

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Maternal and Child Health Bureau
Division of Child, Adolescent and Family Health

Bright Futures Pediatric Implementation Program

Funding Opportunity Number: HRSA-18-078
Funding Opportunity Type(s): New and Competing Continuation
Catalog of Federal Domestic Assistance (CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Application Due Date: February 5, 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: December 5, 2017

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) is accepting applications for the fiscal year (FY) 2018 Bright Futures Pediatric Implementation Program. The purpose of this program is to improve health outcomes for the nation's infants, children, and adolescents by increasing the quality of primary and preventive care with age-specific, evidence-driven clinical guidelines.

Funding Opportunity Title:	Bright Futures Pediatric Implementation Program
Funding Opportunity Number:	HRSA-18-078
Due Date for Applications:	February 5, 2018
Anticipated Total Annual Available FY18 Funding:	\$1,000,000
Estimated Number and Type of Award(s):	Up to one cooperative agreement(s)
Estimated Award Amount:	Up to \$1,000,000 per year
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	May 1, 2018 through April 30, 2023 (5 years)
Eligible Applicants:	<p>Per 42 CFR 51a.3(a), eligible applicants include any public or private entity. Faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply. Pursuant to HHS policy, foreign entities are not eligible for awards under this NOFO.</p> <p>See Section III-1 of this notice of funding opportunity (NOFO), formerly known as the funding opportunity announcement (FOA), for complete eligibility information.</p>

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 has scheduled the following technical assistance webinar:

Day and Date: Thursday, December 21, 2017

Time: 3 - 4 p.m. ET

Call-In Number: 1-866-692-4541

Participant Code: 3004776649#

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

You may also write to BMiller@hrsa.gov for the recorded webinar link within 2 days of the technical assistance webinar.

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I. Program Funding Opportunity Description

1. Purpose

The purpose of the Bright Futures Pediatric Implementation (BFPI) cooperative agreement is to improve health outcomes for the nation's infants, children, and adolescents by increasing the quality of primary and preventive care through the use of age-specific, evidence-driven clinical guidelines. The BFPI Program achieves this goal by spreading use of the Bright Futures Guidelines, which reflect consensus among primary health care experts on the latest, state-of-the-art design for preventive checkups. The Bright Futures Periodicity Schedule has been determined to be part of the evidence-informed preventive care and screenings for infants, children, and adolescents provided for in the HRSA-supported comprehensive guidelines under section 2713(a)(3) of the Public Health Service Act, 42 U.S.C. 300gg-13(a)(3). Under this provision, non-grandfathered group health plans and health insurance issuers must provide coverage of such preventive care and screenings without a co-payment or deductible.

In view of the foregoing, proposed updates to the Bright Futures Periodicity Schedule will be published for public comment in the *Federal Register* prior to adoption of the recommended updates. Accordingly, the award recipient will review the evidence on an annual basis to determine whether updates are needed, using a deliberative review process by experts qualified to conduct such a review; administer the receipt and consideration of public comments for a minimum of 30 calendar days following publication of the Federal Register Notice setting forth the proposed updates; and provide to HRSA a written report that sets forth its recommended updates, including a summary of the public comments it received, a list of general topics that were commented on and its responses to those comments. The award recipient must notify HRSA of its proposed updates to the Bright Futures Periodicity Schedule at least 45 days prior to the planned opening of the public comment period to allow for sufficient time to issue a Federal Register Notice seeking public notice and comment.

The award recipient is responsible for submitting an annual report to HRSA which includes: (1) description of actual and proposed updates to the Periodicity Schedule for the past year, (2) rationale and evidence base for each update, and (3) summary of public comments received and the recipient's responses to those comments. This report must be submitted to the HRSA Project Officer by December 1st within each year of this project period. Based upon this report, HRSA will determine whether to accept the recommended changes for inclusion into the comprehensive guidelines noted above. HRSA will notify the Center for Medicaid and Medicare Services (CMS) Center for Consumer Information and Insurance Oversight (CCIIO) in order to provide updates to group health plans and health insurance issuers on the approved changes to the Periodicity Schedule.

The BFPI Program provides technical assistance to three key audiences to meet its goal: health care professionals, state maternal and child health (MCH) programs, and families. The awardee will initiate, implement, and assess the effectiveness of new, innovative, and focused strategies that advance the full integration of the Bright Futures

Guidelines into clinical practice and public health initiatives, including efforts to empower families as active partners in their child's health. The awardee will work in collaboration with HRSA and other stakeholders to provide national leadership in addressing the following objectives. By 2023, the Program will:

- Objective 1: Review new scientific evidence on an ongoing basis and annually publish relevant updates to Bright Futures periodicity schedule and other related resources.
- Objective 2: Ensure that 100 percent of accredited pediatric residency programs integrate Bright Futures Guidelines within training.
- Objective 3: Train at least 20,000 practicing primary care clinicians on the use of Bright Futures Guidelines and resources within clinical preventive services.
- Objective 4: Provide annual training to each of the 59 state maternal and child health (MCH) programs on the use Bright Futures resources.
- Objective 5: Provide at least 300,000 families with Bright Futures resources to help them prepare for preventive checkup visits with their primary care clinician.

Bright Futures Program Activities

The awardee will implement the following program activities in order to address the above objectives:

1. Administer a process for developing and regularly recommending **updates to the Bright Futures guidelines**, assuring comprehensive, objective and transparent review of available evidence that incorporates opportunity for public comment.
2. Integrate Bright Future Guidelines and Tools into **academic training programs** across various primary care disciplines including pediatricians, family practice physicians, and nurse practitioners.
3. Provide **continuing education training** to practicing primary care clinicians, other health professionals, and public health professionals on the use of Bright Futures Guidelines and resources within preventive services and public health programs.
4. Provide technical assistance and training to **state MCH programs** in applying Bright Futures Guidelines and Tools within public health efforts to improve performance measures.
5. Disseminate Bright Futures tools to families, empowering them to seek a **family-provider partnership** throughout the delivery of preventive checkups.

Activity 1 – Updates to the Bright Futures Guidelines

Clinical preventive services identified in the Bright Futures Guidelines are rooted in evidence solicited from research and practice in the field of pediatric medicine. As new evidence is discovered through a scientifically rigorous process, meaningful findings are integrated into the Bright Futures materials. The BFPI Program will maintain this process, including the use of an Advisory Group representing experts in public health and clinical primary care practice to recommend updates to the Bright Futures Guidelines which will be considered by the awardee organization. In addition, the Program will maintain a mechanism for members of the public to submit new evidence and recommended updates to the Bright Futures Resources for timely consideration by the Advisory Group. Within this 5-year project period, the Program will annually refresh

web-based resources such as the Periodicity Schedule based on newly identified evidence, but will not necessarily produce a new edition of the Bright Futures Guidelines manual (Fourth Edition released in February 2017).

Metrics and Benchmarks:

- Development of clear protocol for developing, considering and accepting recommendations for updates to the Guidelines, including assurance of transparency and avoidance of conflict of interest
- Recommendations from an Advisory Group of public health and clinical primary care experts to change Bright Futures Guidelines based on new evidence, produced at least annually
- Annual update of Bright Futures web-based resources, such as the Periodicity Schedule, according to newly identified evidence

Activity 2 – Academic Training Programs

The Bright Futures Guidelines are designed to serve as a foundation within academic training programs for primary care clinicians. By integrating Bright Futures into professional preparation, the Guidelines will further become the common language and structural framework for improving the quality of health promotion and prevention among pediatric populations. For the purposes of this Notice of Funding Opportunity (NOFO), “primary care clinicians” include pediatricians, family practice physicians, physicians jointly trained in internal medicine and pediatrics, preventive medicine physicians, and nurse practitioners who provide primary care to infants, children, and adolescents.

	Estimated Number of Academic Training Programs ^{1,2}
Pediatrics	206
Family Practice	537
Internal Medicine/Pediatrics	79
Preventive Medicine	76
Nurse Practitioners	350

The awardee will develop innovative strategies and tools to incorporate Bright Futures into the education and training of these primary care clinicians. Methods may include partnerships to integrate Bright Futures content into core curricula, as well as development of electronic or hard-copy quick reference tools.

¹ Accreditation Council for Graduate Medical Education (<https://apps.acgme.org/ads/Public/Reports/Report/3>)

² American Association of Colleges of Nursing (<https://www.aanp.org/education/faqs#how-many-np-programs-are-there>)

Metrics and Benchmarks:

- Ensure that 100 percent of accredited pediatric residency programs integrate Bright Futures Guidelines within training
- Increase in the number and proportion of primary care clinician training programs which report using Bright Futures Guidelines within professional preparation
- Increase in the Number of primary care residents reached each year through the academic training programs using Bright Futures Guidelines

Activity 3 – Continuing Education Training

Health professionals who provide direct services to infants, children and adolescents, as well as their families, play a critical role in the implementation of the Bright Futures Guidelines. In addition to primary care clinicians, other health professionals (physicians assistants, nurses, dentists, nutritionists, home visitors, etc.) are able to deliver pediatric clinical preventive services. The BFPI Program is responsible for the development of continuing education training to increase knowledge and capacity among these professionals, as well as the provision of educational tools to support the widespread implementation of the Guidelines within any health care setting that serves infants, children and adolescents. Training can be delivered in-person at professional conferences or via online courses for continuing education credit. Given its national scope, the BFPI Program will also use technological innovations (mobile web, smartphone/tablet applications, etc.) as a training and technical assistance mechanism to reach the wide volume and variety of health professionals. The portfolio of training and educational tools should address the following, at a minimum:

- Orientation to the Bright Futures Guidelines, including evidence base, health promotion themes and age-specific recommendations.
- How to use Bright Futures tools within pediatric preventive checkups to ensure comprehensive service delivery across the age-span.
- Content-specific training and implementation tools for high priority health issues, including, but not limited to:
 - Best practices for effective weight assessment and counseling for nutrition and physical activity for children from birth to 21 years.
 - In Year One of the project, the awardee will produce training and implementation tools for this content area suitable for use by primary care clinicians in multiple settings, including HRSA-funded sites such as community health centers.
 - In Years One and Two of the project, the awardee will participate in a HRSA-led effort to develop and test innovations in electronic health record (EHR)/health information technology to enhance pediatric primary care weight assessment and counseling.
 - In Year Three of the project, the awardee will facilitate a 12-month pilot project for community health centers that volunteer to test the weight assessment and counseling tools and the EHR tools.
 - Best practices for effective psychosocial/behavioral screening, referral and care coordination for children from birth to 21 years, as well as maternal depression screening during infant checkups, in accordance with the Bright Futures Periodicity Schedule.
 - Other best practices relevant to addressing childhood obesity, mental health, and the misuse of opioids.

- Best practices for coding each comprehensive preventive checkup for medical billing and Electronic Health Record (EHR) purposes.
- How to adopt Bright Futures tools and integrate Guidelines within service delivery for non-primary care health professionals, as described above.
- Key elements of a successful family-provider partnership, an essential component of preventive services allowing health professionals to assess the health risks of the child, address family concerns, and ensure that necessary follow-up actions are completed.
- Guidance on how best to create linkages between the primary care medical home and other community services, such as home visiting, when a family need is identified through a preventive checkup.
- The use of quality improvement science to test and scale up the implementation of Bright Futures Guidelines within preventive care.

Metrics and Benchmarks:

- Number of primary care clinicians and other health professionals successfully completing Bright Futures continuing education activities and/or using educational tools
- Outcomes identified as a result of training and educational tools, such as increased knowledge and/or improvements in service delivery

Activity 4 – State MCH Programs

The MCH Block Grant Program³ has established national performance measures to ensure a structured approach for focusing the grantees' strategic goals and accomplishments. Each state MCH Title V Block Grant recipient is working to improve a variety of performance measures directly related to the Bright Futures Guidelines. These measures assess progress toward public health goals such as increasing access to primary health care and the use of a medical home approach, increasing immunization and developmental screening rates, increasing protective behaviors like safe infant sleep and physical activity, or reducing risk behaviors like smoking.

Title V Block Grant Performance Measure	Number of MCH Programs
Safe Infant Sleep	33
Developmental Screening	41
Hospitalization due to Injury	28
Physical Activity	27
Bullying	16
Adolescent Well-Visit	38
Medical Home	47
Preventive Dental Visit	31
Smoking	33

In addition, state MCH programs also administer a variety of public health programs that directly serve children and families. These public health professionals design and implement educational programs, develop policies, conduct research, and regulate

³ <https://mchb.hrsa.gov/maternal-child-health-initiatives/title-v-maternal-and-child-health-services-block-grant-program>

health systems to improve the health status of infants, children and adolescents. These programs often aim to prevent illness and injury, and align directly with the objectives of the BFPI Program. State health departments can apply Bright Futures resources in these non-clinical settings to enhance their prevention efforts.

The BFPI Program will provide technical assistance and training to all state MCH programs to help them apply Bright Futures resources within prevention strategies at the state and community levels.

Metrics and Benchmarks:

- Number and type of outreach activities provided annually to each state MCH program
- Improvement of Title V population-level performance measures related to Bright Futures clinical preventive services guidelines (e.g., increased prevalence of safe infant sleep practices linked to increased clinician counseling on safe infant sleep practices as observed through the Pregnancy Risk Assessment Monitoring System⁴)

Activity 5 – Family-Provider Partnership

The BFPI Program will develop and disseminate resources to families to activate and facilitate their active engagement in a family-provider partnership. Outreach to families will include education on the components of comprehensive preventive checkups, including the dissemination of tools that identify age-specific health/development milestones and that facilitate completion of pre-visit questionnaires. By empowering families to play an active role in the preparation, delivery and follow-up related to preventive checkups, the BFPI Program will increase the value and effectiveness of primary care preventive services.

Metrics and Benchmarks:

- Number of families who use Bright Futures resources related to preventive checkups

2. Background

The Bright Futures Pediatric Implementation (BFPI) Program is authorized by Title V, § 501(a)(2) of the Social Security Act, as amended (42 U.S.C. 701(a)(2)) and funded under Special Projects of Regional and National Significance (SPRANS). The Title V Program provides block grant funds to state health departments for the purpose of improving maternal and child health (MCH). The BFPI Program helps state health departments achieve their goals in two specific ways. First, as state MCH programs work to increase access to primary care for children, the BFPI Program augments their impact by providing clinicians with a set of guidelines to increase quality of service delivery. Second, content from the Bright Futures Guidelines can be integrated into health promotion efforts within non-primary care settings, such as home visiting or school health programs.

⁴ <https://www.cdc.gov/prams/index.htm>

Preventive checkups, scheduled at 32 developmental stages from birth to 21 years, enable primary care clinicians to deliver services known to reduce disease, injuries, and behavioral health problems among children. Primary care clinicians aim to deliver quality care and ensure comprehensive service delivery, but often struggle to stay abreast of evolving evidence and best practices. HRSA launched the Bright Futures program in 1990 to address a need for unified guidance on how to design the most modern, efficient, and comprehensive pediatric checkup. The first edition of the Bright Futures Guidelines was released in 1994 and has been refreshed three additional times to ensure alignment with the latest evidence, most recently in 2017. The Bright Futures Guidelines and additional information can be found at: <http://www.brightfutures.aap.org>.

The BFPI Program has used quality improvement (QI) methods to help primary care clinicians translate the Bright Futures Guidelines into operational practice. In 2011, the Program tested whether the Bright Futures Guidelines could be implemented in a busy clinical setting at the 9 months and 24 months preventive checkups. A 9-month collaborative QI project engaged clinicians and staff in 22 pediatric primary care settings from 15 states. The results indicated that participants were able to implement the majority of the Bright Futures recommended preventive services at these two preventive checkups.⁵ Building upon this success, the Program created, tested, and published Bright Futures QI measures that help primary care practices integrate the Guidelines into preventive checkups in infancy, early childhood, middle childhood, and adolescence.⁶ Finally, the Program has launched two online courses through the Education in Quality Improvement for Pediatric Practice (EQIPP) learning program which provide a virtual workspace for primary care practices to perform rapid cycles of change and evaluate improvement using the Bright Futures QI measures.⁷

Given these results and resources, the BFPI Program is poised to tackle its most significant challenge—the widespread uptake of the Bright Futures approach across every primary care practice and family in the nation. The Program has a national scope to translate the Bright Futures Guidelines into clinical practice, advancing the vision that all infants, children and adolescents receive the same quality of preventive checkups no matter their geographic location or source of health care. In the next project period, this Program will address the following challenges:

- The evidence base for clinical preventive services is continually evolving. The BFPI Program must engage experts on an ongoing basis to regularly update the Bright Futures Guidelines to reflect new knowledge of preventive services that can improve health outcomes.
- Pediatricians broadly consider the Bright Futures Guidelines as the standard for clinical preventive services for their patient population, but challenges arise in operationalizing the comprehensive recommendations. Primary care clinicians need training, technical assistance and tools to assure integration into practice. While there is evidence that pediatricians actively put many components of the Bright Futures Guidelines into practice,⁸ it is unclear how well other clinician

⁵ <http://pediatrics.aappublications.org/content/135/1/e178>

⁶ <https://brightfutures.aap.org/quality-improvement/Pages/Preventive-Services-Measures.aspx>

⁷ <https://brightfutures.aap.org/states-and-communities/implementation-models/Pages/EQIPP-Online-Modules-.aspx>

⁸ Identification of Children <36 Months at Risk for Developmental Delay/Autism: Results of National Survey of Pediatricians http://www.sdbp.org/meetings/2016/pdfs/SDBP_2016_Abstracts.pdf

groups (e.g., family practitioners, nurse practitioners) have adopted the resources. Specific efforts to engage these clinicians are needed.

- The BFPI Program has not yet maximized the potential for reaching its target audiences. Given the advancements of modern technology, the BFPI Program can broaden its reach to health care professionals and families through innovative tools like mobile web, smartphone/tablet applications, and EHR integration.
- Although the work of state MCH programs is directly aligned with the BFPI Program, only 59 percent of programs cited the use of Bright Futures resources within their 2016 grant application narrative. State health departments need more technical assistance on how to apply Bright Futures through their activities.
- The Bright Futures Guidelines are the health promotion component of the medical home model. “Medical home” is defined as an approach to providing comprehensive primary care which is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective.⁹ Individuals with a medical home may experience improved health outcomes, reduced emergency room visits, and better communication with pediatric health providers. The BFPI Program faces the challenge of empowering families to actively engage in the preparation, delivery and follow-up related to pediatric preventive checkups. The Program also plays a role in helping primary clinicians face the challenge of organizing and delivering family-centered care.

II. Award Information

1. Type of Application and Award

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

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

HRSA Program involvement will include:

- Consultation on maintaining and updating of Bright Futures Guidelines and associated resources;
- Provision and facilitation of, and participation and monitoring of compliance with, applicable federal process requirements;
- Provision of services of experienced federal personnel as participants in the planning and development of all phases of this activity;
- Participation, as appropriate, in meetings conducted during the period of the cooperative agreement;
- Ongoing review and final authorization/approval of all activities and procedures to be established and implemented for accomplishing the scope of work;
- Participation in the preparation and final review of project information prior to dissemination;

⁹ <http://pediatrics.aappublications.org/content/90/5/774.long>

- Participation in disseminating information on project activities; and
- Assistance with the establishment of contacts with federal and state agencies, HRSA grant projects, and other contacts that may be relevant to the project's mission.

The cooperative agreement recipient's responsibilities will include:

- Adherence to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the Application Guide (**Acknowledgement of Federal Funding**), as well as additional guidance regarding HRSA attribution that may be provided, including potential use of the agency logo;
- Respond in a flexible manner to collaborating on occasional short-term projects, in addition to long-term and ongoing efforts;
- Work closely with the federal project officer when hiring new key project staff and planning/implementing new activities;
- Consult with the federal project officer before scheduling any meetings, including project advisory/steering committee meetings, that pertain to the scope of work and at which the federal project officer's attendance would be appropriate;
- Provide the federal project officer with an electronic copy of, or electronic access to, each product developed under the auspices of his project;
- Ensure that all products developed or produced, either partially or in full, under the auspices of this cooperative agreement are approved by HRSA for this purpose and fully accessible and available for free to members of the public;
- Acknowledge that HRSA has uncontested access to any and all data generated under this cooperative agreement, and a royalty-free, nonexclusive, and irrevocable license to reproduce, publish, or otherwise use any products derived from activities conducted under this cooperative agreement.

2. Summary of Funding

Approximately \$1,000,000 is expected to be available annually to fund one recipient. You may apply for a ceiling amount of up to \$1,000,000 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, applications can be processed, and funds awarded in a timely manner. The project period is May 1, 2018 through April 30, 2023 (5 years). Funding beyond the first year is dependent on the availability of appropriated funds for Bright Futures Pediatric Implementation 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 public or private entity. Faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply. Pursuant to HHS policy, foreign entities are not eligible to receive awards under this NOFO.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

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 through Grants.gov. You must use the SF-424 application package associated with this NOFO following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

Effective December 31, 2017 - You **must** use the [Grants.gov Workspace](#) to complete the workspace forms and submit your application workspace package. After this date, you will no longer be able to use PDF Application Packages.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing the notice of funding opportunity (NOFO) (also known as "Instructions" on Grants.gov) or application package. This allows Grants.gov to email organizations that supply an email address in the event the NOFO is changed and/or republished 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 [Find Grant Opportunities](#) 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. Applications must be submitted in the English language and must be in the terms of U.S. dollars (45 CFR § 75.111(a)).

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

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the application package do not count in the page limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted 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. Attachment 9: Other Relevant Documents.

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

Program-Specific Instructions

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

i. Project Abstract

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

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

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

- **INTRODUCTION -- Corresponds to Section V's Review Criterion 1**
Briefly describe the purpose of the proposed project.
- **NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1**
Outline the needs to be addressed by the proposed project. You must describe and document the target population and its unmet health needs. Use and cite demographic data whenever possible to support the information provided. Please discuss any relevant barriers in the service area that the project hopes to overcome. This section will help reviewers understand the need for dissemination of guidelines to improve the quality of primary and preventive care for infants, children, and adolescents and the needs of the populations that will be served by the proposed project.
- **METHODOLOGY -- Corresponds to Section V's Review Criterion(a) 2 and 7**
Propose specific methods/strategies/activities that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO. Describe how each activity, if carried out as planned, will contribute to achievement of the five Program objectives. 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 patients, families, and communities, if applicable. Include a plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences.
- **WORK PLAN -- Corresponds to Section V's Review Criteria 2 and 4**
Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire project period 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.

You must submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a

proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:

- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources) based on research, best practices, and experience;
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, 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).

The logic model should include, but not be limited to, the five objectives of the BFPI Program and the stated metrics/benchmarks listed for each of the five activities described in the Purpose section.

▪ *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion 2*

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

▪ *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria 3 and 5*

Provide an evaluation plan which describes the monitoring of ongoing processes and progress toward the five objectives and metrics/benchmarks set forward in the Purpose section of this NOFO, including additional process measures. The measures should 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. For each evaluation indicator identified, describe the data collection strategy and the mechanism through which the data will be used to inform program development and service delivery.

You must describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. You must 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 Criteria 5 and 7

Succinctly describe your organization's current mission and structure, scope of current activities, including an organizational chart, and describe how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations. Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs so as to avoid audit findings. Describe how the unique needs of target populations of the communities served are routinely assessed and improved. Describe the organization's established relationships with pediatric primary care clinicians, with the ability to ensure national uptake of the Bright Futures Guidelines.

NARRATIVE GUIDANCE	
In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response and (7) Specific Review Criteria
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities and (7) Specific Review Criteria
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. Please 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 the application is selected for funding, you will have a well-organized plan and by carefully following the approved plan can avoid audit issues during the implementation phase.

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

The Consolidated Appropriations Act, 2017 (P.L. 115-31), 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.” Please see Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in FY 2018, 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

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

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative. Also include the required logic model in this attachment. If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly 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.

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 who is not yet hired, please 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. Include a letter of support from each proposed member of the project’s Advisory Group.

Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be 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, etc.).

Attachment 7: For Multi-Year Budgets--5th Year Budget (NOT counted in page limit),

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

Attachment 8: Progress Report (FOR COMPETING CONTINUATIONS-ONLY)

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

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

(1) The period covered (dates).

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

(3) Results - Describe the program activities conducted for each objective.

Include both positive and negative results or technical problems that may be important.

Attachments 9 – 15: Other Relevant Documents

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

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA's [SF-424 Application Guide](#).

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 *February 5, 2018 at 11:59 p.m. Eastern Time*.

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 Bright Futures Pediatric Implementation Program 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 project period of up to 5 years, at no more than \$1,000,000 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, 2017 (P.L. 115-31) 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 2018, 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(s) applied to the award(s) under the program will be addition. Post-award requirements for program income can be found at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. Critical indicators have been developed 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. Review criteria are outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review, except for the competing continuations' progress report that will be reviewed by HRSA program staff.

Review criteria are used to review and rank applications. The Bright Futures Pediatric Implementation Program has seven review criteria:

Criterion 1: NEED (5 points) – Corresponds to Section IV's Introduction and Needs Assessment

The extent to which the application demonstrates the need for the dissemination of evidence-driven clinical guidelines to improve the quality of primary and preventive care for infants, children, and adolescents. The strength of data used when identifying barriers to achievement of the Program goals and objectives.

Criterion 2: RESPONSE (25 points) – Corresponds to Section IV's Methodology and Work Plan

Extent to which the applicant succeeds in addressing the following:

Subcriterion: Methodology (15 points)

- Directly responds to the five objectives and five activities set forward in the Purpose section of this NOFO.
- Describes a clear process for ensuring an objective and transparent review of clinical evidence in considering and adopting recommendations for updates to the Bright Futures guidelines, acknowledging a system for addressing conflicts of interest.
- Provides a logical linkage between proposed activities and achievement of the objectives of the BFPI Program.
- Assures engagement from various clinicians within primary health care, including but not limited to pediatricians, family practice practitioners and nurse practitioners.

Subcriterion: Work Plan (5 points)

- Clearly delineates the proposed goals and activities and their relationship to the project.
- Relates and corresponds to the needs assessment and activities outlines in the Methodology section.
- Includes clearly written problem statement, goals, time-frames, objectives, responsible staff and methods for evaluation.
- Includes measurable milestones to assess progress of stated objectives.

Subcriterion: Resolution of Challenges (5 points)

- Demonstrates an understanding of unique challenges that are likely to be encountered across all five activities of the Program.
- Proposed solutions for overcoming such challenges are realistic.
- Addresses challenges in measuring the national reach of Bright Futures Guidelines, and includes examples of existing surveys or other mechanisms that can be used to gather data on primary care clinician use of the Guidelines, to include pediatricians, family care practitioners, and nurse practitioners.

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

- Strength of alignment between evaluation plan and the five objectives and metrics/benchmarks set forward in the Purpose section of this NOFO.

- Strength of the process and outcomes metrics identified to assess meaningful progress toward the five objectives of the BFPI Program.
- The strength and effectiveness of the methods proposed in the evaluation plan to monitor and evaluate the project results.
- Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

Criterion 4: IMPACT (5 points) – Corresponds to Section IV's Work Plan

The feasibility and effectiveness of plans for dissemination of project tools and resources, the extent to which project results are national in scope, and the sustainability of the program beyond the federal funding.

Criterion 5: RESOURCES/CAPABILITIES (30 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.
- The degree to which the applicant organization demonstrates established relationships with pediatric primary care clinicians, with the ability to ensure national uptake of the Bright Futures Guidelines.
- The degree to which the proposed members of the Advisory Group represent expertise from public health and primary care clinical practice.
- The degree to which the applicant organization demonstrates expertise in electronic health record technology as a mechanism to improve clinical pediatric primary care.

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 project period in relation to the objectives, the complexity of the activities, and the anticipated results.

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

Criterion 7: SPECIFIC PROGRAM CRITERIA (15 points) – Corresponds to Section IV's Budget and Budget Guidelines

Demonstrated understanding of the Bright Futures Guidelines and the opportunities and challenges related to nationwide implementation of the Guidelines in clinical and public health settings and with families and communities. Demonstrated capacity to oversee the development and dissemination of clinical guidelines, including the administration of a clear, transparent and objective process for evidence review and subsequent guideline updates, mitigating against conflicts of interest.

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. In addition to the ranking based on merit criteria, HRSA approving officials may also apply other factors in award selection, (e.g., geographical distribution), if specified below in this NOFO. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

Please 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](#)).

Applications receiving a favorable objective review are reviewed 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. You may be asked 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 an award will be made. Following review of all applicable information, HRSA's approving and business management officials will determine whether an award can be made, 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](#).

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

4. Anticipated Announcement and Award Dates

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

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of May 1, 2018. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.2 of HRSA's [SF-424 Application Guide](#).

3. Reporting

The new Discretionary Grant Information System (DGIS) reporting system will continue to be available through HRSA's Electronic Handbooks. 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 (OMB Number: 0915-0298, Expiration Date: 06/30/2019) can be reviewed at:

<https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection>.

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 a **biannual** basis, including progress against program outcomes. Further information will be provided in the award notice.
- 2) **Final Report Narrative.** The recipient must submit a final report narrative to HRSA after the conclusion of the project. This narrative must include a presentation of the health outcomes achieved through the project period.
- 3) **Performance Reports.** HRSA has modified its reporting requirements for Special Projects of Regional and National Significance (SPRANS) projects, CISS projects, and other grant/cooperative agreement programs administered by HRSA 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 at https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U04_3.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 Products, Publications, and Submissions Data Collection Form TA/Collaboration Form			
Updated DGIS Performance Measures, Numbering by Domain <i>(All Performance Measures are revised from the previous OMB package)</i>			
Performance Measure	New/Revised Measure	Prior PM Number (if applicable)	Topic
Core			
Core 1	New	N/A	Grant Impact
Core 2	New	N/A	Quality Improvement
Core 3	New	N/A	Health Equity – MCH Outcomes
Capacity Building			
CB 1	New	N/A	State Capacity for Advancing the Health of MCH Populations
CB 2	New	N/A	Technical Assistance
CB 3	New	N/A	Impact Measurement
CB 5	Revised	3, 4	Scientific Publications
CB 6	New	N/A	Products

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
Children and Youth with Special Health Care Needs			
CSHCN 1	Revised	7	Family Engagement
CSHCN 2	Revised	40, 41	Access to and Use of Medical Home
CSHCN 3	New	N/A	Transition to Adult Health Care
Adolescent Health			
AH 1	New	N/A	Adolescent Well Visit
AH 2	New	N/A	Injury Prevention
AH 3	New	N/A	Screening for Major Depressive Disorder

b) Performance Reporting Timeline

Successful applicants receiving HRSA funds will be required, within 120 days of the project period start date, to register in HRSA's Electronic Handbooks 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 project period. Recipients will be required, within 120 days of the budget period start date, to enter HRSA's Electronics Handbooks 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) Project Period End Performance Reporting

Successful applicants receiving HRSA funding will be required, within 90 days from the end of the project period, to electronically complete the program-specific data forms that appear for this program. The requirement includes providing expenditure data for the final year of the project period, 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:

LaToya Ferguson
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-1440
Email: LFerguson@hrsa.gov

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

Bethany D. Miller, LCSW-C, M.Ed.
Senior Public Health Analyst
Attn: Bright Futures Pediatric Implementation Program
Division of Child, Adolescent and Family Health
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Mail Stop 18NWH04
Rockville, MD 20857
Telephone: (301) 945-5156
Email: BMiller@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. For assistance with submitting information in HRSA's Electronic Handbooks, 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/healthyyouth/evaluation/pdf/brief5.pdf>.

Technical Assistance

HRSA has scheduled the following technical assistance webinar:

Day and Date: Thursday, December 21, 2017

Time: 3 - 4 p.m. ET

Call-In Number: 1-866-692-4541

Participant Code: 3004776649#

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

You may also write to BMiller@hrsa.gov for the recorded webinar link within 2 days of the technical assistance webinar.

IX. Tips for Writing a Strong Application

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