facilitated planning and implementation: Designation as a Rural IMPACT site helped sites attract key partners, useful attention from state offices with whom they sought relationships, and support from other sources.
- Assist the communities in developing strategies to leverage funding to support continued systems building.

Identify Demonstration Sites and Provide Intensive TA

Central to the initiative is the provision of financial support through subawards to three demonstration sites.

Three Rural Health IMPACT demonstration sites will be identified to bring two-generational interventions to children (prenatally to age 3) and families at greatest risk.

⁴ <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview>

⁵ <https://mchb.hrsa.gov/earlychildhoodcomprehensivesystems>

⁶ Implementation of the Federal Rural IMPACT Demonstration, November 2016, <https://aspe.hhs.gov/system/files/pdf/224826/ImplementationFederalRuralIMPACT.pdf>

- Eligible entities to be demonstration sites are non-profit, community-based organizations in rural communities that have the infrastructure and supports to coordinate across economic, educational, housing, transportation, health care, and behavioral health systems. The community should also include a MIECHV Local Implementing Agency (LIA) to serve as the demonstration site or a partner to the demonstration site or that may be the actual demonstration site. The community may be, but is not required to be, one of the initial Rural IMPACT Communities with a MIECHV LIA. These communities include sites in Kentucky (KY), Arkansas (AR), Mississippi (MS), Maine (ME), Maryland (MD), and Minnesota (MN).
- Each demonstration site will serve as the backbone organization and the convener for the members of the system (e.g., child welfare, housing, transportation, labor, economic development, health care, early childhood development, child care, education, mental health and substance abuse, rural health, and public health, etc.) to come together and to carry out the work.

A plan should be proposed to for site selection and planning in year 1 and allocate up to 60 percent of budget starting in year 2 or earlier to be provided to the three demonstration sites through subawards. The provision of intensive and individualized TA and training, leadership development, and support to the demonstration sites may be provided directly by the recipient or indirectly through subject matter experts. This intensive TA consists of individual on-going coaching and consultation based on the unique needs of the demonstration site communities. The TA is related to:

- Implementing an evidence-based strategy to engage, identify and meet the two-generational needs of families prenatally and through the first 3 years of life. This includes assessing the ongoing TA needs of the communities.
- Strengthening, aligning and coordinating the network of available services and resources to meet the needs of at-risk rural families. Specific emphasis will be placed in these communities on: 1) developing coordinated systems that provide effective mental and behavioral health services for women, children, and families to address the impact of adverse childhood experiences, maternal depression, and substance abuse issues including opioid abuse and the related neonatal abstinence syndrome; 2) focusing on the social and developmental health challenges facing the youngest children in rural areas through quality, coordinated health and child care; and 3) promoting the economic self-sufficiency of families through the identification of educational and job opportunities.
- Investigating sustainability strategies such as financing and private sector fund development to support and sustain ongoing two-generational systems work within the community.
- Facilitating partnerships between the demonstration site organization and their states including MIECHV, Medicaid, Child Welfare, and Early Childhood Advisory body, non-profit organizations including State Primary Care Association and private foundations that support early childhood development, health, systems coordination and two-generational approaches. Partnerships are expected be developed with existing community-based organizations such as community health centers, local health departments, universities and community colleges, and hospitals. Other partnerships may include organizations representing economic development, transportation services, schools, early learning and

development programs, child care centers, child welfare, family support, health and mental health providers, and social services among others.

- Providing TA on data integration, collection and reporting. This includes assisting sites to adopt common outcome measures and develop data collection plans that demonstrate the impact of two-generational efforts. Identifying and finalizing common outcomes measures and providing consultation to sites on these measures. Review from HRSA's project officer and research and evaluation staff will occur to ensure alignment of measures with proposed activities.

Examples of activities that meet the purpose and goals of the program are described below.

Provide Universal TA to Additional HRSA-Funded Programs through Identification and Dissemination of Resources

To accomplish this, the recipient's work plan may include:

- a. Development of a publicly available web-based clearinghouse of existing tools, funding opportunities, TA and training resources, research, and subject matter expertise to support rural communities in two-generational systems building. This includes the identification of universal strategies that have been successful within rural communities.
- b. Dissemination of this information to rural communities supported by the MIECHV and ECCS-I Programs.
- c. As part of this activity, coordination with HRSA-funded TA resources such as the Home Visiting Improvement Action Center (HV ImpACT),⁷ the Home Visiting Collaborative Improvement and Innovation Network (CoIIN), and the ECCS Impact CoIIN.⁸ This coordination will leverage subject matter expertise, infrastructure to reach MIECHV and ECCS communities and best practices in communities to deliver TA.

Steering Committee

- A strategy to convene a steering committee to identify and strategize how to address the challenges faced in rural communities, which may include representatives from various sectors such as child welfare, housing, transportation, labor, intimate partner violence, economic development, health care, mental health and substance abuse, education, early childhood, child care, rural health, faith-based organizations, family support, and public health among others.

Establish Partnerships

- Involvement of national organizations and/or subject matter experts in key program areas such as child welfare, housing, transportation, labor, intimate partner violence, economic development, health care, mental health and substance abuse, education, early childhood, child care, rural health, faith-based organizations, family support, and public health among others.
- Provide needed TA and training to the communities involved.

⁷ <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-technical-assistance>

⁸ <https://mchb.hrsa.gov/maternal-child-health-initiatives/collaborative-improvement-innovation-networks-coiins>

Implement Quality Improvement

- a. Mechanisms to develop intensive TA to demonstration sites and universal TA to the MIECHV and ECCS Programs. These plans will build upon the lessons learned and engagement of the initial Rural IMPACT sites and the infrastructure of MIECHV and ECCS program including TA providers.
- b. A plan to assess the impact of the training and TA provided to the demonstration sites and the MIECHV and ECCS programs. This plan may include implementing an ongoing quality improvement strategy to measure and improve the implementation and impact of activities within the targeted communities and to improve the reach and impact of the universal TA. The recipient will continually assess the impact of the TA and training and address any identified gaps. The TA and training plan should be continually updated based on the changing and evolving needs of the rural communities being served. This plan will guide the strategies implemented throughout the 5 years of the program.

2. Background

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

Families in low income, rural communities face disproportionate challenges in achieving healthy growth and development of their young children and achieving economic self-sufficiency. There are many factors at play that challenge rural families including geographic isolation, lower socio-economic status, low educational attainment, higher rates of health risk behaviors, and limited job opportunities; access to quality clinical care and key services including quality early learning and care and family support services.⁹ Chronic health conditions and mental health and substance abuse issues exacerbate the challenges faced by families within rural communities.

About one-fourth (23.5 percent) of children in rural (nonmetropolitan) areas were poor in 2016, Child poverty often has an impact that carries throughout a lifetime, particularly if the child lived in poverty at an early age. At 26.6 percent, nonmetro areas not only had a higher poverty rate among young children (below 6 years old) than did metro areas (at 20.4 percent) in 2016, but nonmetro child poverty was also disproportionately "deep."¹⁰

Children living in rural communities are more likely to experience adverse health and developmental outcomes associated with their environment, socioeconomic status, family and community health behaviors such as smoking, poor nutrition, and substance abuse, geographic isolation, and lack of access to quality child care as well as health and mental health care.^{11,12} Early childhood is a critical period for physical, cognitive

⁹ Singh, G. K., and M. Siahpush. "Widening Rural-Urban Disparities in Life Expectancy, U.S., 1969-2009." *Am J Prev Med* 46.2 (2014)

¹⁰ <https://www.ers.usda.gov/topics/rural-economy-population/rural-poverty-well-being/child-poverty.aspx>

¹¹ *Child Poverty Higher and More Persistent in Rural America*, February 23, 2016, <https://carsey.unh.edu/publication/rural-child-poverty-higher>

¹² Health Resources and Services Administration. *Child Poverty in Rural America Policy Brief*, December 2015.

and social-emotional growth and development, and creates the foundation for healthy development, academic success and well-being well into adolescence and adulthood.

Childhood trauma is common; 45 percent of children in the United States have experienced at least one adverse childhood experience.¹³ The impact of this trauma affects individuals over a lifetime and societies over generations. There is also powerful evidence showing a strong correlation between opioid abuse and traumatic experiences, particularly early childhood adversity. Among those who misuse opioids, the individuals most likely to experience problems with addiction are those who suffered multiple adverse childhood experiences. Adverse childhood experiences are strongly related to development and prevalence of a wide range of health problems, including substance abuse, throughout the lifespan.¹⁴

There is strong support for a “two-generation” approach that creates opportunities for and addresses the needs of economically disadvantaged children and their parents simultaneously. In communities where resources are limited and there is a lack of reliable transportation to connect to employment and other critical supports, the two-generational approach is a leading strategy to break the cycle of poverty. A holistic-family approach acknowledges the importance of the family in shaping health and developmental outcomes for children.¹⁵ Research has shown that the well-being of parents greatly impacts the development of their children and is a crucial ingredient in children’s social-emotional, physical, and economic well-being. At the same time, the emotional and behavioral needs of at-risk infants, toddlers, and preschoolers are best met through coordinated services that focus on relationships, especially with parents and other caregivers.

A wide array of evidence-based interventions that promote early literacy, social emotional development, responsive relationships, school readiness, economic self-sufficiency, parent well-being and life skill development exist. When implemented, they yield long-term economic and health benefits. By sharing the lessons learned and coordinating TA resources, HRSA can leverage the impact of all of these programs on rural communities. By applying evidence-based, outcomes oriented approaches through TA and training, this program aims to improve community capacities to build a sustainable two-generational approach.¹⁶

HRSA supports two-generational programs including MIECHV, ECCS-I and the initial phase of the Rural IMPACT program, and will use these programs to build the Rural Health IMPACT program.

- MIECHV was created to support voluntary, evidence-based home visiting services for at-risk pregnant women and parents with young children up to kindergarten entry. A strong two-generational approach with focus on the healthy development and well-being of both parents and their young children, home visiting helps prevent child abuse and neglect, supports positive parenting,

¹³ <https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity/>

¹⁴ The Role of Adverse Childhood Experiences in Substance Abuse and Related Behavioral Health Problems <https://www.samhsa.gov/capt/sites/default/files/resources/aces-behavioral-health-problems.pdf>

¹⁵ Chang, T. et. al. (2016). Breaking the Intergenerational Cycle of Disadvantage: The Three Generation Approach. American Academy of Pediatrics Poverty and Health Disparities. Available at <http://pediatrics.aappublications.org/content/early/2016/05/05/peds.2015-2467>. (Accessed August 30, 2017).

¹⁶ <http://ectacenter.org/~pdfs/pubs/tamodel.pdf>.

improves maternal and child health, and promotes child development and school readiness. The Program's performance measures reflect its two-generational focus, including indicators and outcomes to measure progress of parents/caregivers as well as their young children. Fifty percent of the 893 counties served by the MIECHV Program are rural.

<https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview>

- The ECCS-I Grant program works to enhance early childhood systems building and demonstrate improved outcomes in population-based children's developmental health and family well-being indicators within twelve states. Additionally, these grants develop collective impact expertise, and implement and sustain efforts at the state, county and community levels. The program's primary aim is for participating communities to show a 25 percent increase in age-appropriate developmental skills among their communities' 3-year-old children, while also developing two-generational approaches to drive integration of early childhood services. <https://mchb.hrsa.gov/earlychildhoodcomprehensivesystems>
- Rural Integration Models for Parents and Children to Thrive, or Rural IMPACT, was a 3-year model demonstration project implemented in 2015 to provide leadership and community-level resources to develop two-generation approaches to address rural poverty. The Rural IMPACT project which will end in June 2018 provided technical assistance to 10 rural communities to adopt a two-generational approach to address the needs of both at-risk children and their parents, with the goal of increasing parents' employment and education and improving the health and well-being of their children and families. The Rural Health IMPACT project will build off the lessons learned from the previous project, including a dedicated funding stream and staff to support the work; assisting communities to leverage funding; a range of partners who must be at the table; involvement of families from the start; local leadership; and a federal role to facilitate planning and implementation.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

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

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

- Having experienced HRSA personnel available as participants in the planning and development of all phases of the project;
- Participating, as appropriate, in conference calls, meetings and TA/team sessions that are conducted during the period of the cooperative agreement;
- Coordinating the partnership and communication with other federal entities;

- Ongoing review of recipient established and implemented activities, measures, and tools that the recipients uses for carrying out activities that meet the purpose and goals of the program of the cooperative agreement;
- Establishing federal interagency partnerships, collaboration, and cooperation that may be necessary to conduct the project;
- Having HRSA staff available to support the efforts of the targeted communication and support to national partnership organizations in achieving their goals;
- Reviewing and providing input on written documents, including information and materials for the activities conducted through the cooperative agreement, prior to submission for publication or public dissemination; and
- Participating with the award recipient in the dissemination of project findings, best practices, and lessons learned from the project.

The cooperative agreement recipient’s responsibilities will include:

- Completing activities proposed in response to the Program Activities section of this notice of funding opportunity;
- Modifying and/or developing TA activities in support of the MIECHV, ECCS-I, and initial Rural IMPACT communities;
- Informing the federal project officer of any publications, audiovisuals, and other materials produced prior to distribution under the auspices of the cooperative agreement;
- Participating in face-to-face meetings and conference calls with HRSA conducted during the period of the cooperative agreement;
- Collaborating with HRSA on ongoing review of activities, procedures and budget items, information/publications prior to dissemination;
- Developing and maintaining a public web-based clearinghouse with access to all tools and resources;
- Providing leadership in data collection and analysis; and
- Convening and leading meetings during the project period for the participating teams.

2. Summary of Funding

HRSA expects approximately \$600,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to \$600,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The actual amount available will not be determined until enactment of the final FY 2018 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 September 1, 2018 through August 31, 2023.

Funding beyond the first year is dependent on the availability of appropriated funds for the 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 Per 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 any application that fails to satisfy the deadline requirements referenced in *Section IV.4* non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are not allowable.

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

IV. Application and Submission Information

1. Address to Request Application Package

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

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing this notice of funding opportunity (NOFO) (also known as “Instructions” on Grants.gov) or workspace application package. This allows Grants.gov to email organizations in the event HRSA changes and/or republishes the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application.

Please note you are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to desired opportunities.

2. Content and Form of Application Submission

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

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

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **80 pages**. Page limit should not exceed 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 limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
- 3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachment 7: Other Relevant Documents.

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

Program-Specific Instructions

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

i. Project Abstract

See Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory 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 Need***
Briefly describe the purpose of the proposed project. Highlight the overarching problem to be addressed and the contributing factors. Specifically, you should highlight information related to your understanding of early childhood development, rural health, and evidence-based, two-generational approaches.
- ***NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 Need***
This section will help reviewers understand the health and social needs of rural children and their families. Describe the target population and its unmet health needs, and include social determinants of health and health disparities affecting the population served. Whenever possible, use and cite the most recent demographic data to support the information provided. Discuss any relevant barriers that the project hopes to overcome, and outline plans to address the barriers identified.
- ***METHODOLOGY -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact***

Lessons Learned from the Initial Rural IMPACT Program

- Describe how your proposed plan will build off of and address the lessons learned from the initial Rural IMPACT Project shared in program activities section and how you will engage the prior Rural IMPACT communities as resources in your TA plan.
- Describe the plan for assisting communities in developing sustainability strategies and leverage funding to sustain the two-generational investment and assess and improve on any identified gaps.

Demonstration Sites

- Describe the process to identify the three Rural Health IMPACT demonstration sites. Include how you will identify that the sites are ready to carry out two-generational approaches. Eligible entities to be demonstration sites are non-profit, community-based organizations in rural communities that have the infrastructure and supports to coordinate across

economic, educational, housing, transportation, health care, and behavioral health systems. The community should also include a MIECHV LIA to serve as the demonstration site or a partner to the demonstration site. The community may be, but is not required to be, one of the initial Rural IMPACT Communities with a MIECHV LIA. These communities include sites in KY, AR, MS, ME, MD, and MN. Describe plans to provide up to 60 percent of funds to the identified demonstration site organizations starting in year 2 with flexibility for site selection, planning, and funding for start-up in the first year

- Describe your organizational process for the management of any subawards you will issue under the cooperative agreement. Include a description of your subaward process from initiation to approval, your timeline for procurements, and communication.
- Describe the methodology for oversight and monitoring sub-recipient progress, performance, and activities being completed in a timely manner, including the expected process for collecting, analyzing and reporting performance data.

Describe how you will provide intensive TA and training, including individual and ongoing coaching and consultation based on the unique needs of the demonstration sites. The goal of the intensive TA is to:

- Implement an evidence-based, universal strategy to engage, identify and meet the two-generational needs of families prenatally and through the first 3 years of life.
- Strengthen, align and coordinate the network of available services and resources to meet the needs of at-risk rural families.
- Participate in state and local policy discussions, and investigate financing strategies and private sector fund development to support and sustain ongoing two-generational systems work within the community.
- Facilitate partnerships between the demonstration site organization and their states, non-profits and private foundations that support early childhood development, systems coordination and two-generational approaches. Partnerships are expected be developed with existing community-based organizations such as primary care associations, community health centers, local health departments, universities and community colleges, and hospitals. Other partnerships may include organizations representing child welfare, housing, transportation, labor, intimate partner violence, economic development, health care, mental health and substance abuse, education, early childhood, child care, rural health, faith-based organizations, family support, and public health among others. The development of these partnerships will help with sustainability of the activities once the project ends.
- Engage in data integration, collection, cleaning, analysis and reporting. This includes assisting sites with the specification and adoption of common process and outcome measures, and family and systems measures related to the following content areas:
 - Access to primary care and mental health services.
 - Developmental screening
 - Maternal depression

- Substance abuse
- Access to comprehensive services such as transportation, early learning and development and family support programs
- Education and/or job opportunities.
- Develop data collection plans that demonstrate the impact of two-generational efforts.

Provide Universal TA to Additional HRSA Programs through Identification and Dissemination of Resources

- Describe the plan to develop a publicly available web-based clearinghouse of existing tools, TA and training resources, research, and subject matter expertise to support rural communities in two-generational systems building.
- Describe the plan to identify and disseminate successful strategies and other resources to the MIECHV and ECCS-I Programs, which focus on two-generational approaches.
- Describe how you will leverage the subject matter expertise and coordinate activities within HRSA-funded TA resources of the MIECHV and ECCS-I Programs.

Convene a Steering Committee

- Describe the plan to convene a steering committee to identify and strategize how to address the challenges faced in rural communities. Identify the organizations to be included and the rationale for their inclusion. Include information on the virtual convening and the in-person meeting.
- Describe the role of the steering committee to develop recommendations for rural impact spread, scale, and sustainability.

Establish Partnerships

- Describe the plan to develop partnerships with national organizations and/or subject matter experts in key program areas such as child welfare, housing, transportation, labor, intimate partner violence, economic development, health care, mental health and substance abuse, education, early childhood, child care, rural health, faith-based organizations, family support, and public health among others. provide needed TA and training to the communities involved. The relationship with these organizations or subject matter experts may be formal through a contract or more informal through consultation. Include how you will identify and support these subject matter experts.

Quality Improvement Strategies

- Describe how you will develop intensive TA to meet the needs of the demonstration sites and Universal TA to the MIECHV and ECCS programs. This includes assessing the needs of the target communities. Within the plan, you should indicate the subject, type, and format of the intensive TA and training and a plan to determine the reach and impact of the universal TA to the MIECHV and ECCS program.
- Describe how you will implement an ongoing quality improvement strategy addressing the elements described in program activities.

Other

- Describe potential barriers that may affect the program. Discuss how you will address the barriers, including any provision of financial support to participating organizations to assist with reducing barriers.
- Propose a plan for project sustainability after the period of federal funding ends. You 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 Criterion #2 Response

Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application.

The work plan must be submitted in table format as *Attachment 1*, and include all of the information detailed in this narrative.

Submit a logic model for designing and managing the project also in *Attachment 1*. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:

- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
 - Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
 - Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
 - Target population (e.g., the individuals to be served);
 - Activities (e.g., approach, listing key intervention, if applicable);
 - Outputs (i.e., the direct products or deliverables of program activities); and
 - Outcomes (i.e., the results of a program, typically describing a change in people or systems).
- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 Response*
- Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 Evaluative Measures and #4 Impact*
 - Describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project.
 - Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, 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.
 - Describe the strategy to collect, analyze and track data to measure process and outcomes, and explain how the data will be used to inform program development and service delivery. Measures should be related to the following content areas:
 - Access to primary care and mental health services
 - Developmental screening
 - Maternal depression
 - Substance use
 - Access to comprehensive services such as transportation , early learning and development and family support programs
 - Education and/or job opportunities
 - Describe how you will use the outcome and process measures as well as and the family and systems measures identified to assess progress. The data collected in the first year of the program will serve as the baseline to compare to the remaining years of the program. Process and outcome data will be collected on the three demonstration sites Describe how you will measure your reach and impact within the MIECHV and ECCS-I program through process measures.
 - Measures will be aligned, as feasible and appropriate, with established performance measures for home visiting and informed by the early childhood development evidence base. These data will be collected and reported to HRSA every 6 months; measures to be reported on a different schedule should be clearly identified and a rationale provided. MIECHV performance measures may be a helpful resource: mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-technical-assistance/performance-reporting-and-evaluation-resources.
 - Identify and finalize common measures and provide consultation to sites. This plan should include a face-to-face meeting for project participants to discuss their implementation activities, evaluation and measurement, sustainability, and dissemination of lessons learned.

- 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 Resources/Capabilities**
 - 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.
 - Describe project personnel, including proposed partners that will be engaged to fulfill the needs and requirements of the proposed project. Include relevant training, qualifications, expertise and experience of staff to implement and carry out this national-level project. Include a staffing plan and job descriptions for key personnel in *Attachment 2*, and biographical sketches of key staff in *Attachment 3*.
 - Succinctly describe your organization's current mission and structure, scope of current activities, including an organizational chart as *Attachment 4* and describe how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations.
 - Demonstrate that the organization has or is able to obtain the expertise on key topics areas such as early childhood development, two-generational approaches, rural health, mental health issues such as maternal depression, substance abuse issues including opioid abuse, educational systems, and economic development among others.
 - Describe your organization's experience collaborating with relevant entities working to improve the health of young children and families in rural communities.
 - Describe relationships with any organizations with which you intend to partner, collaborate, coordinate efforts or receive assistance from, while conducting these project activities. Include letters of agreement and/or descriptions of proposed/existing project-specific contracts in *Attachment 5*.
 - Demonstrate how your organization has adequate experience, infrastructure, and staffing in place to provide coaching, TA, and training to communities to implement strategies outlined in the work plan. Discuss experience in providing universal and individual TA and training on early childhood development and systems and implementing two-generational approaches. This includes employing adult-learning theory and instructional design in TA development and monitoring.

NARRATIVE GUIDANCE

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

<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need

Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (4) Impact
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative (below)	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA’s SF-424 Application Guide. Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and by carefully following the approved plan can help to avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

Include within the budget proposal the level of support for site selection and planning in year 1 and up to 60 percent of budget starting in year 2 or earlier that will be provided to the three demonstration sites through subawards.

The Consolidated Appropriations Act, 2018 (P.L. 115-141), Division H, § 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 FY 2019, as required by law.

iv. Budget Narrative

See Section 4.1.v. of HRSA’s [SF-424 Application Guide](#).

v. Program-Specific Forms

Program-specific forms are not required for application.

vi. Attachments

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

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative. Also, include the required logic model in this attachment. Describe how the organization will ensure that the funds for the subawards to the demonstration sites will be properly monitored and documented.

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 time keeping 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.

Attachment 4: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project, including where this project will fit within the organization.

Attachment 5: 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(s). Letters of agreement must be signed and dated.

Attachment 6: For Multi-Year Budgets--5th Year Budget (NOT counted in page limit)

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

Attachments 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

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](#).

ALERT from SAM.gov: You must now provide an original, signed [notarized letter](#) stating that you are the authorized Entity Administrator before your registration will be activated by SAM.gov. Please read [these FAQs](#) to learn more about this process change. Plan for additional time associated with submission and review of the notarized letter. This requirement is effective March 22, 2018 for **new** entities registering in SAM. This requirement is effective April 27, 2018 for **existing** registrations being updated or renewed. Entities already registered in SAM.gov are advised to log into SAM.gov and review their registration information, particularly their financial information.

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *July 2, 2018 at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 days before the deadline** to allow for any unforeseen circumstances.

See Section 8.2.5 – Summary of emails from Grants.gov of HRSA’s [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

Rural Health IMPACT 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 \$600,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project’s objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2018 (P.L. 115-141) apply to this program. Please see Section 4.1 of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2019, 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 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 instituted procedures for assessing the technical merit of applications to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. HRSA has developed critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. See the review criteria outlined below with specific detail and scoring points.

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

Review criteria are used to review and rank applications. The Program has six review criteria:

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

- The extent to which the application describes the purpose of the project, and demonstrates the problem and associated contributing factors to the problem. Focus should be on the applicant’s understanding of early childhood development, rural health, and two-generational evidence-based approaches.
- The extent to which the applicant discusses the health and social needs of rural children and their families, including the socioeconomic and cultural determinants of health and health disparities affecting the population served. Demographic data to support the information provided should be cited and any relevant barriers that the project hopes to overcome, and plans to address should be included.

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

Demonstration Sites (10 points)

- The extent to which the applicant explains the process for the management of any subaward issues under the cooperative agreement including a description of the subaward process from initiation to approval, timeline for procurements, and communication.
- The extent to which the applicant describes the methodology for oversight and monitoring sub-recipient progress, performance, and activities being completed in a timely manner.
- The extent to which the applicant describes the plan to provide intensive, individualized TA and training to the demonstration sites to:
 - Implement an evidence-based, universal strategy to engage, identify and meet the two-generational needs of families prenatally and through the first 3 years of life.
 - Strengthen, align and coordinate the network of available services and resources to meet the needs of at-risk rural families.
 - Participate in state and local policy discussions, and investigate financing strategies and private sector fund development to support and sustain ongoing two-generational systems work within the community.
 - Facilitate partnerships between the demonstration site organization and their states, non-profits and private foundations that support early childhood development, systems coordination and two-generational approaches.
 - Engage in data integration, collection, cleaning, analysis and reporting. This includes assisting sites with the specification and adoption of common

process and outcome measures, and family and systems measures related to:

- Access to primary care and mental health services
- Developmental screening
- Maternal depression
- Substance abuse
- Access to comprehensive services such as transportation, early learning and development and family support programs child care
- Education and/or job opportunities
- Develop data collection plans that demonstrate the impact of two-generational efforts.

TA Plan (10 points)

- The extent to which the applicant describes the plan to develop a publicly-available web-based clearinghouse of existing tools, TA and training resources, research, and subject matter expertise to support rural communities in two-generational systems building. This includes how they plan to identify and disseminate successful strategies, tools, opportunities and other resources to the rural MIECHV and ECCS-I sites.
- The extent to which the applicant describes how they will leverage subject matter expertise and coordinate resources within the HRSA-funded TA centers supported by MIECHV and the ECCS-I programs
- The extent to which the applicant describes how the proposed plan will build off the lessons learned from the initial Rural IMPACT Project and engage Rural IMPACT sites as a TA resource.

Supportive Strategies (10 points)

Steering Committee

- The extent to which the applicant describes their plan to convene a steering committee and identifies the organizations to be included and the rationale for their inclusion. Information on the virtual convening and the in-person meeting should be highlighted.
- The extent to which the applicant discusses the role of the steering committee in developing recommendations for rural impact spread, scale, and sustainability.

Establish Partnerships

- The extent to which the applicant describes the plan to develop partnerships with national organizations and/or subject matter experts in previously referenced key program areas described above, and how they will identify and support these subject matter experts.

Quality Improvement Strategies

- The extent to which the applicant describes how they will develop targeted and individual TA and training plans to meet the needs of the demonstration sites.. Within the plan, the applicant is expected to indicate the subject, type, and format of the TA and training, and methods to assess the impact of the

training and TA provided to the demonstration sites, and the plan to provide universal TA to the MIECHV and ECCS-I program

- The extent to which the applicant describes the plans to implement an ongoing quality improvement strategy to measure and improve activities within the demonstration sites and the MIECHV and ECCS-I programs. This includes how they will continually assess the impact of the TA and training and address any identified gaps.
- The extent to which the applicant describes the quality improvement strategies used to continually update the plans based on the changing and evolving needs of the rural communities being served. The applicant should describe how the plan will guide the strategies implemented throughout the 5 years of the program.

Other Criteria

- The extent to which the applicant discusses the potential barriers that may affect the program and how the barriers will be addressed, including any provision of financial support to participating organizations to assist with reducing barriers.
- The extent to which the applicant proposes a plan for project sustainability after the period of federal funding ends.
- The extent to which the applicant has proposed a work plan that is adequate and reasonable.
- The extent to which the applicant's description of activities that will be used during the period of performance in the Methodology section are adequate, reasonable, and clearly depicted.
- The appropriateness and reasonableness of the timeline that includes each activity, responsible staff, and as appropriate identifies support and collaboration with key stakeholders.
- The extent to which the applicant discusses challenges they might encounter in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges in a timely manner.

Criterion 3: EVALUATIVE MEASURES (10 points)

Corresponds to Section IV's Evaluation and Technical Support Capacity

These criteria assess the strength and effectiveness of the proposed methods to monitor performance and evaluate the project processes, performance, outcomes/results, and impact. Specifically, the applicant should describe:

- The extent to which the program performance evaluation will ensure continuous quality improvement.
- The extent to which the applicant describes the systems and process that will support the organization's performance management requirements.
- The extent to which the applicant describes the data collection strategy to collect, analyze and track data to measure process and impact/outcome.
- The extent to which the applicant describes potential obstacles for implementing the program performance evaluation, and their plan to address those obstacles.
- The extent to which the evaluation findings will inform progress towards project goals and objectives.

- The extent to which the applicant describes the strategy to collect, analyze and track data from the demonstration sites to measure process and outcomes, and explain how the data will be used to inform program development and service delivery. The data collected in the first year of the program will serve as the baseline to compare to the remaining years of the program. Measures will be aligned, as feasible and appropriate, with established performance measures for home visiting and informed by the early childhood development evidence base. Measures should be related to the following content areas:
 - Access to primary care and mental health services.
 - Developmental screening
 - Maternal depression
 - Substance use
 - Access to comprehensive services such as transportation , early learning and development and family support programs
 - Education and/or job opportunities.
- The extent to which the applicant describes how they will evaluate the reach and impact of Universal TA to MIECHV and ECCS-I
- The extent to which the applicant identifies and finalizes common measures and provides consultation to sites.
- The extent to which the applicant describes any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles

Criterion 4: IMPACT (10 points) – Corresponds to Section IV’s Methodology and Evaluation and Technical Support Capacity

These criteria assess the feasibility and effectiveness of the applicant’s work plan/methodologies for developing and leading the national partnership and state-based teams towards achieving the project goals. Specifically, the review should ascertain:

- The extent to which the applicant provides details ensuring technical and financial support are directed towards demonstration sites.
- The extent to which the applicant clearly defines its processes, timelines, and monitoring practices for managing subawards under the cooperative agreement.
- The extent to which the applicant will ensure that demonstration sites will monitor progress towards project goals and objectives.
- The extent to which the applicant details the plan for the program performance evaluation that will contribute to continuous quality improvement.

Criterion 5: RESOURCES/CAPABILITIES (30 points) – Corresponds to Section IV’s Organizational Information

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

- The extent to which the applicant discusses how they plan to follow the approved plan, as outlined in the application, properly account for the federal funds

including awarding and monitoring subawards and other contracts, and document all costs in order to avoid audit findings.

- The extent to which the applicant describes the project personnel, including proposed partners that will be engaged to fulfill the needs and requirements of the proposed project. This includes relevant training, qualifications, expertise and experience of staff to implement and carry out this national-level project.
- The extent to which the applicant describes their current mission and structure, scope of current activities and describes how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations.
- The extent to which the applicant can demonstrate that they have or are able to obtain the expertise on key topics areas.
- The extent to which the applicant describes their experience collaborating with relevant entities working to improve the health of young children and families in rural communities. This should include a description of any organizations with which they intend to partner, collaborate, coordinate efforts or receive assistance from, while conducting these project activities.
- The extent to which the applicant demonstrates that they have adequate experience, infrastructure, and staffing in place to provide coaching, TA, and training to communities to implement strategies outlined in the work plan. They should provide information on their experience in providing universal and individual TA and training and employing adult-learning theory and instructional design.

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

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

- The extent to which the applicant describes the funding to be provided to the demonstration sites.
- The extent to which the funding amount to the three demonstration sites is adequate (up to 60 percent of the budget starting in year 2).
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

See Section 5.3 of HRSA's [SF-424 Application Guide](#) for more details.

3. Assessment of Risk and Other Pre-Award Activities

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

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA will 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](#)).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 1, 2018.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 1, 2018. 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 under Subawards and Contracts under Grants:

The terms and conditions in the Notice of Award (NOA) apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients and contractors under grants, unless the NOA specifies an exception. See [45 CFR § 75.101 Applicability](#) for more details.

Data Rights:

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

3. Reporting

The new Discretionary Grant Information System (DGIS) reporting system will continue to be available through the Electronic Handbooks (EHBs). HRSA enhanced the DGIS and these improvements are available for recipient reporting as of October 1, 2017. HRSA will communicate with recipients and provide instructions on how to access the system for reporting. HRSA will also provide technical assistance via webinars, written guidance, and one-on-one sessions with an expert, if needed.

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

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

Award recipients must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Progress Report(s).** The recipient must submit a progress report to HRSA on an **annual** basis, which should address progress against program outcomes, including any expected outcomes in the first year of the program. Further information will be available in the award notice.
- 2) **Final Report Narrative.** The recipient must submit a final report narrative to HRSA after the conclusion of the project.
- 3) **Performance Reports.** HRSA has modified its reporting requirements for Special Projects of Regional and National Significance projects, Community Integrated Service Systems projects, and other grant/cooperative agreement programs to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). GPRA requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act.

a) Performance Measures and Program Data

To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program can be found below and at https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UK4_1.HTML.

Administrative Forms			
Form 1, Project Budget Details Form 2, Project Funding Profile Form 4, Project Budget and Expenditures Form 6, Maternal & Child Health Discretionary Grant Form 7, Discretionary Grant Project			
Updated DGIS Performance Measures, Numbering by Domain			
Performance Measure	New/Revised Measure	Prior PM Number (if applicable)	Topic
Core			
Core 1	New	N/A	Grant Impact
Core 2	New	N/A	Quality Improvement

Core 3	New	N/A	Health Equity – MCH Outcomes
Capacity Building			
CB 2	New	N/A	Technical Assistance
CB 3	New	N/A	Impact Measurement
CB 4	Revised	5	Sustainability
Women’s/ Maternal Health			
WMH 1	New	N/A	Prenatal Care
WMH 2	New	N/A	Perinatal/ Postpartum Care
WMH 3	New	N/A	Well Woman Visit/ Preventive Care
WMH 4	New	N/A	Depression Screening
Perinatal Infant Health			
PIH 1	New	N/A	Safe Sleep
PIH 2	New	N/A	Breast Feeding
PIH 3	New	N/A	Newborn Screening
Child Health			
CH 1	New	N/A	Well Child Visit
CH 2	New	N/A	Quality of Well Child Visit
CH 3	New	N/A	Developmental Screening
CH 4	New	N/A	Injury Prevention
Life Course/ Cross Cutting			
LC 1	New	N/A	Adequate Health Insurance Coverage

b) Performance Reporting Timeline

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

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

c) End of Performance Reporting

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

- 4) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

VII. Agency Contacts

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

Mary C. Worrell
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-5181
Fax: (301) 443-6343
Email: mworrell@hrsa.gov

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

Dina Joy Lieser, MD, FAAP
Senior Advisor
Division of Home Visiting and Early Childhood Systems
Attn: Rural Health IMPACT
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18N168
Rockville, MD 20857

Telephone: (240) 463-7726
Email: DLieser@hrsa.gov

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

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

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

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

VIII. Other Information

Logic Models

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

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

Technical Assistance

HRSA will host a technical assistance webcast to review the NOFO and answer applicants' questions.

Day and Date: Tuesday, May 15, 2018
Time: 4 p.m. – 5 p.m. ET
Call-In Number: 1-888-790-1923
Participant Code: 9398819
Weblink: https://hrsa.connectsolutions.com/rhi_nofu_ta_webinar/

HRSA will record the webinar and archive the recording on <https://mchb.hrsa.gov/earlychildhoodcomprehensivesystems> by Tuesday, May 22, 2018.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's [SF-424 Application Guide](#).