

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

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

***National Maternal and Child Center for Oral Health Systems
Integration and Improvement***

**Announcement Type: New
Funding Opportunity Number: HRSA-17-086**

Catalog of Federal Domestic Assistance (CFDA) No. 93.110

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2017

Application Due Date: March 6, 2017

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Issuance Date: December 5, 2016

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB), Division of Child, Adolescent and Family Health (DCAFH) is now accepting applications for Fiscal Year (FY) 2017 National Maternal and Child Center for Oral Health Systems Integration and Improvement Cooperative Agreement. HRSA will award one prime-award recipient to lead a consortium of partners to work with local, state, and national key stakeholders to improve existing systems of care in support of a quality improvement, patient-centered approach that addresses the comprehensive oral health needs of MCH populations. The National Maternal and Child Center for Oral Health Systems Integration and Improvement will serve as the central convener, coordinator, and promoter of new knowledge and skills. In doing so, this center will perform **three** distinct functions: (1) provide technical assistance and training to state Title V MCH Block Grant programs and oral health Special Projects of Regional and National Significance (SPRANS) award recipients, (2) establish a set of national MCH oral health quality indicators for monitoring oral health care delivery within existing systems of care, and (3) translate evidence to practice by developing and disseminating action-oriented educational resources for systems integration and workforce development.

Funding Opportunity Title:	National Maternal and Child Center for Oral Health Systems Integration and Improvement
Funding Opportunity Number:	HRSA-17-086
Due Date for Applications:	March 6, 2017
Anticipated Total Annual Available Funding:	\$1,000,000
Estimated Number and Type of Award(s):	One (1) cooperative agreement
Estimated Award Amount:	Up to \$1,000,000 per year
Cost Sharing/Match Required:	No
Project Period:	July 1, 2017 through June 30, 2021 [4 years]
Eligible Applicants:	Per 42 CFR § 51a.3(a), any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b) is eligible to apply. Faith-based and community-based organizations are also eligible to apply. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

Application Guide

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

Technical Assistance Call:

A technical assistance call will be held on Tuesday, December 20, 2016, at 2:00 P.M. Eastern Time. The Project Officer will provide an overview of the FOA and be available to answer questions until 3:00 P.M. Eastern Time. The technical assistance call will be recorded.

Conference Line: 1-866-796-4744

Password code: 3666409

The following meeting web link will be used to display the FOA:

https://hrsa.connectsolutions.com/hrsa-17-086_cohsii/

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the National Maternal and Child Center for Oral Health Systems Integration and Improvement (COHSII) Cooperative Agreement. HRSA will award one prime-award recipient to lead a consortium of partners to work with local, state, and national key stakeholders to improve existing systems of care in support of a quality improvement, patient-centered approach that addresses the comprehensive oral health needs of maternal and child health (MCH) populations. The National Maternal and Child COHSII (here forth referred to as “the Center”) will serve as the central convener, coordinator, and promoter of new knowledge and skills. In doing so, the Center will perform **three** distinct functions:

- 1) provide technical assistance and training to state Title V MCH Block Grant programs and oral health Special Projects of Regional And National Significance (SPRANS) award recipients,
- 2) establish a set of national MCH oral health quality indicators for monitoring oral health care delivery within existing systems of care, and
- 3) translate evidence to practice by developing and disseminating action-oriented educational resources for systems integration and workforce development.

This funding opportunity announcement calls upon you to harness creative ideas, put knowledge into action and bridge gaps between what we know and what we do. The consortium will collectively have subject matter expertise in: (1) clinical expertise in MCH populations, (2) governance structures of public health systems; (3) systems administration and payment of oral health care; (4) quality improvement in public health and (5) health care data collection and evaluation. Project oversight by an experienced team is expected. You will identify a **COHSII Management Team**, made up of select members of the consortium, to coordinate and direct the Center. This team will be instrumental in developing a unified approach to advance [five intermediate outcomes](#), learned to date through past and current Maternal and Child Health Bureau (MCHB) oral health investments, found to be key in reducing the oral health disparities among MCH populations (cited in the Background section on Page 10).

Program Requirements

You will address each of the [five key intermediate outcomes](#) (cited on Page 10) across each of the three distinct functions.

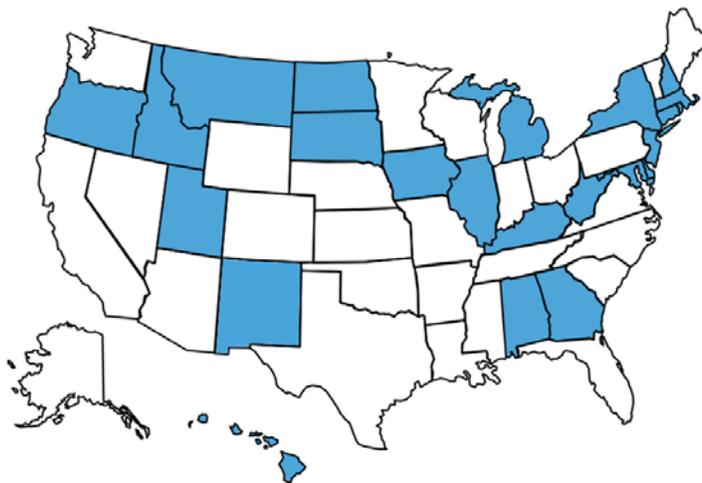
Function1: Technical Assistance and Training

The Center will provide technical assistance and training services to two cohorts of MCHB award recipients:

- 1) Title V MCH Services Block Grant programs who have selected the oral health national performance measure
 - Figure 1 identifies all states and territories who selected the oral health national performance measure.
 - See MCHB's [State Snap-Shots](#) for individual state details.
- 2) Oral health SPRANS award recipients
 - Currently: the [Perinatal and Infant Oral Health Quality Improvement \(PIOHQI\) Expansion program](#).

Figure 1: Thirty states and jurisdictions selected the oral health National Performance Measure

Alabama, American Samoa, Connecticut, Delaware, District of Columbia, Federated States of Micronesia, Georgia, Hawaii, Idaho, Illinois, Iowa, Kentucky, Marshall Islands, Maryland, Massachusetts, Michigan, Montana, New Jersey, New Mexico, New York, North Dakota, Northern Mariana Islands, Oregon, Puerto Rico, Rhode Island, South Dakota, Utah, Vermont, Virgin Islands, and West Virginia.



The Center will apply proven methodologies of collective impact,^{1,2} collaborative learning,^{3,4} and capacity-building assistance (CBA) services.^{5,6} to catalyze

¹ Collective Impact. John Kania & Mark Kramer. *Stanford Social Innovation Review*. Winter 2011. Last Accessed August 4, 2016 From: http://www.ssireview.org/articles/entry/collective_impact

² Channeling Change: Making Collective Impact Work. Fay Hanleybrown, John Kania & Mark Kramer. *Stanford Social Innovation Review*. Winter 2011. Last Accessed 8/8/2106 From: http://ssir.org/pdf/Channeling_Change_PDF.pdf

³ Collaborative Learning. [website] Cornell University Center for Teaching Excellence. Last accessed 9/8/2016 at: <https://www.cte.cornell.edu/teaching-ideas/engaging-students/collaborative-learning.html>

⁴ Cooperative Learning: Best Practices. [website] University of Michigan Center for Research on Learning and Teaching. Last access 9/8/2016 at: http://www.crlt.umich.edu/publinks/clgt_bestpractices

⁵ The Capacity Building Assistance (CBA) Provider Network. Last accessed on 8/1/2016 from: <http://www.cbaproviders.org/requests/index.aspx>

programmatic and systems-level change. In addition to responding to requests for technical assistance from individual states and jurisdictions, the Center will also be responsible for facilitating learning collaboratives to enhance cross-state learning and drive measurable improvements in MCH Oral Health. Participants of these learning collaboratives will apply QI methods (i.e., Model for Improvement⁷) to complete iterative cycles of improvement over a period of 12 to 18 months. Specifically, the Center will:

- Continue the efforts of the PIOHQI National Learning Network, supporting the PIOHQI Expansion award recipients until the initiative concludes in 2019.
- Develop new QI learning collaboratives that serve two cohorts of MCHB award recipients (Title V State MCH Programs and SPRANS Programs), tasked with completing iterative test cycles (e.g., Plan, Do, Study, Act (PDSA) cycles) over a period of 12 to 18 months.
- Assure the adoption of quality improvement strategies among QI collaborative participants, such as timely data collection and data sharing, collaborative impact frameworks, and the integration of evidence-informed/evidence-based strategies.

Function 2: National MCH Oral Health Quality Indicators

The Center will work to develop **National MCH Oral Health Quality Indicators** for monitoring oral health delivery within existing systems of care. Inclusive in the development of these quality indicators, the Center will test metrics to illustrate performance and set targets for national research. To ensure the resulting family of quality indicators is meaningful and realistic, the Center will establish a **Quality Indicator Advisory Team** comprised of stakeholder organizations and institutions with national, state and local perspectives in the development process to assist the awardee in developing proposals that once tested, confirmed, and approved by HRSA, will lay the foundation for a MCH Oral Health National Action Plan, intended as a roadmap to guide national, state and local organizations in their efforts to measurably improve the oral health of MCH populations. Once approved, the Center will work to integrate the Quality Indicators throughout national, state and local health care and public health systems such as State Health Improvement Plans, community needs assessments, and health insurance plans.

Function 3: Resources for Translating Evidence to Practice

The Center will work to synthesize research and practice knowledge on effective strategies for improving oral health among MCH populations. The Center will collaboratively design and disseminate action-oriented educational resources which can catalyze systems integration and workforce development that leads to on-going improvements that advance the [five intermediate outcomes](#) (cited on Page 10). When appropriate, resources will clearly align with Title V Oral Health Performance Measures

⁶ What is our Approach to Capacity Building Assistance? [Internet] Healthy Teen Network. Last Accessed on 8/11/2016 from: <http://www.healthyteennetwork.org/capacity/approach>

⁷ Langley, Nolan, Norman, and Lloyd P. Provost. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance. New York: Jossey-Bass Inc., 1996.

and future Quality Indicators. All resources developed by the Center will be reputable in their ability to address the educational needs of stakeholders.

Program Objectives

The ability to define and measure success is central to the National Maternal and Child COHSII cooperative agreement program. Broadly speaking, the program aims to improve existing systems of care to effectively and efficiently address the comprehensive oral health needs of MCH populations at the local and state level. You will identify metrics of progress across the [three distinct functions](#) (cited on Page 1), explain the significance of the metrics being proposed, and also describe methods for data collection for regular reporting. Collectively, the Center's objectives will lead to ongoing improvements that advance the [five key intermediate outcomes](#) as identified by the MCHB Oral Health Program (cited on Page 10). At a minimum, the recipient will select metrics that will track the following objectives:

- By June 30, 2019, all (100 percent) Title V MCH Services Block Grant programs which selected the oral health national performance measure will implement one oral health related evidence-based/evidence-informed strategy.
- By June 30, 2019, at least 60 percent of Title V Block Grant and 100 percent PIOHQI award recipients will have reported baseline data (i.e., access to quality preventive and comprehensive oral health care services, utilization of these services, insurance reimbursement, and untreated dental decay).
- By June 30, 2019, at least 80 percent of PIOHQI award recipients will have implemented a dental-medical integrated model of care.
- By June 30, 2019, at least 60 percent of Title V Block Grant and PIOHQI award recipients will demonstrate a 10 percent improvement in access to quality preventive services within the last year.
- By June 30, 2020, at least 60 percent of oral health SPRANS award recipients will demonstrate a 10 percent improvement in access to comprehensive services (i.e., treatment plan, preventive care, restorative services) within the last year.
- By June 30, 2020, at least 60 percent of Title V Block Grant and PIOHQI award recipients will demonstrate a 10 percent increase over baseline the percent of targeted MCH recipients (i.e., infants, young children, school-aged children, pregnant mothers, etc.) who utilized preventive services within the last year.
- By June 30, 2021, at least 60 percent of oral health SPRANS award recipients will demonstrate a 10 percent increase over baseline the percent of targeted MCH recipients who utilized comprehensive services (i.e., treatment plan, preventive care, restorative services) within the last year.
- By June 30, 2021, at least 60 percent of oral health SPRANS award recipients will improve cost recovery through increased Medicaid/CHIP or other insurance reimbursement.
- By June 30, 2021, at least 60 percent of oral health SPRANS recipients will reduce by 10 percent under baseline the proportion of targeted MCH populations with untreated dental decay.

As a central catalyst for advancing the MCHB Oral Health Program's goal and priorities, this cooperative agreement program is aligned with HRSA's mission, and two strategic goals: (1) Improve Access to Quality Health Care and Services and (4) Improve Health Equity. In addition, it directly contributes to the achievement of five Healthy People 2020 Objectives:

- OH-1: Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth.
- OH-7 (a Leading Health Indicator): Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year.
- OH-8: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.
- OH-9: Increase the proportion of school-based health centers with an oral health component.
- OH-14: Increase the proportion of adults who receive preventive interventions in dental offices.

2. Background

Maternal and Child Oral Health - The Problem

Evidence demonstrates that: 25 percent of women of reproductive age have dental caries (also referred to as cavities);⁸ nearly 40 percent of pregnant women have some form of periodontal disease;⁹ and children of mothers who have high caries levels are more likely to develop caries.¹⁰ The risk for tooth decay is higher during pregnancy for several reasons, including: increased acidity in the oral cavity, sugary dietary cravings, and limited attention to oral health.¹¹ After birth, the bacteria responsible for causing dental caries in children, *mutans streptococci*, appears to be transmissible from caregivers, especially mothers, to children.¹² Oral disease in children can begin during infancy, with evidence that early childhood caries (ECC) can be particularly virulent, forming caries soon after tooth eruption, progressing rapidly, and having a lasting detrimental impact on dentition.¹³ This disease affects the general population but is 32 times more likely to occur in infants who are of low socioeconomic status, who consume a diet high in sugar, and whose mothers have a low education level.¹⁴ Caries in primary

⁸ U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research. Oral Health in America: A Report of the Surgeon General. NIH publication no. 00-4713. Rockville, Md.: U.S. Public Health Service, Dept. of Health and Human Services; 2000.

⁹ Lieff S, Boggess KA, Murtha AP, et al. The oral conditions and pregnancy study: periodontal status of a cohort of pregnant women. *J Periodontol* 2004;75:116-126.

¹⁰ Berkowitz RJ. Acquisition and transmission of mutans streptococci. *J Calif Dent Assoc.* 2003;31(2):135-138.

¹¹ Hey-Hadavi JH. Women's oral health issues: sex differences and clinical implications. *Women's Health Prim Care.* 2002;5(3):189-199.

¹² Douglass, J. M., Y. Li, and N. Tinanoff. Association of mutans streptococci between caregivers and their children. *Pediatric Dentistry* 2008; 30(5):375-387.

¹³ Nowak AJ, Warren JJ. *Infant oral health and oral habits.* *Pediatr Clin North Am* 2000;47(5):1043-66

¹⁴ Mobley C, Marshall TA, Milgrom P, Coldwell SE. *The contribution of dietary factors to dental caries and disparities in caries.* *Acad Pediatr* 2009;9(6):410-4.

teeth can affect a child's growth, diminish overall quality of life, and result in significant pain and potentially life-threatening infection.¹⁵

As children get older, in addition to affecting their overall health and well-being, oral disease can negatively impact performance at school.¹⁶ Children and adolescents who had toothaches in the last six months were almost four times more likely to have a grade point average below 2.8 compared to their counterparts who did not have toothaches.¹⁷ Also, the worse a child's or adolescent's oral health status, the more likely the child or adolescent was to miss school as a result of pain or infection.¹⁸

In 2011, the importance of quality oral health care and the capacity for the health care system to provide such care was highlighted in an Institute of Medicine (IOM) report. This IOM report, *Improving Access to Oral Health Care for Vulnerable and Underserved Populations*,¹⁹ is direct in acknowledging an effective system of care is dependent on the accessibility of quality care that is affordable. Yet, while quality of oral health care may be improving with the availability of evidence-based practice guidelines, innovative approaches that increase access to effective, comprehensive systems of care remain lacking.

Maternal and Child Oral Health - The Program

The National Maternal and Child COHSII program is authorized by the Social Security Act, Title V, § 501(a)(2), as amended (42 U.S.C. § 701(a)(2)).

In 1935, Congress enacted Title V of the Social Security Act authorizing the Maternal and Child Health Services Programs. This legislation has provided a foundation and structure for improving the health of mothers and children in the nation for over 80 years. Title V is administered by the Maternal and Child Health Bureau, (MCHB), which is a part of the Health Resources and Services Administration in the U.S. Department of Health and Human Services. Under Title V of the Social Security Act, the Maternal and Child Health Services Block Grant program has three components—Formula Block Grants to States, Special Projects of Regional and National Significance and Community Integrated Service Systems grants.

Title V MCH Block Grant and Oral Health

State Title V MCH agencies recognize the importance of oral health, and have supported programs to improve oral health for mothers and children. Examples include

¹⁵ Cunnion DT, Spiro A III, Jones JA, et al. *Pediatric oral health-related quality of life improvement after treatment of early childhood caries: A prospective multi-site study.* J Dent Child 2010;77(1):4-11.

¹⁶ Holt K, Barzel R. 2013. *Oral Health and Learning: When Children's Oral Health Suffers, So Does Their Ability to Learn* (3rd ed.). Washington, DC: National Maternal and Child Oral Health Resource Center.

¹⁷ Seirawan H, Faust S, Muligan R. The impact of oral health on the academic performance of disadvantaged children. *Journal of Public Health* 2012;102(9):1279–1734.

¹⁸ Jackson SL, Vann WF Jr, Kitch JB, Pahel BT, Lee JY. Impact of poor oral health on children's school attendance and performance. *American Journal of Public Health* . 2011;101(10):1900–1906.

¹⁹ IOM (Institute of Medicine) and NRC (National Research Council). 2011. *Improving access to oral health care for vulnerable and underserved populations.* Washington, DC: The National Academies Press.

the provision of population services such as community water fluoridation and dental sealants; improving access to care, especially early and preventive services; and improving access and services to CYSHCN.²⁰

In 2014, MCHB completed a significant transformation of the [Title V MCH Services Block Grant program](#),²¹ including the establishment of 15 National Performance Measures. National Performance Measure 13 aims to demonstrate state improvement across two oral health domains: (a) the percent of women who had a dental visit during pregnancy and (b) the percent of infants and children ages 1 to 17 with a past-year preventive dental visit.²²

Technical Assistance to Title V Programs - MCHB supports state Title V programs in addressing these national performance measures by providing technical assistance in the development and implementation of evidence-based or evidence-informed public health strategies. The MCHB-funded [National Maternal and Child Oral Health Resource Center](#) has historically provided oral health subject matter expertise (SME) to state MCH Programs, resulting in resources such as the [Title V MCH Block Grant Oral Health Toolkit](#). Since its inception, the OHRC has produced numerous resources for these state Title V Programs, as well as health professionals, educators, policymakers, and beyond with the goal of improving oral health services for MCH populations.

MCHB Oral Health Program

The MCHB Oral Health Program provides federal funding for the development of innovative approaches to oral health care delivery that effectively and efficiently responds to the needs of MCH populations. The Program's goal is to increase access to comprehensive, quality oral health care services for MCH populations most at risk for oral disease, including: infants, young and school-aged children, children with special health care needs; women of child-bearing age; and pregnant women. Quality oral health care includes preventive care services as well as diagnostic follow-up and treatment. Comprehensive delivery ensures continuity of care and integration between primary care and oral health care providers. The Program's current priorities center on factors that influence the oral health of the most vulnerable MCH populations:

- Lack of knowledge of the importance of oral health care among consumers and providers,
- Greater burden of oral disease among low-income families with competing priorities due to their limited funds,

²⁰ Opportunities for Collaboration between State Oral Health and MCH Programs to Improve Early Childhood Oral Health [Internet] Washington, DC: Association of Maternal and Child Health Programs. Last Accessed 8/1/2016 From: <http://www.amchp.org/programsandtopics/CHILD-HEALTH/resources/Documents/SOHP-AMCHP-EarlyChildhood-Issue-Brief-FinalSept2011.pdf>

²¹ Lu, M.C., Lauver, C.B., Dykton, C. et al. Maternal Child Health J 2015;19: 927.

²² Title V Maternal and Child Health Block Grant Program. [Internet] Rockville, MD: Maternal and Child Health Bureau. Last accessed 9/6/2016 at: <http://mchb.hrsa.gov/maternal-child-health-initiatives/title-v-maternal-and-child-health-services-block-grant-program>.

- Gaps or variations in the delivery of oral health preventive services in primary and prenatal care settings,
- Willingness and ability of the health and oral health care provider to adequately serve children and youth with special health care needs, and
- Lack of access to oral health services and its impact on school performance.

The MCHB Oral Health Program has two primary mechanisms for achieving its goal: (1) the administration of funding in support of programs designed to test innovations and build evidence around specific strategies for improving oral health and (2) the provision of technical assistance to national, state and local stakeholders, such as Title V MCH Programs. Results to date include:

1) *Oral Health SPRANS Investments* - Recent examples of how the MCHB Oral Health Program has fostered innovation to measurably increase access to quality, comprehensive oral health care services include the School-Based Comprehensive Oral Health Services (SBCOHS) Program and the Perinatal & Infant Oral Health Quality Improvement (PIOHQI) Program.

School-Based Comprehensive Oral Health Services

In 2011, MCHB funded the 4-year School-Based Comprehensive Oral Health Services (SBCOHS) program. In summary, the projects were effective in sustaining integrated dental-medical care in existing School-based Health Centers, increasing underserved students' access to oral health services. Results included: increased utilization of preventive services, increased number of completed treatment plans, and reduction in the utilization of treatment services.²³ At the same time that these results were published, the OHRC released the [Integrating Sustainable Oral Health Services into Primary Care in School-Based Health Centers: A Framework](#).²⁴ Having provided technical assistance to the SBCOHS award recipients, the OHRC was able to summarize the collective effort for integrating sustainable comprehensive oral health care into primary care services in SBHCs. Available online and in report form, this framework reviews 10 key elements to consider when integrating comprehensive, quality oral health care into a school-based primary care service.

Perinatal and Infant Oral Health

For nearly a decade, MCHB has sought to improve access to oral health care for pregnant woman and their infants. Confident that pregnancy is an ideal time for behavior modification, MCHB has more recently focused its efforts on the need to change knowledge and behaviors of pregnant women and their health and oral healthcare providers. Specific to MCHB's interest in the behavior change among

²³ Altarum Institute. July 2016. Evaluation of School-Based Comprehensive Oral Health Services Grant Program - Executive Summary. Washington, D.C.: Altarum Institute, 8 pp.

²⁴ Lowe B, Barzel R, Holt K. 2016. Integrating Sustainable Oral Health Services into Primary Care in School-Based Health Centers: A Framework. Washington, DC: National Maternal and Child Oral Health Resource Center. Last accessed 8/30/2016 at: <http://mchoralhealth.org/framework/key-elements.php>.

pregnant women is that these new behaviors can have a ripple effect on the health of the entire family across their life span.²⁵

In 2011, HRSA partnered with the American Congress of Obstetricians and Gynecologists (ACOG) and the American Dental Association (ADA) to convene an expert workgroup, resulting in the publication of *Oral Health Care During Pregnancy: A National Consensus Statement*.²⁶ The impact of this publication includes widespread dissemination of current science-based information for professional education and training, interprofessional outreach and collaboration, adaptation of the consensus statement to produce state-specific guidelines and statewide perinatal oral health plans, and as a source to justify changes in policy and practice.

In 2013, MCHB initiated a multi-phase, 6-year Perinatal and Infant Oral Health National Initiative. The goal of this initiative is to reduce the prevalence of oral disease in both pregnant women and infants through improved access to quality oral health care, linking the delivery of oral health care with primary care services. The Initiative aims to define evidence-informed models for successfully integrating high-quality oral health care into perinatal and infant primary-care-delivery systems with statewide reach. Ultimately, the Perinatal and Infant Oral Health Initiative will produce guidance on how to develop, put into practice, and continuously assess:

- (1) Evidence-based dental-medical integrated service models that respond to the comprehensive oral health needs of pregnant women and infants most at risk, resulting in:
 - Reduced prevalence of oral disease in pregnant women and infants, ultimately reducing dental caries throughout early childhood.
 - Increase in pregnant women's utilization of preventive oral health care.
 - Increase in the percentage of children who have dental homes by age 1.
 - Reduction oral health care expenditures.
- (2) Data and/or data analysis that drives quality improvement; and
- (3) Cost recovery strategies that achieve program sustainability.

Currently, HRSA funds 16 PIOHQP projects to innovate and test strategies to achieve these aims.

2) *Technical Assistance to PIOHQP Recipients* - In 2014, MCHB established the [PIOHQP National Learning Network](#), a cooperative agreement program tasked with facilitating an oral health learning collaborative for all PIOHQP projects. The National Learning Network has been responsible for the coordination of training on QI methodologies and technical assistance as these projects test new models of oral health care delivery. The learning collaborative structure facilitates sharing and learning among the PIOHQP

²⁵ Meyer K, Geurtsen W, Gunay H. *An early oral health care program starting during pregnancy*. Clin Oral Invest 2010;14:257-264.

²⁶ Oral Health Care During Pregnancy Expert Workgroup. 2012. *Oral Health Care During Pregnancy: A National Consensus Statement - Summary of an Expert Workgroup Meeting*. Washington, DC: National Maternal and Child Oral Health Resource Center. <http://www.mchoralhealth.org/PDFs/Oralhealthpregnancyconsensusmeetingsummary.pdf>

projects cohort. Using a collaborative learning model has been successful strategy to assist states in addressing the complexity of integrating oral health services into existing systems of care. As the PIOHQI National Learning Network comes to a close in 2017, the new Center will inherit the responsibility for facilitating the learning collaborative for PIOHQI projects.

3) *Oral Health Outcomes* - To date, MCHB has identified **five intermediate outcomes**, through past and current MCHB oral health investments, found to be key in reducing the oral health disparities among MCH populations:

1. application of evidence-based quality improvement strategies;
2. identification of replicable dental-medical integrated models of care;
3. increase in access and delivery of preventive oral health care services;
4. increase in access and delivery of comprehensive care, including treatment plans, preventive care, and restorative services; and
5. sustainable change through cost recovery, including increased Medicaid/CHIP and insurance reimbursement.

Maternal and Child Oral Health - A Need for Innovation and Improvement

The National Maternal and Child Center for Oral Health Systems Integration and Improvement is a new funding opportunity designed to build upon the science of quality improvement and service delivery integration, while centralizing lessons learned and best practice approaches identified through the National Maternal and Child Oral Health Resource Center (OHRC) and the PIOHQI National Learning Network. The Center will transform the efforts of the OHRC into an oral health center of excellence in resource development, technical assistance, and training.

As the MCHB Oral Health Program continues to strive towards accessible quality, comprehensive oral health care services for MCH populations most at risk for oral disease, it remains committed to sharing knowledge gained, resulting in the design and implementation of replicable quality oral health care service delivery. **To be successful, health care communities must have access to organizational policies, practices and resources that can effectively enhance their efforts to integrate oral health care into delivery systems that serve MCH populations.** In order for women, children and their families to make informed decisions about their oral health needs, they need to understand the recommendations and the reasoning behind them. With improved performance in oral health care delivery and interest in the intersection between these populations as its compass, the Center will be instrumental in achieving quality driven, patient-centered systems change that successfully address the oral health needs of all MCH populations.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

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

As a cooperative agreement, in addition to the usual monitoring and technical assistance provided under the cooperative agreement, **HRSA Program involvement will include:**

- Assuring the availability of experienced MCHB personnel to participate in the planning and development of all phases of this cooperative agreement;
- Assisting in the establishment of federal interagency and state contacts necessary for the successful completion of tasks and activities identified in the approved scope of work. This includes serving as a liaison to any federal workgroup whose purpose is to establish or enhance relationships among federal agencies, bureaus and/or offices and whose responsibilities include addressing oral health care that impacts any MCH population;
- Identifying other awardees and organizations with whom the awardee will be asked to develop cooperative and collaborative relationships;
- Assisting the awardee to establish, review, and update priorities for activities conducted under the auspices of the cooperative agreement; and
- Providing review, advisory input, and approval of any publications, audiovisuals, and other materials produced, as well as meetings planned, under the auspices of this cooperative agreement.

The cooperative agreement recipient's responsibilities will include:

- Adhering to HRSA guidelines pertaining to the use of acknowledgement and disclaimer language on all products produced with HRSA award funds;
- Responding in a flexible manner in order to collaborate on short-term, long-term, and ongoing projects;
- Working closely with the federal project officer when hiring new key project staff as well as when planning and implementing new activities;
- Consulting with the federal project officer in conjunction with scheduling any meetings pertaining to the scope of work and at which the project officer's attendance would be appropriate;
- Providing the federal project officer with the opportunity to review, provide input, and approve at the program level, any publications, audiovisuals, and other materials produced, as well as meetings planned, under the auspices of this

cooperative agreement (such review will start as part of concept development and include review of drafts and final products);

- Providing the federal project officer with an electronic copy of, or electronic access to, each product developed under the auspices of this cooperative agreement;
- Ensuring that all products developed or produced, either partially or in full, under the auspices of this cooperative agreement, are fully accessible and available for free to members of the public; and
- Acknowledging that HRSA/MCHB has uncontested access to any and all data generated under this cooperative agreement, and a royalty-free, nonexclusive, and irrevocable license for the government 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 (1) recipient. You may apply for a ceiling amount of up to \$1,000,000 per year. The actual amount available will not be determined until enactment of the final FY 2017 federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is July 1, 2017, through June 30, 2021 (4 years). Funding beyond the first year is dependent on the availability of appropriated funds for the ***National Maternal and Child Center for Oral Health Systems Integration and Improvement*** in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government. Budget requirements for this funding opportunity can be found on Page 20.

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

III. Eligibility Information

1. Eligible Applicants

Per 42 CFR § 51a.3(a), any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b) is eligible to apply. Faith-based and community-based organizations are also eligible to apply.

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

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will 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** applicants for this FOA to apply electronically through Grants.gov. You must download the SF-424 application package associated with this FOA following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 Application Guide](#) provides instructions for the budget, budget 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 FOA to do otherwise.

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

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge 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 the announcement.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Where the prospective recipient is unable to attest to any of the statements in this certification, such prospective recipient shall attach an explanation to this proposal.

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

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#) (including the budget, budget 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.

You will use the following section headers (e.g., Introduction) for your Project Narrative:

- ***INTRODUCTION*** -- *Corresponds to Section V's Review Criterion 1 (Need)*

Briefly describe the purpose of the proposed project.

- **NEEDS ASSESSMENT** -- Corresponds to Section V's Review Criterion #1 (Need)

You should address the following items in your Needs Assessment:

- Landscape of public health and clinical systems which touch upon oral health. Demographic data should be used and cited whenever possible to support the information provided.
- Challenges in expanding access to quality oral health care for MCH populations, particularly through the work of Title V MCH Block Grant recipients, who selected the oral health National Performance Measure, as well as oral health SPRANS award recipients.
- Estimated potential impact on vulnerable MCH populations if existing health care delivery systems met their oral health needs nationwide.
- Description of states and jurisdictions which have chosen the Title V National Performance Measure for oral health and the extent to which these states have proposed evidence-informed/evidence-based strategies.
- Assessment of existing oral health quality metrics and gaps in establishing national standards for MCH Oral Health.

- **METHODOLOGY** -- Corresponds to Section V's Review Criteria #2 (Response), #3 (Evaluative Measures), and #4 (Impact)

The Methodology narrative is the keystone of your proposed plan. Outline the goals, objectives, and strategies. Describe the rationale for your approach. In this section, you should provide sufficient detail to allow others to adopt or replicate your methodology, especially when a new method is being developed or an innovative use of an existing method is proposed. In support of evidence-based methods, you are encouraged to apply proven methodologies of collective impact, collaborative learning, and high-impact technical assistance.

- For the purpose of this funding opportunity, you will comply with the following definitions when developing each of the following elements within your plan:
 - **Goals** – The goal(s) will broadly define the long-range outcome of the project.
 - **Objectives** – Objectives will be developed using the Specific, Measurable, Achievable, Relevant and Time-bound (SMART) approach. SMART Objectives will be consistent with the expected activities and products achieved in response to the Purpose; and, include those required by this funding opportunity. Any additional objective(s) you propose will be congruent with the requirements of this FOA and include detailed action steps describing how these objectives will be attained.
 - **Activities** – Each objective you identify, in order to achieve the goal(s), you will list a series of measurable activities to be accomplished, to be outlined over the course of the 4-year project period.
- You will submit a National Maternal and Child **COHSII Project Logic Model**, as Attachment 1 (see **Section IV.2.vi**), that visualizes the design and management of your project, including key activities to accomplish the project. [For tips on developing your logic model see **Section VIII**, Other

Information.] While there are many versions of logic models, for the purposes of this announcement the logic model should summarize the connections between:

- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
 - Assumptions (e.g., beliefs about how the project will work and is supporting resources. Assumptions should be based on research, best practices, and experience.);
 - Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
 - Target population (e.g., the individuals to be served);
 - Activities (e.g., approach, evidence-based preferred, and key interventions, 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).
- You should organize your Methodology narrative into the 3 distinct functions, as stated in the Purpose section:
 - 1) **Provide technical assistance and training to state Title V MCH Block Grant programs and oral health Special Projects of Regional And National Significance (SPRANS) recipients,**
 - 2) **Establish a set of national MCH oral health quality indicators for monitoring oral health care delivery within existing systems of care, and**
 - 3) **Translate evidence to practice by developing and disseminating educational resources.**
 - You should identify specific collaborations with related HRSA-funded programs which support access to comprehensive, quality oral health care for MCH populations, such as, but not limited to:
 - Evidence-based clinical practice (i.e., the MCHB-funded [Bright Futures](#))
 - Core competencies of optimal performance in integrated community-based health care settings (i.e., the HRSA-funded [National Center for Interprofessional Practice and Education](#))
 - Delivery of technical assistance to state Title V Programs (i.e., Association for Maternal and Child Health Programs ([AMCHP](#)) and the [Strengthen the Evidence Base for MCH Program](#))
 - Service Delivery Systems (i.e., [Home Visiting](#), [Healthy Start](#), [Community Health Centers](#))
- **WORK PLAN** – *Corresponds to Section V’s Review Criteria #2 (Response), #4 (Impact), and #5 (Resources/Capabilities)*

In Attachment 2 (see **Section IV.2.vi**) you will submit a work plan that describes the steps that will be used to achieve each of the goal(s), objectives and activities proposed during the entire project period in the Methodology section. Use a timeline that includes each activity and identifies responsible staff.

- **RESOLUTION OF CHALLENGES** -- Corresponds to Section V's Review Criteria #2 (Response) and #5 (Resources/Capabilities)

In this section:

- Discuss the unique challenges that are likely to be encountered in designing and implementing the activities described in your proposed plan.
- Cite specific examples of your organization's experience in resolving such challenges, whenever possible.

- **EVALUATION AND TECHNICAL SUPPORT CAPACITY** -- Corresponds to Section V's Review Criteria #3 (Evaluative Measures) and #5 (Resources/Capabilities)

In this section you will provide a well-conceived and logical evaluation plan with appropriate measures and technical strategies for assessing the process and achievement of your planned efforts. **You should include the process as well as the outcomes in your proposed evaluation plan. At a minimum, outcomes will be assessed using metrics that will track the Program Objectives listed on Page 4 of the Purpose sections. Evaluative measures should also include metrics that measure process (e.g., benchmarks), including advancement across each of the [five key intermediate outcomes](#), cited on Page 10 of the Background section:**

1. application of evidence-based quality improvement strategies;
2. identification of replicable dental-medical integrated models of care;
3. increase in access and delivery of preventive oral health care services;
4. increase in access and delivery of comprehensive care, including treatment plans, preventive care, and restorative services; and
5. sustainable change through cost recovery, including increased Medicaid/CHIP and insurance reimbursement.

You should **clearly describe process metrics to be used for evaluating the Center's performance, specifically: 1) the planning, management, and implementation of the Center across the three distinct functions, and 2) demonstration of learning collaborative participation measurably improves access to comprehensive, quality oral health care for the MCH populations.**

Your evaluation plan should align with your logic model, demonstrating a relationship among resources, activities and outputs and the short and long-term outcomes. In your evaluation plan you will:

- Describe the methods and tools that you plan to use to collect data to track the progress of the project (you may incorporate these as an attachment).
 - For each metric identified, describe the strategy for data collection and analysis, and the mechanism through which the data will be used to inform the Center's development and delivery of services.

- Discuss plans for monitoring and assessing internal project performance, including methods to be employed by staff to ensure that proposed activities are being successfully documented and completed, based on the overall work plan.
 - Demonstrate that personnel have been designated to the task of evaluation and whose technical capacity is adequate for performing data collection and analysis.
- **ORGANIZATIONAL INFORMATION** -- *Corresponds to Section V's Review Criterion #5 (Resources/Capabilities)*

In this section you will provide information on your organization's current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Describe past experience with strategic planning, collaboration and partnership among national organizations, leadership of national initiatives, facilitating collaboration among state level leaders, resource and technical assistance and training development and dissemination, quality improvement, evaluation, and dissemination of best practices to service delivery systems.

You will categorize the Organizational Information section of the Project Narrative into two sub-sections: Personnel Capacity, and Organizational Structure and Resources.

PERSONNEL CAPACITY –

In this category you will:

- Name the proposed director of the project and describe his/her qualifications and experience. The project director should have significant experience at the national level working on issues important to advancing maternal and child health. In addition, the project director should have executive or leadership experience; experience in effectively managing subcontract teams; the ability to communicate effectively in oral presentations as well as through published materials geared for a variety of professional audiences; and the ability to work collaboratively with peers representing a variety of organizations and disciplines.
 - You will identify a Project Director and/or Project Manager, permanent staff of your organization, who will devote no less than 1.0 full-time equivalent (FTE) to the project, who will (together) have administrative and programmatic direction over grant-funded activities. Clear and convincing justification must be included with any less than 1.0 FTE providing administrative and programmatic oversight of this project.
- Identify the consortium of partner organizations and members for the **COHSII Management Team**. You will ensure that consortium partners have meaningful incentives for contributing to the success of the coalition's activities, whether by serving to advance a member organization's mission, through compensation for human resources invested in the process, or

otherwise. In Attachment 3 (see **Section IV.2.vi**), provide a staffing plan and job descriptions for key personnel. The COHSII Management Team members' collective expertise should include: (1) clinical expertise in maternal and child health population, (2) governance structures of public health systems; (3) systems administration and payment of oral health care; (4) quality improvement in public health and (5) health care data collection and evaluation. In Attachment 4 (see **Section IV.2.vi**) submit letters of agreement for each partner organization, identifying select members named to the Management Team.

- Identify key stakeholders that will comprise the **Quality Indicator Advisory Team**. You will ensure that the advisory team will have meaningful incentives for contributing to the success of the team's activities, whether by serving to advance a member organization's mission, through compensation for human resources invested in the process, or otherwise. The advisory team's collective expertise should include the capacity to: monitor oral health delivery within existing systems of care, develop meaningful and realistic quality indicators, and test metrics to illustrate performance and set targets for national research. In Attachment 4 (see **Section IV.2.vi**) submit letters of agreement for each organization, identifying select members named to the Quality Indicator Advisory Team.
- In Attachment 5 (see **Section IV.2.vi**) identify all key project personnel, including those individuals for whom support is not requested and proposed consultants and subcontractors. Identify their role and include a curriculum vitae summary statement. A maximum of one page per person, the biographical sketch is intended to offer a synopsis of relevant qualifications and any additional information that would contribute to the Independent Review Panel's understanding of expertise and experience.

ORGANIZATIONAL STRUCTURE AND RESOURCES -

In this category you will:

- Describe your agency's/parent organization's mission, structure and scope of current activities.
- Submit as Attachment 6 (see **Section IV.2.vi**) a project organizational chart that summarizes the relationship between your organization and designated partners who will assist in the development and management of the Center.
 - This chart will identify placement of all key personnel from your organization and designated partners.
 - When making reference to the organizational chart, you will clearly describe how this organizational structure impacts your ability to manage program requirements and expectations.
- Describe the project's organizational structure, including its:
 - Relationship to and placement within any umbrella or parent organization;
 - Relationships to any agencies or organizations with which it intends to partner, collaborate, coordinate efforts, or receive consultation from, while conducting project activities;

- Governance structure, including any management teams and steering committees;
- Project structure and organization of project staff, including volunteers.
- Describe what meaningful incentives will be ensured to all consortium partners and advisory team members for contributing to the success of the Center’s activities, whether by serving to advance a member organization’s mission, through compensation for human resources invested in the process, or otherwise.
- Describe the resources available for carrying out the project and conducting its activities, including its facilities and physical space, equipment, and information technology resources. Include in-kind resources that are to be contributed by other agencies or organizations.

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

iii. Budget

See Section 4.1.iv of HRSA's [SF-424 Application Guide](#). Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and, *if applicable*, the additional budget instructions provided below.

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

You will submit as Attachment 7 (see **Section IV.2.vi**) indirect cost rate agreements and proof of non-profit status (if applicable).

In addition, the ***National Maternal and Child Center for Oral Health Systems Integration and Improvement*** cooperative agreement requires the following:

- You will identify a Project Director and/or Project Manager, permanent staff of your organization, who will devote no less than 1.0 full-time equivalent (FTE) to the project, who will (together) have administrative and programmatic direction over grant-funded activities. Clear and convincing justification must be included with any less than 1.0 FTE providing administrative and programmatic oversight of this project.
- To ensure the success of the collaborative work set forward in the National and Maternal Child COHSII program, at least two face-to-face meetings in the Washington, DC, area should be budgeted within each year of the project period.
- You will use the following budget periods when preparing budgets for each project year:
 - Year 1: July 1, 2017 to June 30, 2018
 - Year 2: July 1, 2018 to June 30, 2019
 - Year 3: July 1, 2019 to June 30, 2020
 - Year 4: July 1, 2020 to June 30, 2021

The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in FY 2017, as required by law.

iv. Budget Narrative

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

v. Program-Specific Forms

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

HRSA has modified its reporting requirements for SPRANS projects, Community Integrated Service Systems (CISS) projects, and other grant/cooperative agreement programs administered by MCHB to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act, MCHB's authorizing legislation. Performance measures for other MCHB-funded grant/cooperative agreement programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect. An electronic system for reporting these data elements has been developed and is now available.

2) *Performance Measures for the **National Maternal and Child Center for Oral Health Systems Integration and Improvement***

To inform successful applicants of their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found in Section VI., Award Administration Information, of this FOA.

NOTE: The performance measures and data collection information is for your PLANNING USE ONLY. These forms are not to be included as part of this application.

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.** Attachment 7, Indirect Cost Rate Agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled.**

Attachment 1: Logic Model

Attach a one-page Logic Model for the project that includes all information detailed in Section IV. ii - Project Narrative. Additional resources can be found in Section VIII.

Attachment 2: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative.

Attachment 3: 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.

Provide letters of agreement from organizations who have been selected as a partner of the **COHSII Management Team**, responsible for the Center's three distinct functions: (1) provide technical assistance and training to state Title V MCH Block Grant programs and oral health Special Projects of Regional And National Significance (SPRANS) recipients, (2) establish a set of national MCH oral health quality indicators, and (3) translate evidence to practice by developing and disseminating educational resources. Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal, including agreements to serve on the **Quality Indicator Advisory Team**. Documents that confirm actual or pending agreements should clearly describe the roles of external partners in carrying out the purposes for which the cooperative agreement was awarded and stipulate external partners will be accountable to all terms and conditions of the cooperative agreement. Letters of agreement must be dated.

Attachment 5: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in Attachment 3, 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 6: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project.

Attachment 7: Indirect Cost Rate Agreements and Proof of Non-profit Status

Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit.

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 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://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

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

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this FOA is *March 6, 2017 at 11:59 P.M. Eastern Time*.

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

5. Intergovernmental Review

The ***National Maternal and Child Center for Oral Health Systems Integration and Improvement*** 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 4 years, at no more than \$1,000,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

Shared Staffing: If you are proposing to utilize the same director, project staff or contractual staff across multiple awards/programs (e.g., CISS, SPRANS, HS, State Title V block grant, WIC), assure that the combined funding for each position does not exceed 100 percent FTE. If such an irregularity is found, the National Maternal and Child COHSII funding will be reduced accordingly.

Shared Equipment: If you are proposing to purchase equipment which will be used across multiple awards/programs (e.g., CISS, SPRANS, HS, State Title V block grant, WIC), pro-rate the costs of the equipment across programs and show the calculation of this pro-ration in their justification. If an irregularity is found where the National Maternal and Child COHSII program equipment is being used by other programs without reimbursement, the National Maternal and Child COHSII funding will be reduced accordingly.

Purchase of Vehicles: Projects should not allocate funds to buy vehicles for the transportation of clients, but rather lease vehicles or contract for these services.

The General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L. 114-113) apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2017, 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 the all federal funding requirements and prohibitions such as lobbying, gun control, abortion, etc. 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.

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 the application. The entire proposal will be considered during objective review.

Review criteria will be used to review and rank applications. The National Maternal and Child Center for Oral Health Systems Integration and Improvement has six review criteria:

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

The quality and extent to which the application **demonstrates a clear understanding of the problem and associated contributing factors to the problem and provides a quality, comprehensive needs assessment**, with the following components:

- Landscape of public health and clinical systems which touch upon oral health.
 - Demonstrates a clear understanding of the challenges in expanding access to quality oral health care for MCH populations.
- Estimated potential impact on vulnerable MCH populations if existing health care delivery systems met their oral health needs nationwide.
 - Demonstrates a clear understanding of deficiencies in health care delivery systems that limit access to oral health care for MCH populations.
- Description of states and jurisdictions which have chosen the Title V National Performance Measure for oral health and the extent to which these states have proposed evidence-informed/evidence-based strategies.
 - Demonstrates a clear understanding of foreseeable challenges in the work of Title V MCH Block Grant recipients who selected the oral health National Performance Measure and oral health SPRANS award recipients.
- Assessment of existing oral health quality metrics and gaps in establishing national standards for MCH Oral Health.

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

The quality of and the extent to which the proposed project **demonstrates a clear, feasible work plan** that addresses the [three distinct functions](#) outlined in the FOA and makes evident improved access to comprehensive quality oral health care. The **degree to which evidence-based methodologies are included in the plan**, including but not

limited to: collective impact, collaborative learning, and capacity building assistance. The extent to which the applicant **demonstrates intent to collaborate** with HRSA investments that complement their project, such as those listed on Page 16, and the degree to which the collaboration enhances their performance of their planned activities.

1. Provide technical assistance and training to state Title V MCH Block Grant Programs and oral health SPRANS recipients (10 points)

The quality and extent to which the proposed project **demonstrates capacity to** facilitate quality improvement learning collaboratives, including virtual facilitation of iterative cycles of improvement over a period of 12 to 18 months; specifically:

- Continue the efforts of the PIOHQI National Learning Network, supporting the PIOHQI Expansion award recipients until the initiative concludes in 2019.
- Develop new QI learning collaboratives that serve two cohorts of MCHB award recipients (Title V State MCH Programs and SPRANS Programs), tasked with completing iterative cycles of PDSA over a period of 12 to 18 months.
- Assure the adoption of quality improvement strategies among QI collaborative participants, such as timely data collection and data sharing, collaborative impact frameworks, and the integration of evidence-informed/evidence-based strategies.

2. Establish a set of national MCH oral health quality indicators for monitoring oral health care delivery within existing systems of care (10 Points)

The quality and extent to which the proposed project:

- Demonstrates a clear, realistic and time bound plan for **production of National MCH Oral Health Quality Indicators, including:**
 - Involvement of subject matter experts from essential MCH Oral Health sectors.
 - Selection of metrics that will illustrate performance and lead to the establishment of targets for national research.
 - A consensus-driven approach that builds upon current efforts in the oral health field and facilitates adoption by the public health and clinical systems.
- Demonstrates a clear, realistic, and time-bound plan for **application of National MCH Oral Health Indicators to policy and practice**, including:
 - Adoption by key stakeholders (i.e. professional groups and national organizations) that influence the systems serving the oral health needs of MCH populations.
 - Integration of the Quality Indicators throughout national, state and local health care and public health systems such as State Health Improvement Plans, community needs assessments, and health insurance plans.

3. Translate evidence to practice by developing and disseminating educational resources. (10 Points)

The quality and extent to which the proposed project demonstrates:

- **Capacity to develop** educational resources based on evidence-based science and practice, including the ability to address educational needs of stakeholders as well as align with Title V Oral Health Performance Measures and future Quality Indicators.
- **Capacity to disseminate** educational resources to a variety of audiences (key stakeholders, health care and public health systems) in a way which leads to measurable improvements in workforce capacity and improvements across health care and public health systems, including the HRSA-funded programs cited on Page 16.

Criterion 3: EVALUATIVE MEASURES (20 points) – Corresponds to Section IV’s Methodology, Evaluation and Technical Support Capacity

The strength and effectiveness of the method proposed to monitor and evaluate the process and achievement of your planned efforts, including:

- Evidence that the evaluative measures will be able to assess to what extent the program objectives have been met, identifying distinct metrics for each of the [three distinct functions](#) which collectively demonstrate improvements that will advance the five [key oral health intermediate outcomes](#) cited on Page 10 of the Background:
 - Function 1: Benchmarks for the delivery of technical assistance and training to two MCHB recipient cohorts using a quality improvement learning collaborative model.
 - Function 2: Benchmarks for assuring a consensus process to develop and apply National MCH Oral Health Quality Indicators to policy and practice.
 - Function 3: Benchmarks for assuring the effective development and dissemination of education resources designed to translate evidence to practice.
- Evidence that the evaluative measures include metrics that will clearly measure process and advancement across each of the [five intermediate outcomes](#).
- Alignment with the project’s logic model, clearly demonstrating the resources, activities and outputs relationship with short and long-term outcomes, including the [program objectives](#) listed on Page 4 of the Purpose section.
- Clear strategies for data collection.
- Demonstrate designated personnel whose technical capacity is adequate for performing data collection and analysis.
- If an external evaluator is proposed, the extent to which the applicant describes coordination of activities with the external partner(s).

Criterion 4: IMPACT (5 points) – Corresponds to Section IV’s Methodology and Impact

The feasibility and effectiveness of dissemination plans and support for successful integration of quality oral health care into targeted existing primary health care delivery systems that serve MCH populations.

- Letters of support demonstrate commitment to effectively change organizational policies and practices.
- Planned activities demonstrate a logical link to impacting subsequent decreases in oral health disparities among the most vulnerable MCH populations.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV’s Work Plan, Resolution of Challenges, Evaluation and Technical Support Capacity, and Organizational Information

The extent to which project personnel demonstrate capability through training or experience to implement and carry out the project and all its activities as set forward in the proposal. Specifically, the following criteria should be evaluated:

- The extent of executive or leadership experience the project director demonstrates in advancing maternal and child health issues at the national level, including evidence of being able to work collaboratively with peers representing a variety of organizations and disciplines, as well as effectively manage subcontract teams.
- The extent to which the applicant demonstrates that key professional and technical staff, including consortium partners, will join the project within 30 days of the project start date. If not, clear and convincing justification is available.
- The capacity of the key project staff and proposed consortium partners demonstrate expertise in the following domains: (1) clinical expertise in maternal and child health populations, (2) governance structures of public health systems; (3) systems administration and payment of oral health care; (4) quality improvement in public health and (5) health care data collection and evaluation.
- The extent to which the applicant ensures consortium partners and advisory team members have meaningful incentives for contributing to the success of the coalition’s activities, whether by serving to advance a member organization’s mission, through compensation for human resources invested in the process, or otherwise.
- The strength of evidence that the applicant organization and key staff have the capacity to effectively facilitate a group of diverse stakeholders to produce consensus on MCH oral health quality indicators which are ready for integration into health care and public health systems, including the testing of metrics that illustrates performance and setting targets for national research.
- The extent to which the Quality Indicators Advisory Team members demonstrate the expertise from a national and community/local perspective to guide the development of national MCH oral health quality indicators that can achieve quality driven, patient-centered systems change to address the oral health needs of the MCH populations in the communities being served.
- The strength of evidence that the applicant organization, key staff, and consortium partners have experience with data collection and analysis and QI methodology.
- The thoroughness of the applicant’s analysis of potential challenges across the span of the program, and the strength of the potential approaches to overcome those challenges.

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 research activities, and the anticipated results.

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which the budget includes at least two face-to-face meetings in the Washington, DC, area within each year of the project period.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives, including a Project Director and/or Project Manager, permanent staff of the applicant organization, with no less than 1.0 full-time equivalent (FTE) devoted to the project.

2. Review and Selection Process

The objective review provides advice to the individuals responsible for making award decisions. The highest ranked applications receive priority consideration for award within available funding. In addition to the ranking based on merit criteria, HRSA approving officials also may apply other factors in award selection, (e.g., geographical distribution), if specified below in this FOA. 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

The Health Resources and Services Administration may elect not to fund applicants with management or financial instability that directly relates to the organization’s ability to implement statutory, regulatory or other requirements ([45 CFR § 75.205](#)).

Applications receiving a favorable objective review that HRSA is considering for funding are reviewed for other considerations. These include, as applicable, cost analysis of the project/program budget, assessment of the applicant’s 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 awards 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, the HRSA 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 the applicant that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in [FAPIIS](#) in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in [45 CFR § 75.205 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 July, 1, 2017.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of July, 1, 2017. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's [SF-424 Application Guide](#).

3. Reporting

On June 10, 2016, the Office of Management and Budget approved MCHB to collect new performance measures from recipients as part of its Discretionary Grant Information System (DGIS). The new performance measures reflect MCHB's strategic and priority areas including financial and demographic information, health domain and program-specific measures, and program-specific measures that highlight the unique characteristics of discretionary grant projects that are not already captured. Collectively, these data communicate the MCHB "story" to a broad range of stakeholders on the role of the Bureau in addressing the needs of maternal and child health populations. These performance data will also serve several purposes, including recipient monitoring, performance reporting, MCHB program planning, and the ability to demonstrate alignment between MCHB discretionary programs and the MCH Title V Block Grant program.

These new performance measures will allow a more accurate and detailed picture of the full scope of activities supported by MCHB-administered grant/cooperative agreement programs, while reducing the overall number of performance measures from what was previously used. The Project Officer will assign a subset of measures relevant to the program for which the recipients will report. In addition to reporting on the new performance measures, recipients will continue to provide financial and program data.

The new reporting package can be reviewed at:

http://mchb.hrsa.gov/sites/default/files/mchb/Data/Discretionary_Grant_Information_System_Performance_Measure_Update.pdf.

New and continuing awards issued on or after October 1, 2016, will be required to report on the new measures. For successful competing continuation awards, recipients will report on their previous year activities (defined as those completed before October 1, 2016) using the forms and measures in DGIS as assigned in the previous FOA.

The release of the new DGIS Data Entry system to support this new performance data collection is planned for October 2017. Once the system has been developed and tested it will be available for recipients to submit performance reports. In order to ensure continuity in reporting, recipients will not report performance data until the system is available. However, recipients are expected to collect the information such that they may provide it through the system once it is available. Additional instructions will be provided on how to access and use the new DGIS once the new system opens for reporting.

The successful applicant under this FOA must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Progress Report(s).** The recipient must submit a progress report to HRSA on a **biannual** basis. 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.
- 3) **Performance Reports.** HRSA has modified its reporting requirements for SPRANS projects, CISS projects, and other grant/cooperative agreement programs administered by MCHB to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act, MCHB's authorizing legislation.

a) Performance Measures and Program Data

After the NoA is released, the Project Officer will inform recipients of the administrative forms and performances measures they must report.

b) Performance Reporting Timeline

Successful applicants receiving HRSA funds will be required, within 120 days of the Notice of Award (NoA), to register in HRSA's Electronic Handbooks (EHBs) and electronically complete the program-specific data forms that 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 NoA, to enter HRSA's EHBs and complete the program-specific forms. This requirement includes providing expenditure data, finalizing the abstract and grant/cooperative agreement summary data as well as finalizing indicators/scores for the performance measures.

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

Denise Boyer
Grants Management Specialist
Division of Grants Management Operations, OFAM
Maternal Child and Health Systems Branch
Health Resources and Services Administration
5600 Fishers Lane, Room 10N146B
Rockville, MD 20857

Telephone: (301) 594-4256
Fax: (301) 594-4073
E-mail: dboyer@hrsa.gov

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

Pamella Vodicka
Director, Oral Health Program
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18N50
Rockville, MD 20857
Telephone: (301) 442-2753
E-mail: PVodicka@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, seven days a week, excluding federal holidays at:

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

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET, 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:

A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements.

Additional information on developing logic models can be found at the following website:
<http://www.cdc.gov/eval/resources/>.

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a time line used during program implementation; the work plan provides the “how to” steps. Information on how to distinguish between a logic model and work plan can be found at the following website:

<http://www.cdc.gov/healthyouth/evaluation/pdf/brief5.pdf>.

Technical Assistance Call:

A technical assistance call will be held on Tuesday, December 20, 2016, at 2:00 P.M. Eastern Time. The Project Officer will provide an overview of the FOA and be available to answer questions until 300 P.M. Eastern Time. The technical assistance call will be recorded.

Conference Line: 1-866-796-4744

Password code: 3666409

The following meeting web link will be used to display the FOA:

https://hrsa.connectsolutions.com/hrsa-17-086_cohsii/

IX. Tips for Writing a Strong Application

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