

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**



**Health Resources & Services Administration**

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

***Newborn Screening Family Education Program***

**Funding Opportunity Number: HRSA-18-111**  
**Funding Opportunity Type(s): New**  
**Catalog of Federal Domestic Assistance (CFDA) Number: 93.110**

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2018

**Application Due Date: July 2, 2018**

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

**Issuance Date: May 2, 2018**

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Authority: Public Health Service Act, § 1109(a)(3) (42 U.S.C. 300b-8(a)(3))

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2018 for the Newborn Screening Family Education Program. The purpose of this program is to develop and deliver educational programs about newborn screening, counseling, testing, follow-up, treatment, and specialty services to parents, families, patient advocacy and support groups.

|   |   |
|---|---|
| Funding Opportunity Title:                          | Newborn Screening Family Education Program  |
| Funding Opportunity Number:                         | HRSA-18-111   |
| Due Date for Applications:                          | July 2, 2018  |
| Anticipated Total Annual Available FY 2018 Funding: | \$400,000   |
| Estimated Number and Type of Award(s):              | Up to one cooperative agreement   |
| Estimated Award Amount:                             | Up to \$400,000 per year  |
| Cost Sharing/Match Required:                        | No  |
| Period of Performance:                              | September 1, 2018 through August 31, 2023<br>(5 years)  |
| Eligible Applicants:                                | A state or a political subdivision of a state; a consortium of two or more states or political subdivisions of states; a territory; a health facility or program operated by or pursuant to a contract with or grant from the Indian Health Service; or any other domestic entity with appropriate expertise in newborn screening, as determined by the Secretary.<br><br>See <a href="#">Section III-1</a> of this notice of funding opportunity (NOFO), for complete eligibility information. |

### **Application Guide**

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

## **Technical Assistance**

HRSA has scheduled the following technical assistance webinar:

*Newborn Screening Family Education Program Pre-Application Webinar*

Day and Date: Thursday, May 24, 2018

Time: 2 p.m. – 3 p.m. ET

Call-In Number: 1-866-723-2075

Participant Code: 51349380

Weblink: <https://hrsa.connectsolutions.com/hrsa18111nbsfep/>

Please provide questions to the MCHB project officer prior to the scheduled webinar.

HRSA will record the technical assistance webinar and archive it at this website:

<https://mchb.hrsa.gov/fundingopportunities/default.aspx>.

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# **I. Program Funding Opportunity Description**

## **1. Purpose**

This program notice solicits applications for the Newborn Screening Family Education Program.

The purpose of the cooperative agreement is to develop and deliver educational programs about newborn screening, counseling, testing, follow-up and treatment, specialty services and support activities that increase awareness, knowledge, and understanding of newborn screening for parents, families, patient advocacy and support groups.

## **Program Goals**

The overall goal of the Newborn Screening Family Education Program is to reduce morbidity and mortality caused by heritable disorders in newborns and children by providing newborn screening education to parents and families. The expected impact of the program is improved health and well-being for infants and children at-risk for or affected with conditions identified through the newborn screening system.

## **Program Objectives**

The recipient is responsible for collecting data on the objectives below for the purposes of monitoring and evaluating the overall effectiveness of the program. The recipient is required to report on the program objectives every year of the project. Within the first year of the award, the recipient must establish and provide baselines for these objectives.

- By 2023, increase by 20 percent from baseline, the number of parents and families trained and educated on the newborn screening system annually.
- By 2023, increase by 15 percent from baseline, the number of partnerships to increase awareness of newborn screening and to facilitate the dissemination of materials to the target audiences.
- By 2023, increase by 20 percent from baseline the number of families/parents trained that report increased knowledge, skill, ability and self-efficacy to serve as leaders on newborn screening systems-level teams.
- By 2023, increase by 10 percent from baseline, the outreach to medically underserved populations and increase by 10 percent the number of medically underserved individuals that are aware of newborn screening and have access to information on the newborn screening system.

## Program Expectations

In order to achieve the goals and objectives of the programs, the recipient may consider the following activities:

- Establish a steering committee consisting of families, state newborn screening programs, hospital practitioners, community organizations, experts on privacy rights, and other stakeholders and experts within the field that will provide input and advice on accomplishing the goals of the program.
- Develop materials, tools, and training curricula that promote culturally sensitive education and shared decision-making regarding newborn screening for heritable disorders, and are at the appropriate literacy level for parents and other stakeholders. Materials should emphasize information needed at all stages of the newborn screening process.<sup>1</sup>
- Develop and implement a communication plan to reach medically underserved populations and rural communities.<sup>2</sup>
- Recruit and train diverse families, especially those from underserved communities, to be able to serve on policy/systems-level groups in their organizations or communities or at state or federal level.
- Engage families and maintain the involvement of families in all levels of the project, including:
  - Project planning, implementation, evaluation and improvement activities.
  - Development of strategies, tools and materials.
  - Recruitment of family representatives to serve on advisory committees and working groups.
- Build partnerships with healthcare professional, advocacy, and community organizations (e.g., Family-to-Family Health Information Centers; Maternal, Infant, Early Childhood Home Visiting Program; Association of Women’s Health; Obstetric and Neonatal Nurses; American College of Nurse-Midwives; American College of Medical Genetics and Genomics; American College of Obstetricians and Gynecologists; Society for Inherited Metabolic Disorders; American Academy of Pediatrics; disease specific advocacy organizations, etc.) to facilitate information dissemination about available services and support for expectant parents and parents of infants newly diagnosed with a condition detected through newborn screening.
- Collaborate with other federally funded programs related to newborn screening to reduce duplication such as the HRSA-funded newborn screening programs including the Newborn Screening Data Repository and Technical Assistance Center, the Newborn Screening Clearinghouse, and the Quality Improvement in Newborn Screening Program (HRSA-18-070).
- Create and implement an evaluation plan to measure program impact.
- Develop a sustainability plan for the project to support the project beyond the federal funding period.

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<sup>1</sup> Any materials, tools, training curricula, websites or communication plan developed cannot duplicate information that is already found on the national Newborn Screening Clearinghouse (.gov) site.

## 2. Background

This program is authorized by Public Health Service Act, § 1109(a)(3) (42 U.S.C. 300b-8(a)(3)), which requires HRSA, as the Secretary of the Department of Health and Human Services' (HHS) delegate, to award grants to eligible entities to enable such entities to carry out the purpose as listed above.

Newborn screening is a successful state and territorial public health program that saves and improves the lives of thousands of babies each year in the United States. Four million newborns each year are tested for at least 29 conditions on the Recommended Uniform Screening Panel (RUSP), a list of conditions adopted by the Secretary of HHS and recommended for states to screen for in their newborn screening programs. These conditions require early screening, intervention and treatment to mitigate brain and organ damage, severe illness, and life-threatening complications associated with these conditions.

With the expansion of newborn screening, there continues to be a need to engage families, especially families that are medically underserved, to ensure that they have the information they need about newborn screening when they need it: 1) prenatally, 2) at birth (time of screening), and 3) following diagnosis. In addition, there is a lack of knowledge among parents of infants about newborn screening and for those receiving an out-of-range result, why their child needs additional testing.<sup>2,3</sup> This lack of knowledge is exacerbated among less educated populations who are even more challenged by the complex nature of the subject matter.<sup>4</sup>

## II. Award Information

### 1. Type of Application and Award

Type(s) of applications sought: New

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

#### **HRSA Program involvement will include:**

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, HRSA Program responsibilities shall include:

- Participation in meetings conducted during the period of the cooperative agreement.

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<sup>2</sup> Newcomb P, True B, Walsh J et al. Maternal attitudes and knowledge about newborn screening. MCN Am J Matern Child Nurs. 2013;38(5):289-94

<sup>3</sup> Gurian EA et al. Expanded newborn screening for biochemical disorders: The effect of a false-positive result. Pediatrics. 2006; 117(6):1915-21.

<sup>4</sup> DeLuca J, Kearney MH, Norton SA et al. Internet use by parents of infants with positive newborn screens. J Inherit Metab Dis. 2012;35:879-84

- Ongoing review of activities and procedures established and implemented for accomplishing the scope of work.
- Review of products and project information prior to dissemination.
- Review of information on project activities.
- Assistance establishing and facilitating effective collaborative relationships with federal and state agencies, HRSA-funded grants, and other entities that may be relevant to the project's mission.
- Provision of information resources.
- Review any materials or website information developed by the recipient to ensure there is no duplication with the Newborn Screening Clearinghouse (.gov) website.

**The cooperative agreement recipient responsibilities will include:**

- Completing activities proposed in response to the NOFO.
- Collaborating with HRSA on ongoing review of activities, procedures and budget items, information/publications prior to dissemination, contracts and interagency agreements.
- Providing ongoing, timely communication and collaboration with the federal project officer.
- Providing the federal project officer opportunity to review documents and products prior to dissemination.
- Working with the federal project officer to review information on project activities as described within this notice.
- Establishing contacts that may be relevant to the project's mission such as federal and non-federal partners, and other HRSA projects that may be relevant to the project's mission.
- Collaborating with other federally funded programs on newborn screening to create synergies of effort and to reduce duplication.
- Providing assurances that the amounts received under this program will be used to implement the guidelines and recommendations of the Advisory Committee that are adopted by the Secretary and support the screening of each newborn for the heritable disorders recommended by the Advisory Committee and adopted by the Secretary.
- Ensure no duplication occurs in regards to information available on the national Newborn Screening Clearinghouse (.gov) website and the information created and used by the recipient. If HRSA deems duplication has occurred (or will occur), the recipient must take action to rectify the situation.

**Data Rights**

All publications the cooperative agreement recipient develops or purchases with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to [45 CFR § 75.322\(b\)](#), the cooperative agreement recipient owns the copyright for materials that it develops under this cooperative agreement, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this cooperative agreement and has the right to authorize others to receive, reproduce, publish, or



otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by other researchers. The specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the Notice of Award (NOA). Data and copyright-protected works developed by a sub-recipient also are subject to the Federal Government's copyright license and data rights.

## **2. Summary of Funding**

HRSA expects approximately \$400,000 to be available to fund one recipient. You may apply for a ceiling amount of up to \$400,000 total cost (includes both direct and indirect, facilities and administrative costs) per year.

The period of performance is September 1, 2018 through August 31, 2023 (5 years). Funding beyond the first year is dependent on the availability of appropriated funds for the Newborn Screening Programs in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles and Audit Requirements at [45 CFR part 75](#).

## **III. Eligibility Information**

### **1. Eligible Applicants**

A state or a political subdivision of a state; a consortium of two or more states or political subdivisions of states; a territory; a health facility or program operated by or pursuant to a contract with or grant from the Indian Health Service; or any other domestic entity with appropriate expertise in newborn screening.

### **2. Cost Sharing/Matching**

Cost sharing/matching is not required for this program.

### **3. Other**

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice. HRSA will consider applicants that apply for both programs non-responsive and will not be consider them for funding under this notice.

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

NOTE: Multiple applications from an organization are not allowable.

## IV. Application and Submission Information

### 1. Address to Request Application Package

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

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing this notice of funding opportunity (NOFO) (also known as “Instructions” on Grants.gov) or workspace application package. This allows Grants.gov to email organizations in the event HRSA changes and/or republishes the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. Please note you are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to desired opportunities.

### 2. Content and Form of Application Submission

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

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

#### **Application Page Limit**

The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narrative, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the application package do not count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

## **Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
- 3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachment 8: Other Relevant Documents.

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

## **Program-Specific Instructions**

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

### ***i. Project Abstract***

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

### ***ii. Project Narrative***

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

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

- ***INTRODUCTION -- Corresponds to Section V's Review Criterion (1) Need***  
This section must briefly describe the purpose of the proposed project. You must include a discussion that demonstrates an expert understanding of the goals, expectations, and objectives of the program. Include a brief discussion of the target underserved populations and their needs regarding access to newborn screening information and the challenges reaching underserved populations.
- ***NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion (1) Need***
  - Outline the needs of the community and/or organization.
  - Describe and document the target population and its unmet educational, resource and support needs.
  - Use and cite demographic data whenever possible to support the information provided. Include any relevant barriers in the service area that the project hopes to overcome as well as socio-cultural determinants of health and health disparities impacting the populations or communities served and unmet.
  - Describe the various needs of underserved populations and specific barriers that exist that prevent them from gaining knowledge of the newborn screening

system. A focus of this funding cycle is to reach underserved populations who, by nature of their geographic location, socioeconomic status, race, ethnicity and/or language barriers, may not have the same opportunity to access information, materials, and resources.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion (2) Response*
  - Propose methods that you will use to address the stated needs and meet each of the applicable previously described program objectives and expectations in this NOFO. As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination.
  - Include a plan to disseminate reports, products, and/or project outputs to provide project information to key target audiences and the public.
  - Propose a plan for sustainability for the project beyond federal funding period.

Be sure to include how you will achieve the following activities:

- Establish a steering committee consisting of families, state newborn screening programs, hospital practitioners, community organizations, experts on privacy rights, and other stakeholders and experts within the field that will provide input and advice on the accomplishing the goals of the program.
- Develop materials, tools, and training curricula that promote culturally sensitive education and shared decision-making regarding newborn screening for heritable disorders and is at the appropriate literacy level for parents and other stakeholders. Materials should emphasize information needed prenatally, at the time of birth about newborn screening, what happens if a newborn screen is out-of-range, and follow up for a confirmed diagnosis.
- Develop and implement a plan to reach medically underserved populations and rural communities.
- Recruit and train diverse families, especially those from underserved communities, to be able to serve on policy/systems-level groups in their organizations or communities or at state or federal level.
- Engage and maintain the involvement of families in all levels of the project, including:
  - Project planning, implementation, evaluation and improvement activities.
  - The development of strategies, tools and materials.
  - The recruitment of family representatives on advisory committees and working groups.
- Build partnerships with healthcare professional, advocacy, and community organizations (e.g., Family-to-Family Health Information Centers; Maternal, Infant, Early Childhood Home Visiting Program; Association of Women's Health; Obstetric and Neonatal Nurses; American College of Nurse-Midwives; American College of Medical Genetics and Genomics; American College of Obstetricians and Gynecologists; Society for Inherited Metabolic Disorders; American Academy of Pediatrics; disease specific advocacy organizations, etc.) to facilitate information dissemination about available services and support for expectant parents and parents of infants newly diagnosed with a condition detected through newborn screening.

- Collaborate with other federally funded programs related to newborn screening to reduce duplication such as the HRSA-funded newborn screening programs including the Newborn Screening Clearinghouse, and the Quality Improvement in Newborn Screening Program (HRSA-18-070).
  - Create and implement an evaluation plan to measure program impact.
  - Develop a sustainability plan for the project to support the project beyond federal funding period.
- *WORK PLAN -- Corresponds to Section V's Review Criteria) (2) Response and (4) Impact*
- Describe the activities or steps that you will use to achieve each of the requirements and objectives proposed during the entire period of performance in the Methodology section (Attachment 1). Use a timeline that includes each activity and identifies responsible staff. Identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and further, to the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the population and communities served.
  - Identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application.

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

- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products or deliverables of program activities), and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion (2) Response*
  - Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.
  - Specifically, discuss the approaches of resolving challenges for the following:
    - Establishing partnerships with different stakeholders.
    - Reaching medically underserved populations with multiple barriers.
  
- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria (3) Evaluative Measures and (5) Resources/Capabilities*
  - Describe the plan for the program performance evaluation to monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities. The program performance evaluation should include monitoring of ongoing processes and the progress towards the goals, program requirements, and objectives of the project listed under Section I.1 in this NOFO, including specific, measurable, attainable, and realistic and time bound (SMART) objectives.
  - Describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery.
  - Describe any potential obstacles performance evaluation and your plan to address those obstacles.
  - Describe a plan to use data to demonstrate the impact of the program.
  - Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management).
  - Describe the methods that you will use to reach and track access by underserved and diverse populations.

Technical Support Capacity:

- Describe the technological capacity in place to disseminate information to various populations, including medically underserved populations.
  
- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion (5) Resources/Capabilities*
  - Succinctly describe your organization's current mission and structure, scope of current activities, including an organizational chart, and describe how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations.
  - Describe qualifications, expertise, and experience working with newborn screening stakeholders including families, medical professionals, state

- newborn screening programs, other federally funded newborn screening programs, disease specific advocacy groups, and the general public.
- Provide information on time allocation for all key staff on proposed project activities.
- A steering committee should help advise you on project activities. Include information on the project steering committee and what expertise will be represented within the steering committee:
  - Describe how the expertise and input of the members will guide the project.
- Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.
- Describe how the organization has the capacity to meet the unique needs of states to provide technical assistance for this program.
- Provide assurances that you will use the amounts received under this program to implement the guidelines and recommendations of the Advisory Committee that are adopted by the Secretary and support the screening of each newborn for the heritable disorders recommended by the Advisory Committee and adopted by the Secretary.

| <b>NARRATIVE GUIDANCE</b>   |   |
|---|---|
| To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. |   |
| <b><u>Narrative Section</u></b>   | <b><u>Review Criteria</u></b>                             |
| Introduction  | (1) Need  |
| Needs Assessment  | (1) Need  |
| Methodology   | (2) Response  |
| Work Plan   | (2) Response, (4) Impact                                  |
| Resolution of Challenges  | (2) Response  |
| Evaluation and Technical Support Capacity   | (3) Evaluative Measures and<br>(5) Resources/Capabilities |
| Organizational Information  | (5) Resources/Capabilities                                |
| Budget and Budget Narrative (below)   | (6) Support Requested                                     |

**iii. Budget**

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

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

The Consolidated Appropriations Act, 2018 (P.L. 115-141), Division H, § 202 states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” See Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in FY 2019, as required by law.

**iv. Budget Narrative**

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

***Temporary Reassignment of State and Local Personnel during a Public Health Emergency***

Section 201 of the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 (PAHPRA), Public Law 113-5 amends section 319 of the Public Health Service (PHS) Act to provide the Secretary of the Department of Health and Human Services (HHS) with discretion to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency upon request by a state or tribal organization. The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to be reassigned on a voluntary basis to immediately respond to the public health emergency in the affected jurisdiction. Funds provided under the award may be used to support personnel who are temporarily reassigned in accordance with section 319(e). This authority terminates September 30, 2018. Please reference detailed information available on the Assistant Secretary for Preparedness and Response (ASPR) website via <http://www.phe.gov/Preparedness/legal/pahpa/section201/Pages/default.aspx>.

**v. Program-Specific Forms**

Program-specific forms are not required for application.

**vi. Attachments**

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

*Attachment 1: Work Plan and Logic Model*

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative. Also include the required logic model in this



attachment. If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly documented.

*Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's [SF-424 Application Guide](#))*

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

*Attachment 3: Biographical Sketches of Key Personnel*

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

*Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)*

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be signed and dated.

*Attachment 5: Project Organizational Chart*

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

*Attachment 6: Tables, Charts, etc.*

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

*Attachment 7: For Multi-Year Budgets--5<sup>th</sup> Year Budget (NOT counted in page limit), if applicable*

Use columns (1) through (4) of the SF-424A Section B for the first 4 years of the period of performance. In addition, you will need to submit the budget for the 5<sup>th</sup> year as an attachment. Use the SF-424A Section B. See Section 4.1.iv of HRSA's [SF-424 Application Guide](#)

*Attachments 8 – 15: Other Relevant Documents*

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

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

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

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

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

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

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

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

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

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

### 4. Submission Dates and Times

#### Application Due Date

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

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

## 5. Intergovernmental Review

The Newborn Screening Programs are not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA’s [SF-424 Application Guide](#) for additional information.

## 6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than \$400,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project’s objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

- 1) Providing cash payments to or on behalf of affected individuals.
- 2) Providing inpatient services.
- 3) Purchasing land or making capital improvements to property.
- 4) Providing for proprietary research or training.
- 5) Developing or supporting a website.

Per the PHS Act § 1109(g) SUPPLEMENT NOT SUPPLANT.— Funds appropriated under this section shall be used to supplement and not supplant other federal, state, and local public funds provided for activities of the type described in this NOFO. Funds may not be used to duplicate information on the national Newborn Screening Clearinghouse (.gov) website.

The General Provisions in Division H of the Consolidated Appropriations Act, 2018 (P.L. 115-141) apply to this program. Please see Section 4.1 of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in FY2019, as required by law.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures and controls is subject to audit.

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

## 7. Other Submission Requirements

Per Public Health Service Act, § 1109:  
(c) Approval factors

An application for a grant under this section shall not be approved by the Secretary unless the application contains assurances that the eligible entity has adopted and implemented, is in the process of adopting and implementing, or will use amounts received under such grant to adopt and implement the guidelines and recommendations of the Advisory Committee that are adopted by the Secretary and in effect at the time the grant is awarded or renewed under this section, which shall include the screening of each newborn for the heritable disorders recommended by the Advisory Committee and adopted by the Secretary.

## V. Application Review Information

### 1. Review Criteria

HRSA has instituted procedures for assessing the technical merit of applications to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. HRSA has developed critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. See the review criteria outlined below with specific detail and scoring points.

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

Review criteria are used to review and rank applications. The Newborn Screening Family Education Program has six review criteria:

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

- The extent to which the application describes the purpose of the proposed project including the target populations and their needs.
- The extent to which the application use and cite demographic data whenever possible to support the information provided and include any relevant barriers in the service area.
- The extent to which the application describes and documents the target population(s) and unmet educational, resource and support needs and includes the various needs of underserved populations, and specific barriers that exist to prevent them from gaining knowledge of the newborn screening system.

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

The extent to which the proposed project responds to the "Purpose" in Section I of this NOFO. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other)

described in the application are capable of addressing the problem and attaining the project objectives.

#### *Implementation Activities (10 points)*

The extent to which the applicant describes an effective approach to:

- Establishing a steering committee consisting of families, state newborn screening programs, hospital practitioners, community organizations, experts on privacy rights, and other stakeholders and experts within the field that will provide input and advice on the accomplishing the goals of the program.
- Developing and implementing a plan to reach medically underserved populations and rural communities.
- Developing a sustainability plan for the project to support the project beyond federal funding period.

#### *Development of Tools and Training (15 points)*

The extent to which the applicant describes an effective approach to:

- Raising awareness of newborn screening using effective marketing tools and strategies.
- Developing materials, tools, and training curricula that promote culturally sensitive education and decision-making regarding newborn screening for heritable disorders, and are at the appropriate literacy level for parents and other stakeholders. Materials should emphasize information needed prenatally, at the time of birth (screening) about newborn screening, what happens if a newborn screen is out-of-range, and follow up to confirm diagnosis.
- Recruiting and training diverse families, especially those from underserved communities, to be able to serve on policy/systems-level groups in their organizations or communities or at state or federal level.

#### *Collaboration (15 points)*

The extent to which the applicant describes an effective approach:

- Engaging and maintaining the involvement of families in all levels of the project, including:
  - Project planning, implementation, evaluation and improvement activities.
  - The development of strategies, tools and materials.
  - The recruitment of family representatives on advisory committees and working groups.
- Build partnerships with healthcare professional, advocacy, and community organizations (e.g., Family-to-Family Health Information Centers; Maternal, Infant, Early Childhood Home Visiting Program; Association of Women's Health; Obstetric and Neonatal Nurses; American College of Nurse-Midwives; American College of Medical Genetics and Genomics; American College of Obstetricians and Gynecologists; Society for Inherited Metabolic Disorders; American Academy of Pediatrics; disease specific advocacy organizations, etc.) to facilitate information dissemination about available services and support for expectant parents and parents of infants newly diagnosed with a condition detected through newborn screening.

- Collaborating with other federally funded programs related to newborn screening to reduce duplication such as the HRSA-funded newborn screening programs including the Newborn Screening Clearinghouse and the Quality Improvement in Newborn Screening Program (HRSA-18-070).

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

The extent to which the application describes:

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project. The program performance evaluation should include monitoring of ongoing processes and the progress towards the goals, program requirements, objectives, and impact. The extent to which a data collection strategy that describes methodology for collection, analysis, and tracking of data that measure process and impact outcomes, and explains how the data will be used to inform program development and service delivery.

*Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Work Plan*

The extent to which the applicant describes:

The feasibility and effectiveness of plans for dissemination of project results, and the extent to which project results may be national in scope, and the degree to which the project activities are replicable, and the program is sustainable beyond the federal funding.

*Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's*

*Work Plan, Evaluation and Technical Support Capacity and Organizational Information*

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

The extent to which the applicant describes the:

- Organization's current mission and structure, scope of current activities, including an organizational chart, and describes how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations.
- Support for provisions of culturally and linguistically competent and health literate services.
- Qualifications, expertise, and experience working with newborn screening stakeholders including families, medical professionals, state newborn screening programs, other federally funded newborn screening programs, disease specific

- advocacy groups, and the general public.
- Time allocation for all key staff on proposed project activities.
- Steering committee expertise and how input will be used to advise the project.
- The organization's capacity to lead a national program and meet the unique needs of states to provide technical assistance for this program.
- Assurances that the amounts received under this program will be used to implement the guidelines and recommendations of the Advisory Committee that are adopted by the Secretary and support the screening of each newborn for the heritable disorders recommended by the Advisory Committee and adopted by the Secretary.
- Experience working with newborn screening stakeholders including families, medical professionals, state newborn screening programs, community based organizations, and the general public and reaching and working with diverse populations.
- A strategy to disseminate information to various populations, including medically underserved populations.

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

The extent to which:

- Costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- Key personnel have adequate time devoted to the project to achieve project objectives.

## **2. Review and Selection Process**

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

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

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

## **3. Assessment of Risk and Other Pre-Award Activities**

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

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those

requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or “other support” information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA’s approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

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

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

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

#### **4. Anticipated Announcement and Award Dates**

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

## **VI. Award Administration Information**

### **1. Award Notices**

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

### **2. Administrative and National Policy Requirements**

See Section 2.1 of HRSA’s [SF-424 Application Guide](#).

#### **Requirements under Subawards and Contracts under Grants:**

The terms and conditions in the Notice of Award (NOA) apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also



apply to subrecipients and contractors under grants, unless the NOA specifies an exception. See [45 CFR § 75.101 Applicability](#) for more details.

### **Human Subjects Protection:**

Federal regulations ([45 CFR part 46](#)) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

### **3. Reporting**

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

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

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

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

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

### a) Performance Measures and Program Data

To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are at [https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UK5\\_1.HTML](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UK5_1.HTML) and below.

| <b>Administrative Forms</b>  |                            |  |                              |
|--|----------------------------|--|------------------------------|
| Form 1, Project Budget Details<br>Form 2, Project Funding Profile<br>Form 3: Budget Details by Types of Individuals Served<br>Form 4, Project Budget and Expenditures<br>Form 6, Maternal & Child Health Discretionary Grant<br>Form 7, Discretionary Grant Project<br>Products, Publications, and Submissions Data Collection Form<br>TA/Collaboration Form |                            |  |                              |
| <b>Updated DGIS Performance Measures, Numbering by Domain</b><br><i>(All Performance Measures are revised from the previous OMB package)</i>   |                            |  |                              |
| <b>Performance Measure</b>   | <b>New/Revised Measure</b> | <b>Prior PM Number (if applicable)</b> | <b>Topic</b>                 |
| <b>Core</b>  |                            |  |                              |
| Core 1   | New                        | N/A                                    | Grant Impact                 |
| Core 2   | New                        | N/A                                    | Quality Improvement          |
| Core 3   | New                        | N/A                                    | Health Equity – MCH Outcomes |
| <b>Capacity Building</b>   |                            |  |                              |
| CB 3   | New                        | N/A                                    | Impact Measurement           |
| CB 4   | Revised                    | 5                                      | Sustainability               |
| <b>Perinatal Infant Health</b>   |                            |  |                              |
| PIH 3  | New                        | N/A                                    | Newborn Screening            |
| <b>Children and Youth with Special Health Care Needs</b>   |                            |  |                              |
| CSHCN 1  | Revised                    | 7                                      | Family Engagement            |

## **b) Performance Reporting Timeline**

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

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

## **c) Period of performance End Performance Reporting**

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

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

## **VII. Agency Contacts**

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

Marc Horner  
Grants Management Specialist  
Division of Grants Management Operations, OFAMHealth Resources and Services  
Administration  
5600 Fishers Lane, Room 11-103  
Rockville, MD 20857  
Phone: (301) 443-4888  
Fax: (301) 443-6686  
Email: [mhorner@hrsa.gov](mailto:mhorner@hrsa.gov)

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

Andrea M. Matthews  
Public Health Analyst  
Attn: Newborn Screening Programs  
Maternal and Child Health Bureau  
Health Resources and Services Administration  
5600 Fishers Lane, Room 18W05-A  
Rockville, MD 20857  
Telephone: (301) 945-3062  
Fax: (301) 594-0878  
Email: [amatthews@hrsa.gov](mailto:amatthews@hrsa.gov)

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

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

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

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

## **VIII. Other Information**

### **Logic Models**

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

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

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

## **Technical Assistance**

HRSA has scheduled the following technical assistance webinar:

*Newborn Screening Family Education Program Pre-Application Webinar*

Day and Date: Thursday, May 24, 2018

Time: 2 p.m. – 3 p.m. ET

Call-In Number: 1-866-723-2075

Participant Code: 51349380

Weblink: <https://hrsa.connectsolutions.com/hrsa18111nbsfep/>

Please provide questions to the MCHB project officer prior to the scheduled webinar.

HRSA will record the technical assistance webinar and archive it at this website:

<https://mchb.hrsa.gov/fundingopportunities/default.aspx>.

## **Tips for Writing a Strong Application**

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