# U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

**HRSA**

Health Resources & Services Administration

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

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*Sickle Cell Disease Newborn Screening Follow-up Program*

**Funding Opportunity Number:** HRSA-21-036
**Funding Opportunity Type(s):** New
**Assistance Listings (CFDA) Number:** 93.110

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## NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

## Application Due Date: April 29, 2021

*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: February 22, 2021**

Hakim Fobia
Public Health Analyst
Division of Services for Children with Special Health Needs
Telephone: (301) 945-9842
Email: hfobia@hrsa.gov

Authority: 42 U.S.C. § 701(a)(2) (§ 501(a)(2) of the Social Security Act)

# EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Sickle Cell Disease Newborn Screening Follow-up Program. The purpose of the Follow-Up Program is to facilitate access to quality sickle cell disease (SCD) care by: 1) conducting outreach and working with individuals and families with SCD from the time a newborn screen identifies a child with possible SCD, through diagnosis, treatment and follow-up; 2) providing education to families and providers; 3) disseminating resources; 4) collaborating with state newborn screening programs; and 5) linking individuals and families to community resources, evidence-based SCD care, and care coordination within the communities where they reside to the fullest extent possible.

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| Funding Opportunity Title: | Sickle Cell Disease Newborn Screening Follow-up Program |
| Funding Opportunity Number: | HRSA-21-036 |
| Due Date for Applications: | April 29, 2021 |
| Anticipated Total Annual Available FY 2021 Funding: | $3,680,000 |
| Estimated Number and Type of Award(s): | Up to 20 grants |
| Estimated Award Amount: | Up to $184,000 per year subject to the availability of appropriated funds |
| Cost Sharing/Match Required: | No |
| Period of Performance: | September 1, 2021 through August 31, 2026 (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 eligible to apply. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information. |

**Application Guide**

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

**Technical Assistance**

HRSA has scheduled the following technical assistance:

*Webinar*

Day and Date: Wednesday, March 17, 2021
Time: 1 p.m. – 2 p.m. ET
Call-In Number: 1- 866-880-0834
Participant Code: 23996302
Weblink: https://hrsa.connectsolutions.com/hrsa21036/

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

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# I. Program Funding Opportunity Description

## 1. Purpose

This notice announces the opportunity to apply for funding under the Sickle Cell Disease Newborn Screening Follow-up Program (Follow-Up Program). The purpose of the Follow-Up Program is to facilitate access to quality sickle cell disease (SCD) care by: 1) conducting outreach and working with individuals and families with SCD from the time a newborn screen identifies a child with possible SCD, through diagnosis, treatment and follow-up; 2) providing education to families and providers; 3) disseminating resources; 4) collaborating with state newborn screening programs; and 5) linking individuals and families to community resources, evidence-based SCD care, and care coordination within the communities where they reside to the fullest extent possible.

**Program Goal:**

HRSA funds a portfolio of three coordinated programs to improve outcomes of individuals with SCD and their families: the Follow-up Program (HRSA-21-036), the Sickle Cell Disease Treatment Demonstration Program (TDP) (HRSA-21-032) and the Hemoglobinopathies National Coordinating Center (HNCC) contract. Together, the programs strengthen the SCD system of care and support by: 1) educating patients, families, and clinicians to improve knowledge and capacities; 2) linking individuals and families to evidence-based care; and 3) fostering partnerships between clinicians, community organizations, and other stakeholders to improve the ability to deliver coordinated, comprehensive care.

The goal of the Follow-up Program is to improve health outcomes for individuals living with SCD by supporting the development of statewide and regional networks of SCD support services and leveraging the expertise of community-based organizations (CBOs) and community health workers (CHWs).[1] The successful applicant will: (1) provide health education and health promotion using evidence-based information for SCD and related issues; (2) develop partnerships with family organizations to ensure that families are empowered as partners in their care; (3) assist families with obtaining SCD educational and social support services; (4) assist with transition services; and (5) engage in activities that help ensure individuals with SCD have access to services, including a medical home, from the time of diagnosis through the lifespan. Successful recipients will be organizations that demonstrate experience in SCD care, understand the needs of SCD families, knows how to access and link families to community-based services within the region, and is staffed by professionals with knowledge and experience in SCD, including individuals with SCD or their families. In addition,

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[1] "A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy." (Community Health Workers. American Public Health Association. Retrieved online 6/25/2020: https://www.apha.org/apha-communities/member-sections/community-health-workers)

recipients will work with recipients of the TDP and HNCC to synergize efforts, reduce duplication, and participate in a national Community of Practice.[2]

HRSA will fund up to 20 recipients in 20 different states. Up to four awards will be made for activities that support each of the five regions listed below, which have been programmatically designated as HRSA Sickle Cell Disease Regions.[3] It is expected that the four recipients serving each region will work together to support a regional network for SCD support services.

1. Northeast: Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont, District of Columbia, Delaware, Maryland, New York, New Jersey, Pennsylvania, Virginia, West Virginia, Puerto Rico, and U.S. Virgin Islands.
2. Southeast: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee.
3. Midwest: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, North Dakota, and South Dakota.
4. Heartland and Southwest: Iowa, Missouri, Arkansas, Louisiana, Nebraska, Kansas, Oklahoma, and Texas.
5. Pacific: New Mexico, Montana, Utah, Wyoming, Colorado, Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, and Washington.

**Program Objectives:**
- By August 2022, establish a partnership (e.g., Memorandum of Understanding (MOU) or shared work plan) with the TDP recipients within your region and state to develop an action plan to make community-based services accessible to all individuals and families living with SCD within the region. Examples of activities that might be addressed by the plan include collaborating on:
    - Linking families to specialty SCD care;
    - Identifying community-based services in the state and region;
    - Providing education, support, or disseminating resources through multiple vehicles; or
    - Linking to the state newborn screening program and/or the state Maternal and Child Health Services Block Grant Program.
- By 2026, 90 percent of individuals and families served by the recipient report receiving care through a primary care medical home and a knowledgeable SCD health care professional.
- By 2026, increase by 20 percent from baseline the number of individuals with SCD/families that receive services from the recipient. Services could include, but are not limited to, the following:
    - SCD education;
    - SCD trait counseling and education;
    - Referrals to medical care;

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[2] Community of Practice: A group of individuals with shared interest in a specific domain who utilize ongoing communication to broaden their understanding of a topic and identify solutions to common challenges. In a community of practice, subject matter experts provide resources and information to group participants and group leaders use their expertise to support shared learning by facilitating discussion and collaboration. This strategy results in a dynamic learning environment leading to innovative approaches to solve complex public health issues (Public Health Information Network Communities of Practice, (2015, March 2). Centers for Disease Control and Prevention, Atlanta, GA.)

[3] These regions align with the Sickle Cell Disease Treatment Demonstration Program (TDP) (HRSA-21-032).

- Support care coordination;
- Transition planning;
- Referrals to other support services including mental health services, job training, housing etc.
- By 2026, reduce by 30 percent the number of individuals and families served by the recipient, who report having unmet needs.[4]

The recipient will collect and provide baseline data to HRSA to establish benchmarks for the objectives listed above by the end of year 1 of the award.

## 2. Background

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

Sickle cell disease (SCD) is the most common inherited blood disorder in the United States (U.S.), affecting an estimated 100,000 individuals[5]. This lifelong condition disproportionately affects Black (1 of every 365 births) and Hispanic Americans (1 of every 16,300 births)[5] with cases also occurring in individuals of Mediterranean, Middle Eastern, and Asian descent. SCD causes the body to produce abnormal red blood cells that break forming a sickle shape impeding blood flow and causing anemia, severe pain, organ damage, and other complications including reduced life expectancy. Early entry into evidence-based care improves health outcomes

Over the past 40 years, life expectancy for individuals with SCD has increased significantly due to advances in evidence-based care, including the availability of three U.S. Food and Drug Administration approved medications (i.e., hydroxyurea, crizanlizumab-tmca, and voxelotor). However, while newborn screening for SCD occurs in every state, many individuals are lost to follow-up or face barriers to accessing high-quality care throughout a lifetime.  Many individuals with SCD experience poor health outcomes resulting from persistent barriers to accessing comprehensive, evidence-based care, new medications and therapies, education, care coordination, and other supports. Many individuals and families live far from SCD specialists and disproportionately access care through the emergency department. During transition from the pediatric to adult health care system, young adults frequently experience an increase in adverse health events including premature death. In addition, discrimination and social determinants of health[6] negatively impact the health of individuals with SCD.[7]

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[4] Unmet needs include services such as medical, dental, vision, and mental health services as well as other social services provided by community-based organizations.
[5] Data and Statistics on Sickle Cell Disease. (2019). Centers for Disease Control and Prevention, Atlanta, GA.
[6] What are social determinants of health? (2020). Centers for Disease Control and Prevention, Atlanta, GA.
[7] Mathur VA et al. Multiple levels of suffering: discrimination in health-care settings is associated with enhanced laboratory pain sensitivity in sickle cell disease. Clin J Pain; 2016; 32:1076–1085.

In September 2020, the National Academies of Sciences, Engineering, and Medicine released a report that included a blueprint and strategies to improve care for individuals with SCD. The report described the importance of collecting data to measure burden of disease, outcomes and needs of individuals with SCD; the need for organized systems of care to meet both clinical and social needs of individuals with SCD; and the need to increase the number of qualified clinicians providing SCD care[8].

HRSA funds three programs that work synergistically to address these issues. These include the Sickle Cell Disease Treatment Demonstration Program (TDP) (HRSA-21-032) which focuses on educating and increasing the number of health care providers treating individuals with SCD, the Follow-up Program (HRSA-21-036) which focuses on empowering individuals and families to be full partners in their SCD care, and a Hemoglobinopathies National Coordinating Center (HNCC) to facilitate data collection and coordination between the TDP and Follow-up Program. To extend scarce resources to greatest number of individuals, HRSA provides funding based on a regional approach.

Since 2002, through the Follow-Up Program, HRSA has funded activities to support community-based services for individuals with SCD and their families. Activities included providing technical assistance to SCD CBOs to ensure that individuals and families receive high-quality follow-up including counseling, education, access to a medical home, and referrals to other community-based supports. SCD CBOs are community-based organizations whose primary purpose is serving individuals with sickle cell disease and their families.

In addition, the Follow-up Program previously trained CHWs to work in SCD CBOs. CHWs provide direct services including social support and can improve care and health outcomes for individuals with sickle cell disease. CHWs working in SCD CBOs provide important information on evidence-based guidelines, disease-modifying treatments, and comprehensive services to individuals with SCD and their families who may have limited knowledge of SCD.[9] During the last cycle, SCD CBOs made many partnerships with various organizations. However, there is still a need for additional collaborations at the state and local levels to strengthen the sickle cell disease system of care for individuals with SCD and their families.

In this cycle, the Follow-up Program will focus on:
1) Strengthen SCD CBOs, which are trusted sources of information and support;
2) Strengthen the collaboration between SCD CBOs and other CBOs providing services to individuals with SCD and their family in a state and region;
3) strengthening collaboration with state newborn screening programs and other state public health programs;
4) increasing collaboration with the TDP (HRSA-21-032) to strengthen patient and family engagement and increase educational opportunities for providers;
5) collaborating with the HNCC to develop strategies to reach patients throughout the state to ensure patients have a primary care medical home, access to a knowledgeable specialist; and address families' unmet needs;
6) utilizing CHWs to conduct outreach and connect individuals and families with education, resources, linkages to knowledgeable SCD providers and other community-based resources; and

7) engaging Communities of Practice to exchange successful strategies, discuss common challenges, and share lessons learned with other Follow-up Program CBOs.

## II. Award Information

### 1. Type of Application and Award

Type(s) of applications sought: New.

HRSA will provide funding in the form of a grant.

### 2. Summary of Funding

HRSA estimates approximately $3,680,000 to be available annually to fund 20 recipients. You may apply for a ceiling amount of up to $184,000 total cost (includes both direct and indirect, facilities, and administrative costs) per year. The period of performance is September 1, 2021 through August 31, 2026 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the Sickle Cell Disease Newborn Screening Follow-up Program (Follow-up 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

Eligible applicants include 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 eligible to apply.

### 2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

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[8] Addressing Sickle Cell Disease – A Strategic Plan and Blueprint for Action. The National Academies of Sciences, Engineering, and Medicine. (2020). https://www.nationalacademies.org/our-work/addressing-sickle-cell-disease-a-strategic-plan-and-blueprint-for-action#sectionPublications
[9] Hsu LL, Green NS, Donnell Ivy E, et al. Community Health Workers as Support for Sickle Cell Care. Am J Prev Med. 2016;51(1 Suppl 1):S87-S98.

### 3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

## IV. Application and Submission Information

### 1. Address to Request Application Package

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

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for each NOFO you are reviewing or preparing in the workspace application package in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

### 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 included in the page limit may not exceed the equivalent of **70 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support

required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-036, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 70 will not be read, evaluated, or considered for funding.**

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

**Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**
1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
3) Where you are unable to attest to the statements in this certification, an explanation shall be included in *Attachment 7-15: 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) ensure details related to the following activities are included:

Deliver high-quality community-based services and education to individuals living with SCD and their families
• Utilize CHWs and other community-based leaders/experts (e.g., peer educators, genetic counselors, social workers, individuals with lived experiences) experienced in providing community-based services to:
  • Work with state newborn screening programs to identify infants recently screened and diagnosed with SCD and their families and refer them to appropriate primary and specialty care.
  • Conduct outreach and partner with primary and specialty care providers and TDP recipients to identify individuals living with SCD and their families who have been lost to follow-up or who do not have a medical home and provide them with services to overcome barriers to receiving primary and specialty care. Services could include education, counseling, referrals to other community-based resources and linkages to evidence-based SCD, primary and specialty care.

- Deliver evidence-based interventions that assess transition readiness and develops and implements transition plan to support adolescent transition from pediatric to adult-centered care[10].
- Utilize existing educational resources and develop new educational resources on an as-needed basis to educate individuals, families, and other lay-stakeholders on topics including SCD, medical home, transition, sickle cell trait, hydroxyurea, evidence-based care guidelines, and other disease modifying therapies.
- Collaborate and coordinate with TDP recipients on patient service referrals, and patient, health professional, and community education.

Establish statewide infrastructure of SCD community-based services
- Collaborate with recipients of the TDP to develop and implement a plan to make SCD community-based services accessible to all individuals and families living with SCD within the state. Examples of activities include:
  - Establishing Memoranda of Understanding/Memoranda of Agreement with other CBO(s) within the state or region.
  - Establishing a statewide CBO learning collaborative.
  - Using telehealth to link individuals and families with education and follow-up support.
- Develop both formal and informal partnerships with entities to support community-based services including TDP sites, state newborn screening programs, health departments, Title V agencies, hospitals, health systems, social service organizations, schools, primary care providers and Federally Qualified Health Centers and other SCD CBOs.

Participate in HNCC activities including:
- Serve on the National SCD committees and Regional Workgroups to develop and implement strategies that improve access to evidence-based SCD care nationally and within participating states/regions. HNCC Committee/Workgroup activities will address priorities identified in the action plans and other emerging needs at the national, regional and state levels.
- Collaborate with the HNCC to identify individuals with SCD and families to serve on the Steering Committee and Regional Workgroups.
- Participate in an annual Follow-up Program/TDP meeting to discuss successes and challenges, identify persistent barriers to evidence-based care and collaborate to develop and implement strategies that increase access to evidence-based SCD care and community-based services.
- Participate in the HNCC-led Community of Practice to identify best and promising practices and innovative strategies on topics including young adult transition, shared decision making and developing statewide networks to identify patients/families that have been lost to follow-up.
- Ensure all new CHWs attend the HNCC's CHW training.
- Establish data collection methods and work with the HNCC to evaluate program performance including: assessing the number of infants identified with SCD through newborn screening who have access to a primary care medical home and a

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[10] Got Transition.  https://www.gottransition.org/

knowledgeable hematologist within the newborn period, and address families' unmet needs.

Sustainability
• Develop a plan for project sustainability after the period of federal funding ends.

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

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

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

- *INTRODUCTION -- Corresponds to Section V's Review Criterion(1) Need*
  Briefly describe your organization, the purpose of the proposed project, the methods to be used and projected outcomes.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion(1) Need*
  Outline the needs of individuals living with SCD in your state. Provide an estimate of the SCD prevalence in your state. Use and cite demographic data whenever possible to support the information provided. Provide the number of individuals with SCD and families currently being served by your organization and describe the population and unmet health needs you plan to target. Discuss any relevant barriers in the service area that the project hopes to overcome. This section will help reviewers understand the community you will serve with the proposed project.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion(2) Response*
  Propose methods you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO under Purpose and Program-Specific Instructions. As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve individuals with SCD, families, and communities.
  Specifically describe how you will engage with individuals living with SCD and families in all aspects of the project including planning, implementation and monitoring.

  Include a description of any innovative methods you will use to address the stated needs.

  Describe a plan for creating a statewide infrastructure of SCD CBO services, and how you will collaborate with state newborn screening programs and TDP recipients to ensure CBO services are accessible to all individuals and families living with SCD within your state.

Describe how you will utilize CHWs and other community-based leaders/experts (e.g., peer educators, genetic counselors, social workers, individuals with lived experience) to deliver high-quality services and education to individuals living with SCD and their families.

Describe how many individuals with SCD or their families will be served through the project activities.

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

Include a plan to disseminate reports, products, and/or project outputs so key target audiences receive the project information.

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

Both a work plan and logic model are required. Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. You can find additional information on developing logic models at the following website: https://www.acf.hhs.gov/archive/ana/training-technical-assistance/ana/resource/ana/resource/logic-model-template.

**Work Plan**
Submit a work plan (Attachment 1) to describe the activities or steps you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application.
**Logic Model**
Submit a logic model (Attachment 1) for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:
- Goals of the project (e.g., reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources). Base assumptions on research, best practices, and experience;
- Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);

- Outputs (i.e., the direct products of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

- *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 you will use to resolve such challenges. Specifically address how you will overcome barriers to identifying individuals who have been lost to follow-up and ensure access to SCD services throughout the state.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria (3) Evaluative Measures and (5) Resources/Capabilities*
  Describe the plan for the program performance evaluation that will include measuring and evaluating progress on the program objectives, including proposed measures and data collection procedures. In addition, include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.

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

  As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery. Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

  Within the proposed evaluation plan, describe how the following information will be tracked and reported in the annual progress report during the period of performance:
  o Number of individuals with SCD/families served and the types of services provided. Services could include:
    - SCD education;
    - SCD trait counseling and education;
    - Referrals to medical care;
    - Support care coordination;
    - Transition planning;
    - Referrals to other support services including mental health services, job training, housing etc.
  o Number of individuals with SCD/families referred to a knowledgeable SCD health care professional.

- o Number of individuals with a medical home.
- o Number of individuals reporting they are satisfied with the services received from your organization.
- o Number of families reporting unmet needs.
- o Number of youth ages 12-26 that have discussed a transition plan with their provider using nationally recognized best practices.
- o Number of both formal and informal partnerships developed with entities including TDP sites, state newborn screening programs, health departments, hospitals, health systems, social service organizations, schools, primary care providers, Federally Qualified Health Centers and SCD CBOs.
- o Number of virtual and in-person educational sessions on topics including evidence-based care, hydroxyurea and other current therapies, and transition delivered to individuals, families and other stakeholders.
- o Number of individuals or families recruited for participation on steering committees, advisory boards or workgroups.

In addition, recipients will be responsible to work with the HNCC and the TDP recipients to address the following performance measures:
- o By 2026, infants who are identified with possible SCD via newborn screening will have a primary care medical home within two months of age.
- o By 2026, infants with a confirmed diagnosis of SCD from newborn screening will have been seen by a knowledgeable SCD provider within two months of age.

Final measures and data collection procedures will be established post-award with discussion with the HNCC and approval by MCHB. You should provide an estimate of the number of individuals will be served by the program. Baseline data will be submitted at the end of the first year of the program and then monitored with ongoing processes and the progress towards the goals and objectives of the project.

- ▪ *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion (5)* *Resources/Capabilities*
  Succinctly describe your organization's current mission, structure, and scope of current activities, and how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations. Include an organizational chart.

  Describe the SCD population that you currently serve and what services are provided being sure to describe how you engage with the SCD community, and how you provide linkages to community services.

  Describe your experience in providing SCD care and, your knowledge of the needs of the SCD community, including how you link families to community-based services, including outreach and education. Describe your expertise in SCD and how your organization's staff consists of professionals with knowledge and experience in SCD, including individuals with SCD or their families.  Include materials published and previous work of a similar nature.

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 how you will routinely assess and improve the unique needs of target populations of the communities served.

### iii. Budget

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's _SF-424 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, may 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) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

The Consolidated Appropriations Act, 2021 (P.L. 116-260), 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 the following fiscal years, as required by law.

### iv. Budget Narrative

See Section 4.1.v. of HRSA's _SF-424 Application Guide_.

In addition, the Follow-up Program requires supporting travel for up to two key personnel to attend a national annual meeting conducted by the HNCC and supporting travel for family members to participate in steering committee or workgroup meetings hosted by the HNCC.

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**NARRATIVE GUIDANCE**

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.

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

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| Resolution of Challenges | (2) Response |
| Evaluation and Technical Support Capacity | (3) Evaluative Measures and (5) Resources/Capabilities |
| Organizational Information | (5) Resources/Capabilities |
| Budget and Budget Narrative | (6) Support Requested |

### 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. **Clearly label each attachment**.

*Attachment 1: Work Plan and Logic Model*
> Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative. Also include the required logic model in this attachment. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

*Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's SF-424 Application Guide)*
> Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

*Attachment 3: Biographical Sketches of Key Personnel*
> Include biographical sketches for persons occupying the key positions described in *Attachment 2*, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

*Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)*
> Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

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

*Attachment 6: Tables, Charts, etc.*

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

*Attachment 7: For Multi-Year Budgets--5th Year Budget,*
After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B, which does not count in the page limit: however, any related budget narrative does count. See Section 4.1.iv of HRSA's *SF-424 Application Guide.*

*Attachments 8–15: Other Relevant Documents*
Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

3. **Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)**

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the *DUNS number will be replaced by the UEI, a "new, non-proprietary identifier" requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following: Planned UEI Updates in Grant Application Forms and General Service Administration's UEI Update pages.

You must also register with 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))**.**

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, if you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed 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.

*Currently, the Grants.gov registration process requires information in three separate systems:
- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

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

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

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages and the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.

**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 *April 29, 2021 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

### 5. Intergovernmental Review
The Sickle Cell Disease Newborn Screening Follow-Up Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

### 6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than $184,000 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, 2021 (P.L. 116-260) apply to this program. Please see Section 4.1 of HRSA's SF-424 Application Guide for additional information. Note that these or other restrictions will apply in the following fiscal years, as required by law.

Foreign travel: Any foreign travel (using federal award dollars or program income) must be submitted to HRSA for approval through the Electronic Handbooks (EHBs) under Prior Approval – Other.

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.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

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

# V. Application Review Information

## 1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

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

Reviewers will use the Project Narrative and Review Criteria section to assess your application. The Follow-up Program has six review criteria. See the review criteria outlined below with specific detail and scoring points.

*Criterion 1: NEED (15 points) – Corresponds to Section IV's [Introduction](#) and [Needs Assessment](#)*
The strength, completeness, and feasibility of the proposed project and its alignment with the purpose of this NOFO. This includes the extent to which the application:

- Demonstrates an understanding of the SCD population within the state and existing SCD medical care, support services and other resources.

- Demonstrates the needs of the SCD population and barriers to accessing evidence-based SCD care, high quality support services, and other resources.
- Discusses relevant barriers and gaps in SCD support services and linkages to evidence-based SCD care that this project aims to address.

*Criterion 2: RESPONSE (40 points) – Corresponds to Section IV's Methodology, Work Plan and Resolution of Challenges*
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.

**Methodology** (20 Points)

The strength, completeness, and feasibility of the applicant's approach to addressing the purpose, objectives, program requirements and expectations in this NOFO and under Purpose and Program-Specific Instructions including:

- Delivering high-quality community-based services and education to individuals living with SCD and their families.
- Developing a statewide infrastructure of SCD community-based services; collaborating with state newborn screening programs and recipients of the TDP to develop and implement a plan to make community-based services accessible to all individuals and families living with SCD within the state; and developing both formal and informal partnerships with entities.
- Using innovative methods to address the stated needs.
- Developing a plan for project sustainability after the period of federal funding ends.
- Sustaining 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 and Logic Model** (10 points)
- The coherence between and completeness of activities or steps that will be used to achieve each of the corresponding objectives proposed in the methodology section.
- The extent to which the application identifies meaningful support and collaboration with key stakeholders in planning, designing, and implementing activities.
- The clarity and completeness of the logic model, demonstrating a clear relationship among resources, activities, outputs, target population, short-term outcomes, and long-term outcomes.

**Resolution of Challenges** (10 points)
- The thoroughness with which the application discusses potential challenges and the feasibility of proposed approaches to resolve such challenges.

*Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity*

Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

- The strength and effectiveness of the method proposed to monitor and evaluate the project results.
- The capability of the applicant to collect and report on Program Objectives and data specified under the Evaluation and Technical Support Capacity section.
- The quality of the proposed plan to measure the effectiveness of activities and for ensuring that feedback from evaluation findings will be incorporated into timely, continuous performance improvement.

*Criterion 4: IMPACT (10 points) – Corresponds to Section IV's* [Work Plan](#)
The extent to which the proposed project has a public health impact and the project will be effective, if funded. This includes the impact that the results will have on the target population in the state. It may include: the effectiveness of plans for dissemination of project results, the impact results may have on the community or target population, the extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.

*Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's* [Evaluation and Technical Support Capacity](#) *and* [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.

- Demonstrates appropriate experience in providing SCD care including having appropriate experts including individuals with SCD with knowledge of SCD and discusses how families are linked to community-based services.

*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, 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.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

## 2. Review and Selection Process
The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for

award. See Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

For this program, HRSA will use geographical dispersion as a factor to select recipients for this cooperative agreement.

HRSA will award four (4) recipients, located in four (4) different states per each of the five (5) Sickle Cell Disease Treatment Demonstration Program (TDP) regions. The table below lists the states in each of the five (5) HRSA designated Sickle Cell Disease Regions.

| Region | State |
|---|---|
| Northeast | Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont, District of Columbia, Delaware, Maryland, New York, New Jersey, Pennsylvania, Virginia, and West Virginia, Puerto Rico |
| Southeast | Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee |
| Midwest | Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, North Dakota, and South Dakota |
| Heartland and Southwest | Iowa, Missouri, Arkansas, Louisiana, Nebraska, Kansas, Oklahoma, and Texas |
| Pacific | New Mexico, Montana, Utah, Wyoming, Colorado, Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, and Washington |

## 3. Assessment of Risk

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

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

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

# VI. Award Administration Information

## 1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of September 1, 2021. 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*.

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities there under are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

**Requirements of Subawards**
The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details.

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

### 3. Reporting

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

1) **DGIS Performance Reports.** Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report **annually**, by the specified deadline. To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are available at https://grants4.hrsa.gov/DGISReview/FormAssignmentList/U38.html. The type of report required is determined by the project year of the award's period of performance.

| Type of Report | Reporting Period | Available Date | Report Due Date |
|---|---|---|---|
| **a) New Competing Performance Report** | September 1, 2021 – August 31, 2026 *(administrative data and performance measure projections, as applicable)* | Period of performance start date | 120 days from the available date |
| **b) Non-Competing Performance Report** | September 1, 2021 – August 31, 2022 September 1, 2022 – August 31, 2023 September 1, 2023 – August 31, 2024 September 1, 2024 – August 31, 2025 | Beginning of each budget period (Years 2–5, as applicable) | 120 days from the available date |
| **c) Project Period End Performance Report** | September 1, 2025 – August 31,2026 | Period of performance end date | 90 days from the available date |

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

2) **Progress Report(s)**. The recipient must submit a progress report narrative to HRSA **annually** via the Non-Competing Continuation Renewal in the EHBs, which should address progress against program outcomes (e.g., accomplishments, barriers, significant changes, plans for the upcoming budget year). Submission and HRSA approval of a progress report will trigger the budget

period renewal and release of each subsequent year of funding. Further information will be available in the NOA.

3) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIIS](#), as required in [45 CFR part 75 Appendix XII](#).

Please note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020

# VII. Agency Contacts

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

Djuana Gibson
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-3243
Email: [dgibson@hrsa.gov](mailto:dgibson@hrsa.gov)

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

Hakim Fobia
Public Health Analyst, Division of Services for Children with Special Health Needs
Attn: Sickle Cell Disease Newborn Screening Follow-up Program
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 945-9842
Email: [hfobia@hrsa.gov](mailto:hfobia@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](mailto:support@grants.gov)
Self-Service Knowledge Base: [https://grants-portal.psc.gov/Welcome.aspx?pt=Grants](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 the 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](http://www.hrsa.gov/about/contact/ehbhelp.aspx)

## VIII. Other Information

### Technical Assistance

HRSA has scheduled following technical assistance:

*Webinar*

Day and Date: Wednesday, March 17, 2021
Time: 1p.m. – 2 p.m. ET
Call-In Number: 1- 866-880-0834
Participant Code: 23996302
Weblink: [https://hrsa.connectsolutions.com/hrsa21036/](https://hrsa.connectsolutions.com/hrsa21036/)

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

### Tips for Writing a Strong Application

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