








Healthy Tomorrows Partnership for Children Program (HTPCP)

Opportunity number: HRSA-25-019



Contents

Before you begin	4
 Step 1: Review the Opportunity	5
Basic information	6
Eligibility	7
Program description	9
Award information	14
 Step 2: Get Ready to Apply	16
Get registered	17
Find the application package	17
Application writing help	17
 Step 3: Prepare Your Application	19
Application contents and format	20
 Step 4: Learn About Review and Award	28
Application review	29
Selection process	33
Award notices	34
 Step 5: Submit Your Application	35
Application submission and deadlines	36
Application checklist	37
 Step 6: Learn What Happens After Award	39
Post-award requirements and administration	40
 Contacts and Support	45

Appendix: Community-Based Project Examples	<u>48</u>
--	-----------

Endnotes	<u>49</u>
----------	-----------



Before you begin

If you believe you are a good candidate for this funding opportunity, secure your [SAM.gov](#) and [Grants.gov](#) registrations now. If you are already registered, make sure your registrations are active and up-to-date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

[See Step 2: Get Ready to Apply](#)

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

[See Step 2: Get Ready to Apply](#)

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on March 17, 2025.



To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.



Step 1:

Review the Opportunity

In this step

Basic information	6
Eligibility	7
Program description	9
Award information	14

Basic information

Health Resources and Services Administration (HRSA)

Maternal and Child Health Bureau

Division of Maternal and Child Health Workforce Development

Funding community-based projects to increase access to children's health services.

Summary

The purpose of the Healthy Tomorrows Partnership for Children Program (HTPCP) is to support community-based projects that promote access to preventive clinical and public health services for underserved children. The program will:

- Build and strengthen maternal and child health (MCH) partnerships.
- Engage people with lived experience in advisory boards and project activities.
- Develop sustainability plans to support lasting MCH population health improvements.

Your proposed community-based project is expected to align with at least one of the following child health topics:

- Children's behavioral health screenings and referrals.
- Children's immunizations.
- Adolescents' well-visits.

Funding details

Application types: Competing continuation, new

Expected total available funding in FY 2025: \$450,000

Expected number and type of awards: 6 [grants](#)

Funding range per award: Up to \$75,000 per year

We plan to fund awards in five 12-month budget periods for a total five-year period of performance of July 1, 2025, to June 30, 2030.

The program and awards depend on the appropriation of funds and are subject to change based on the availability and amount of appropriations.



Have questions?

Go to [Contacts and Support](#).

Key facts

Opportunity name:

Healthy Tomorrows Partnership for Children Program (HTPCP)

Opportunity number:

HRSA-25-019

Announcement version:

New

Federal assistance listing:

93.110

Statutory authority:

42 U.S.C. §701(a)(2) (Title V, § 501(a)(2) of the Social Security Act)

Key dates

NOFO issue date:

December 17, 2024

Informational webinar:

Jan 7, 2025

Application deadline:

March 17, 2025

Expected award date is

by: July 1, 2025

Expected start date:

July 1, 2025

See [other submissions](#) for other time frames that may apply to this NOFO.

Eligibility

Who can apply

Types of eligible organizations

These types of domestic* organizations may apply:

- Public institutions of higher education.
- Private institutions of higher education.
- Nonprofits with or without a 501(c)(3) IRS status.
- For-profit organizations, including small businesses.
- State, county, city, township, and special district governments, including the District of Columbia, domestic territories, and the freely associated states.
- Independent school districts.
- Native American tribal governments.
- Native American tribal organizations.

* “Domestic” means the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau.

Individuals are not eligible applicants under this NOFO.

Other eligibility criteria

Completeness and responsiveness criteria

We will review your application to make sure it meets these basic requirements to move forward in the competition.

We will not consider an application that:

- Is from an organization that does not meet all eligibility criteria.
- Requests funding above the award ceiling shown in the [funding range](#).
- Is submitted after the [deadline](#).
- Proposes a research project.
- Does not align with at least one of the following child health topics:
 - Children's behavioral health screenings and referrals.
 - Children's immunizations.
 - Adolescents' well-visits.

Application limits

You may not submit more than one application. If you submit more than one application, we will only accept the last on-time submission.

Cost sharing

This program has a cost-sharing requirement. Under [42 CFR § 51a.8\(c\)](#), award recipients of the Healthy Tomorrows Partnership for Children Program **must contribute non-federal matching funds in years 2 through 5 of the 5-year period of performance equal to two times the amount of the federal grant award** (i.e., if the federal grant award is for \$75,000, then the matching requirement is \$150,000) or such lesser amount determined by the Secretary for good cause shown. The matching funds must come from non-federal funds, including, but not limited to, individuals, corporations, foundations, in-kind resources, and/or state and local agencies.

If you choose to share in the costs of the project beyond the match requirement, we will not consider it during merit review. We will hold you accountable for any funds you add, including through reporting.

Program description

Purpose

The purpose of the Healthy Tomorrows Partnership for Children Program (HTPCP) is to support community-based projects that promote access to preventive clinical and public health services for underserved children.

Program goal and objectives

The program goal is to support community-based projects to improve access to one or more of the following in underserved communities:

- Children’s behavioral health screening and referrals.
- Children’s immunizations.
- Adolescents’ well-visits.

The program objectives to be accomplished during the period of performance include:

- Implement an evidence-informed or evidence-based preventive clinical or public health community-based project with at least one measurable outcome that aligns with your selected child health topic.
- Build or strengthen at least three partnerships with maternal and child health (MCH) programs, including one partnership with a HRSA [Title V Maternal and Child Health Services Block Grant](#) recipient.
- Engage people with lived experience in the advisory board and project activities.
- Develop a sustainability plan to support MCH population health improvements that includes at least three community partnerships and at least one funding strategy.

About MCHB and Strategic Plan

The HRSA Maternal and Child Health Bureau (MCHB) administers programs with focus areas in maternal and women’s health, adolescent and young adult health, perinatal and infant health, child health, and children with special health care needs.

To learn more about MCHB and the Bureau’s Strategic Plan, visit [Mission, Vision, and Work | MCHB](#).

Background

Childhood is an important stage of growth and development, with experiences during this period impacting lifelong health.^[1] Recent data highlights concerning trends in three child health topics: children's behavioral health, children's immunizations, and adolescent well-visits. Research demonstrates that community-based projects are well-positioned to improve health equity^[2] and child health outcomes if the projects are informed by the communities where children live, learn, and play.^{[3],[4]}

In 2022, there were 72.5 million children in the United States ages 0 to 17 years old.^[5] Approximately 25% of children ages 3 to 17 years (15.2 million children) have one or more reported mental, emotional, developmental, or behavioral conditions, but only 59% receive mental health treatment or counseling.^[6] Access to mental, emotional, developmental, or behavioral services such as screening, referrals, and treatment varies by race, ethnicity, socioeconomic status, and geographic area.^{[7],[8],[9],[10]}

The percentage of children receiving age-appropriate immunizations has declined in recent years,^[11] and there are sociodemographic and geographic disparities^[12] in vaccine coverage. Coverage is lower among low-income, uninsured, rural, Black, and Hispanic children.^[13]

The National Survey of Children's Health reports that since 2019, there has been a decline in the percentage of adolescents ages 12 to 17 who have had one or more well-visit in the past year.^[6] Fewer children from underserved racial and ethnic groups have had a preventive medical visit in the past year.^[6]

In response to these trends, the Health Resources and Services Administration (HRSA) supports the Healthy Tomorrows Partnership for Children Program (HTPCP) to increase access to preventive clinical and public health services for underserved populations. Since 1989, the HTPCP has reached over 1.8 million individuals in rural and other underserved communities through 355 projects in 49 states, the District of Columbia, and two U.S. territories.^[14] In 2022, 66% of people served by the HTPCP identified as Hispanic or Latino, and 31% of people identified as American Indian or Alaska Native, Asian, Black or African American, or more than one race.^[14] HTPCP projects and partnerships are sustained after federal funding ends: Over 87% of projects continue for two or more years after federal funding ends, and over 90% of partnerships are sustained five years post-funding.^[15]

Program requirements and expectations

Your proposed project should be a new community-based project or should build on, expand, or enhance an existing community-based project—for example, expanding services by adding a new component. Previous HTPCP recipients may apply for this notice of funding opportunity if they are proposing a new or expanded project. You may not propose a research project.

To achieve the goals and objectives stated in the [purpose](#) section, you are expected to:

- Implement a community-based project that aligns with at least one of these (called “child health topic(s)” moving forward):
 - Children’s behavioral health screenings and referrals.
 - Children’s immunizations.
 - Adolescents’ well-visits.
- (See [Appendix](#) for examples)
- Design and implement a community-based project that:
 - Is evidence-informed or evidence-based.^[16]
 - Is informed by and uses Bright Futures guidelines, tools, and resources.^{[17],[18]}
 - Uses approaches to improve population health and address the Social Determinants of Health (SDOH).^[19]
 - Is culturally and linguistically responsive^[20] to the target population and includes strategies for addressing differing social, cultural, and health practices.
 - Includes patient- or family-centered medical home approaches.^[21]
 - Reaches populations that are underserved^[22] and have documented needs in your selected child health topics.
 - Involves family members, youth, and community members in all aspects of the project.
- Build or strengthen collaborations with MCH partners, including, but not limited to:
 - At least one pediatric provider or another health care professional, such as a social worker, psychologist, or community health worker.
 - At least one Title V recipient in your state or region.
 - [MCHB-funded training programs](#) or other academic institutions in your state or region.
- Establish and run an advisory board to guide project design, implementation, evaluation, reporting, and sustainability. The advisory board should:

- Include at least one family member, youth, community member, or other person with lived experience relevant to your project.^[23]
- Include pediatric providers, other health care professionals (for example, social workers, psychologists, community health workers), and others with expertise in your selected child health topic.
- Hold at least two meetings each year to gather feedback to improve the project.
- Participate in MCHB technical assistance activities, including but not limited to:
 - Recipient calls, which will take place at least quarterly.
 - A technical assistance visit during the period of performance.
- Develop a sustainability plan to ensure your project will continue after federal funding ends. Your sustainability plan should identify:
 - At least three collaborative partnerships.
 - At least one new funding strategy.
- Choose a project director (PD) who will have direct, day-to-day responsibility for project activities. The PD should:
 - Be an employee of the applicant organization.
 - Have expertise in preventive clinical or public health community-based projects and activities that align with your selected child health topic.
 - Commit at least 10 percent of their time to the project, which may be a combination of grant and in-kind support. The 10 percent effort cannot be shared by two employees.

Performance measurement, evaluation, and continuous quality improvement (CQI)

We expect you to measure your performance, participate in program evaluation, and conduct continuous quality improvement (CQI) activities. You are expected to:

Performance Measurement

- Measure performance on key activities and program objectives.
 - Report on Discretionary Grants Information System (DGIS) measures noted in the [Reporting](#) section.

- By the end of the period of performance, you are expected to report on at least one measurable health-related outcome for your target population that aligns with the child health topic you selected. For example:
 - Increasing the number or percentage of children receiving behavioral health screenings or referrals.
 - Increasing the number or percentage of children receiving age-appropriate immunizations.
 - Increasing the number or percentage of adolescents who have had a preventive medical visit in the past year.
- Collect data that demonstrates the impact of your project on the target population and measurable outcomes specific to your selected child health topic. Your state Title V program or local health agency may be able to provide data to demonstrate the impact of your project.
- Partner with MCHB and other HTPCP recipients after award to identify or develop additional measures that will demonstrate the impact of your HTPCP program on improving child health outcomes.
- Report on measures and project activities that align with program goals and objectives in the noncompeting continuation progress report, including:
 - How your project goals, objectives, and activities are leading to improved access to children’s behavioral health screening and referrals, children’s immunizations, or adolescent well-visits.
 - Project sustainability activities, including efforts to secure additional funding for your project.
 - Advisory board meeting activities, impact, and membership rosters.

Evaluation Plan

- Develop and carry out a plan to obtain, collect, analyze, and track data to measure outputs and outcomes in your project.
- Evaluate your project. You are expected to participate in HRSA-supported impact and outcome evaluations of HTPCP programs one and five years after the five-year period of performance ends.

Continuous Quality Improvement

- Conduct CQI. You are expected to use data and findings from your performance measurement and evaluation work to inform and improve processes and outcomes.

Award information

Funding policies and limitations

Policies

- We will only make awards if this program receives funding. If Congress appropriates funds for this purpose, we will move forward with the review and award process.
- Support beyond the first budget year will depend on:
 - Appropriation of funds.
 - Satisfactory progress in meeting the project's objectives.
 - A decision that continued funding is in the government's best interest.
- If we receive more funding for this program, we may:
 - Fund more applicants from the rank order list.
 - Extend the period of performance.
 - Award supplemental funding.

General limitations

- For guidance on some types of costs we do not allow or restrict, see Project Budget Information in section 3.1.4 of the [Application Guide](#). You can also see 45 CFR part 75, or any superseding regulation, [General Provisions for Selected Items of Cost](#).
- You cannot earn profit from the federal award. See [45 CFR 75.400\(g\)](#).
- Congress's current appropriations act includes a salary limitation, which applies to this program. As of January 2024, the salary rate limitation is \$221,900. This limitation may be updated.

Program-specific statutory or regulatory limitations

See [Manage Your Grant](#) for other information on costs and financial management.

Indirect costs

Indirect costs are costs you charge across more than one project that cannot be easily separated by project. For example, this could include utilities for a building that supports multiple projects.

Indirect costs are determined using one of two methods:

Method 1 – Approved rate. You currently have an indirect cost rate approved by your cognizant federal agency at time of award.

Method 2 – *De minimis* rate. Per [2 CFR 200.414\(f\)](#), if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is 15% of modified total direct costs (MTDC). See [2 CFR 200.1](#) for the definition of MTDC. You can use this rate indefinitely.

Program income

Program income is money earned as a result of your award-supported project activities. You must use any program income you generate from awarded funds for approved project-related activities. Find more about program income at [45 CFR 75.307](#).



Step 2:

Get Ready to Apply

In this step

Get registered	17
Find the application package	17
Application writing help	17

Get registered

SAM.gov

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI). SAM.gov registration can take several weeks. Begin that process today.

To register, go to [SAM.gov Entity Registration](#) and select Get Started. From the same page, you can also select the Entity Registration Checklist to find out what you'll need to register.

When you register or update your SAM.gov registration, you must agree to the [financial assistance general certifications and representations](#). You must agree to those for grants specifically, as opposed to contracts, because the two sets of agreements are different. You will have to maintain your registration throughout the life of any award.

Grants.gov

You must also have an active account with [Grants.gov](#). You can see step-by-step instructions at the Grants.gov [Quick Start Guide for Applicants](#).

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number HRSA-25-019.

After you select the opportunity, we recommend that you click the Subscribe button to get updates.

Application writing help

Visit [HHS Tips for Preparing Grant Proposals](#).

Visit [HRSA's How to Prepare Your Application](#) page for more guidance.

See [Apply for a Grant](#) for other help and resources.

FAQs will be posted on Choose where FAQs will be posted.

Join the webinar

For more information about this opportunity, [join the webinar](#) on Tuesday, January 7, 2025, at 2:00 PM ET.

If you are not able to join through your computer, you can call in:

- **Phone number:** 833-568-8864
- **Meeting ID:** 161 669 8330
- **Passcode:** 15796271

We will record the webinar. If you are not able to join live, you can replay it [here](#) .

Have questions? Go to [Contacts and Support](#).



Step 3:

Prepare Your Application

In this step

Application contents and format

20

Application contents and format

Applications include five main components. This section includes guidance on each.

Application page limit: 40 pages

Submit your information in English and express whole number budget figures using U.S. dollars.

Make sure you include each of these:

Components	Submission format
Project abstract	Use the Project Abstract Summary form.
Project narrative	Use the Project Narrative Attachment form.
Budget narrative	Use the Budget Narrative Attachment form.
Attachments	Insert each in the Attachments form.
Other required forms	Upload using each required form.

Required format

You must format your narratives and attachments using our required formats for fonts, size, margins, etc. See the formatting guidelines in Section 3.2 of the [Application Guide](#).

Project abstract

Complete the information in the Project Abstract Summary form. Include a short description of your proposed project. Include the needs you plan to address, the proposed services, and the population groups you plan to serve. For more information, see Section 3.1.2 of the [Application Guide](#).

Project narrative

In this section, you will describe all aspects of your project. Project activities must comply with the [nondiscrimination requirements](#).

Use the section headers and the order listed.

Introduction

See merit review criterion 1: [Need](#)

Briefly describe the purpose of your project. You are expected to state which of the child health topics your project will address:

- Children’s behavioral health screening and referrals.
- Children’s immunizations.
- Adolescents’ well-visits.

Need

See merit review criterion 1: [Need](#)

- Describe the need for your project and activities in the community you plan to serve.
- Identify the unmet health needs of the target population for your selected child health topic.
- Describe how SDOH and health disparities impact your target population.
- Discuss any relevant barriers in the service area that you hope to overcome.
- Include relevant data from your state’s Title V MCH Block Grant Program Needs Assessment^[24] and Title V State Actions Plans that supports your projects need and purpose.^[25]
- Provide references for all data sources.

Approach

See merit review criterion 2: [Response](#)

Goals and objectives

- List your project goals and objectives, which should respond to the need and purpose of the project.
- For each goal, provide objectives that are specific, measurable, achievable, realistic, time-bound, inclusive, and equitable (SMARTIE).

Community-based project and activities

- State whether this is a new community-based project or a new component of an existing community-based project.
- Describe your project and how it is evidence-informed or evidence-based.
- Identify the target population, including the age range and geographic area where your project will take place.

- Discuss how your community-based project will:
 - Use Bright Futures guidelines, tools, and resources.
 - Address the SDOH and health disparities of the target population.
 - Meet the cultural and linguistic needs of the target population, including by addressing differing social, cultural, and health practices.
 - Include patient- or family-centered medical home approaches.

Collaborative partnerships

- Describe how you will build or strengthen partnerships with:
 - At least one pediatric provider or another health care professional.
 - At least one Title V recipient in your state or region.
 - [MCHB-funded training programs](#) or other academic institutions in your state or region.
 - Other partners you identify.
- Discuss how each partnership will add value or resources to your project.
- Include letters of support from MCH partners in [Attachment 1](#). One letter is expected to be from a state Title V MCH Services Block Grant recipient.

Advisory board

- Describe your plan to form an advisory board. Describe the board's responsibilities, including how the members will guide project design, implementation, evaluation, reporting, and sustainability.
- Discuss how you will recruit advisory board members, including but not limited to:
 - At least one family member, youth, community member, or other person with lived experience.
 - Pediatric providers, other health care professionals, and other experts in the field.
- Detail the frequency of meetings (at least two per year) and how you will ensure that the meetings are accessible to all members.
- Provide a list of proposed, invited, and confirmed members and the organizations they represent in [Attachment 2](#).

Technical assistance

- State your willingness to participate in:
 - Quarterly recipient calls. Indicate who will participate and their roles.
 - A technical assistance visit during the period of performance.

High-level work plan

See merit review criteria 2: [Response](#) and 4: [Impact](#)

- Describe how you will achieve each of the objectives during the period of performance, you outline in the [approach](#) section.
- Provide a more detailed work plan and timeline as [Attachment 3](#).

Resolving challenges

See merit review criterion 2: [Response](#)

Discuss challenges you will likely encounter in implementing your work plan and explain approaches that you will use to resolve them.

Performance reporting and evaluation

See merit review criteria 3: [Performance reporting and evaluation](#) and 5: [Resources and capabilities](#)

Monitoring

- Describe how you will track project activities over the period of performance.
- Describe your capacity to collect and manage data in a way that allows for accurate and timely monitoring, performance measurement, evaluation, and continuous quality improvement.

Performance measurement

- Provide your plan for measuring and tracking the project goals and objectives outlined in the [purpose](#) section. The plan should include required and proposed measures outlined in the [performance measurement, evaluation, and Continuous Quality Improvement \(CQI\)](#) section and describe plans for the timely collection and reporting of all measures.
- State your willingness to partner with MCHB and other HTPCP recipients after award to identify or develop additional measures that demonstrate the impact of your project.
- Describe your plan to achieve the following by the end of Year 5 of the project:
 - Collect data that shows the impact of your project on the target population that aligns with the child health topic you selected.
 - Report on at least one measurable outcome for your target population that aligns with the child health topic you selected.
- See [reporting](#) for more information.

Evaluation plan

- Explain how you will use data to inform project implementation and CQI.
- Describe anticipated evaluation barriers and your plan to address them.
- State your willingness to participate in the HRSA-supported impact and outcomes evaluation one and five years after the five-year period of performance.
- Submit a preliminary project evaluation plan in [Attachment 4](#).

Continuous quality improvement

- Describe your plans for using information from the performance measurement and evaluation to inform and improve processes and outcomes.

Sustainability

See merit review criterion 4: [Impact](#)

We expect you to sustain key project activities after the federal funding ends. Propose a plan for project sustainability and describe the actions you'll take to:

- Identify at least three collaborative partners that will support and advance project sustainability.
- Obtain at least one future source of funding.
- Disseminate information about your project to help other groups replicate your project in other settings.
- Discuss challenges you will likely encounter in sustaining the project and how you will resolve these challenges.

Organizational information

See merit review criterion 5: [Resources and capabilities](#)

- Briefly describe your organization's mission, structure, and the scope of your current activities.
 - Include a one-page project organizational chart in [Attachment 5](#).
- Describe your organization's experience with and capacity to implement a preventive clinical or public health community-based project.
- Describe your organization's plan to secure facilities that meet the needs and requirements of the proposed project.
- Discuss how your organization and project staff are trained in providing culturally and linguistically appropriate care in a community-based setting.
- Describe the proposed project director's experiences and expertise.

- State how much time the project director will commit to the proposed project, and how they will meet the minimum 10% time and effort.
- Include a staffing plan and job descriptions in [Attachment 6](#).
- Include biographical sketches or resumes for key staff in [Attachment 7](#).
- Discuss how you will follow the HRSA-approved work plan, account for federal funds, and record all costs to avoid audit findings.

Budget and budget narrative

See merit review criterion 6: [Support Requested](#)

Your budget should follow the instructions in Section 3.1.4 Project Budget Information - Non-Construction Programs (SF-424A) of the [Application Guide](#) and the instructions listed in this section. Your budget should show a well-organized plan.

HHS now uses the definitions for [equipment](#) and [supply](#) in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or \$10,000 and the threshold for supplies to below that amount.

The total project or program costs are all allowable (direct and indirect) costs incurred for the HRSA award activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include MOE, if applicable). Clearly document meeting the project's cost sharing requirement in years 2 through 5 in the budget form SF-424A and the budget narrative.

The budget narrative supports the information you provide in Standard Form 424-A. See [other required forms](#). It includes an itemized breakdown and a clear justification of the costs you request. The merit review committee reviews both.

As you develop your budget, consider:

- If the costs are reasonable and consistent with your project's purpose and activities.
- The restrictions on spending funds. See [Funding policies and limitations](#).

To create your budget narrative, see detailed instructions in Section 3.1.5. of the [Application Guide](#).

Attachments

Place your attachments in this order in the Attachments form. See [application checklist](#) to determine if they count toward the page limit.

Attachment 1: Agreements with other entities

Provide any documents that describe working relationships between your organization and others you refer to in the proposal. At least one letter should be from a Title V MCH Services Block Grant recipient. Documents that confirm actual or pending contracts or agreements should clearly describe the roles of subrecipients and contractors and any deliverables. Make sure you sign and date any letters of agreement.

Attachment 2: Advisory board roster

Attach a list of proposed, invited, and confirmed members of your advisory board and the organizations they represent. See requirements for the makeup of the board in the [project narrative](#) section.

Attachment 3: Work plan

Attach the project's work plan. Your work plan should be presented in a table format and should:

- Include the timeline for each activity.
- Identify staff who are responsible for each activity.
- Identify the key partners who will help you achieve each activity (as applicable).

Attachment 4: Evaluation plan

Attach the project's preliminary project evaluation plan. Your evaluation plan should:

- Describe your plan to obtain, collect, analyze, and track data to measure outputs and outcomes.
- Include an initial list of measures (such as indicators and metrics) that shows how you will evaluate and monitor the success of the project (for example outputs and outcomes).
- Include a timeline for implementing evaluation activities.

Attachment 5: Project organizational chart

Provide a one-page diagram that shows the full project organizational structure and where the project fits within the organization.

Attachment 6: Staffing plan and job descriptions

See Section 3.1.7 of the [Application Guide](#).

Include a staffing plan that shows the staff positions that will support the project and key information about each. Include the percent full-time equivalent (FTE) dedicated to the project for each position. Justify your staffing choices, including education and

experience qualifications and your reasons for the amount of time you request for each staff position.

For key personnel, attach a one-page job description that includes the role, responsibilities, and qualifications.

Attachment 7: Biographical sketches

Include biographical sketches for people who will hold the key positions you describe in attachment 6.

Each biographical sketch should be two pages or less. Do not include non-public, [personally identifiable information](#). If you include someone you have not hired yet, provide a letter of commitment from that person along with the biographical sketch.

Attachment 8: For multi-year budgets — fifth year budget

For the fifth budget year, submit a copy of Section B of the SF-424A as an attachment. We do not count this in the page limit. However, any related budget narrative does count. See Section 3.1.4 of the [Application Guide](#).

Attachments 9-14: Other relevant documents (optional)

Include any other documents that are relevant to your application.

Other required forms

You will need to complete some other forms. Upload the listed forms at Grants.gov. You can find them in the NOFO [application package](#) or review them and any available instructions at [Grants.gov Forms](#).

Forms	Submission Requirement
Application for Federal Assistance (SF-424)	With application.
Budget Information for Non-Construction Programs (SF-424A)	With application.
Disclosure of Lobbying Activities (SF-LLL)	If applicable, with the application or before award.



Step 4:

Learn About Review and Award

In this step

Application review	29
Selection process	33
Award notices	34

Application review

Initial review

We will review your application to make sure that it meets [eligibility](#) criteria, including the [completeness and responsiveness criteria](#). If your application does not meet these criteria, it will not be funded.

We will not review any pages that exceed the page limit.

Merit review

A panel reviews all applications that pass the initial review. The members use these criteria.

Criterion	Total number of points = 100
1. Need	10 points
2. Response	35 points
3. Performance reporting and evaluation	20 points
4. Impact	10 points
5. Resources and capabilities	15 points
6. Support requested	10 points

Criterion 1: Need (10 points)

See Project Narrative [Introduction](#) and [Need](#) sections.

The panel will review your application for how well it:

- Addresses at least one of the child health topics in the [program requirements and expectations](#) section.
- Describes the purpose of the project and the unmet needs of the target population.
- Uses relevant data, with appropriate references, to document and justify the need for the proposed project, including data from your state or region's Title V MCH Block Grant Program Needs Assessment and Title V State Action Plan.

Criterion 2: Response (35 points)

See Project Narrative [Approach](#), [High-level work plan](#), and [Resolving challenges](#) sections.

Approach (25 points)

The panel will review your application for:

Goals and Objectives

- How well it responds to the program's purpose.
- How well the activities described address the need, meet project goals and objectives, and are achievable within the performance period.
- The strength of the proposed SMARTIE goals and objectives and how well they relate to the project.

Community-Based Project and Activities

- How well it describes a plan to implement a new, or new component of, an evidence-informed or evidence-based community-based project.
- How well it describes the target population, including the age range and geographic area in which project activities will occur.
- The strength and effectiveness of your plan to use Bright Futures guidelines; address SDOH, health disparities, and the cultural and linguistic needs of the target population; and include patient- or family-centered medical home approaches.

Collaborative Partnerships

- The strength and feasibility of your plan to build or strengthen collaborative partnerships with at least one pediatric provider or another health care professional and at least one Title V recipient.

Advisory Board

- The strength and feasibility of your plan to establish an advisory board with diverse perspectives and involve them in project activities.

Technical Assistance

- Your willingness to participate in recipient calls and a technical assistance visit.

Work plan (7 points)

The panel will review your application for:

- The extent to which the work plan is clear and specific, includes a timeline, and identifies the staff or partners responsible for each activity.

- The strength and feasibility of the work plan, including the extent to which it proposes reasonable timelines that are achievable within the period of performance and aligns with objectives proposed in the [approach](#) section.

Resolving challenges (3 points)

The panel will review your application for:

- How well it describes challenges you may face while implementing the work plan, and the quality of your plan to deal with these challenges.

Criterion 3: Performance reporting and evaluation (20 points)

See Project Narrative [Performance reporting, evaluation, and technical support capacity](#) section.

The panel will review your application for:

- How well it describes clear data collection, monitoring, and evaluation procedures for reporting on project activities.
- Your plan and ability to collect data on the measures specified in the [performance measurement, evaluation, and continuous quality improvement \(CQI\)](#), including DGIS measures and additional measures to be reported in the noncompeting continuation progress report.
- Your willingness to participate in the HRSA-supported impact and outcome evaluations of the HTPCP program, one and five years after the five-year period of performance.
- The feasibility and completeness of your plan to collect data that shows the impact of your project on the target population and measurable outcomes specific to your selected child health topic.
- Your capacity to collect, track, manage, and report proposed and required data over time, including available resources, systems, and processes.

Criterion 4: Impact (10 points)

See Project Narrative [High-level work plan](#) and [Sustainability](#) sections.

The panel will review your application for:

- The feasibility of your plan to accomplish project objectives.
- How strong an impact your project will have on the health of the children in the community.
- The strength of your plan to disseminate information that will help other groups replicate your project in other settings.

- How likely it is that the project—including the advisory board and partnerships—will continue beyond the federal funding.
- The strength of the plan to obtain future funding and resolve challenges to sustainability.

Criterion 5: Resources and capabilities (15 points)

See Project Narrative [Organizational information](#) and [Evaluation and technical support capacity](#) sections.

The panel will review your application to determine the extent to which:

- You have the capabilities to accomplish the proposed project.
- You can secure facilities that will fulfill the requirements of the proposed project activities.
- You have the organizational structure and personnel to support a preventive clinical or public health community-based project.
- Project staff have the training or experience to carry out the project and provide culturally and linguistically appropriate services.
- The project director has the adequate experience and time to lead the project.

Criterion 6: Support requested (10 points)

See [Budget and budget narrative](#) section.

The panel will review your application to determine:

- How reasonable the proposed budget is for each year of the period of performance.
- How reasonable costs are and how well they align with the project's goals, objectives, and activities.
- Whether sufficient time is allotted for the project director and key staff to spend on the project to achieve project objectives.
- The strength, feasibility, and effectiveness of your plan to meet the cost-matching requirement in Years 2 through 5 of the project, as outlined in the budget form SF 424A and the budget narrative.

Risk review

Before making an award, we review your award history to assess risk. We need to ensure all prior awards were managed well and demonstrated sound business practices. We:

- Review any applicable past performance.
- Review audit reports and findings.
- Analyze the budget.
- Assess your management systems.
- Ensure you continue to be eligible.
- Make sure you comply with any public policies.

We may ask you to submit additional information.

As part of this review, we use SAM.gov Entity Information [Responsibility/Qualification](#) to check your history for all awards likely to be more than \$250,000 over the period of performance. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see [45 CFR 75.205](#).

Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- Merit review results. These are key in making decisions but are not the only factor.

We may:

- Consider the larger portfolio of HRSA-funded projects, including the diversity of project types and geographic distribution.
- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

Award notices

We issue Notices of Award (NOA) on or around the [start date](#) listed in the NOFO. See Section 4 of the [Application Guide](#) for more information.

By drawing down funds, you accept the terms and conditions of the award.



Step 5:

Submit Your Application

In this step

Application submission and deadlines	36
Application checklist	37

Application submission and deadlines

Your organization's authorized official must certify your application. See the section on [finding the application package](#) to make sure you have everything you need.

Make sure you are current with SAM.gov and UEI requirements. When you register or update your SAM.gov registration, you must agree to the [financial assistance general certifications and representations](#), and specifically with regard to grants.

Make sure that your SAM.gov registration is accurate for both contracts and grants, as these registrations differ. [See information on getting registered](#). You will have to maintain your registration throughout the life of any award.

Deadlines

You must submit your application by March 17, 2025, at 11:59 p.m. ET.

Grants.gov creates a date and time record when it receives applications.

Submission method

Grants.gov

You must submit your application through Grants.gov. You may do so using Grants.gov Workspace. This is the preferred method. For alternative online methods, see [Applicant System-to-System](#).

For instructions on how to submit in Grants.gov, see the [Quick Start Guide for Applicants](#). Make sure that your application passes the Grants.gov validation checks, or we may not get it. Do not encrypt, zip, or password protect any files.

Have questions? Go to [Contacts and Support](#).

Other submissions

Intergovernmental review

If your state has a process, you will need to submit application information for intergovernmental review under [Executive Order 12372](#). Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. Some states have this process and others do not.

To find out your state's approach, see the [list of state single points of contact](#). If you find a contact on the list for your state, contact them as soon as you can to learn their

process. If you do not find a contact for your state, you do not need to do anything further.

This requirement never applies to American Indian and Alaska Native tribes or tribal organizations.

Application checklist

Make sure that you have everything you need to apply:

Form	See instructions	Included in page limit?
<input type="checkbox"/> Project abstract	Use the Project Abstract Summary form.	No
<input type="checkbox"/> Project narrative	Use the Project Narrative Attachment form.	Yes
<input type="checkbox"/> Budget narrative	Use the Budget Narrative Attachment form.	Yes
<p>Attachments</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attachment 1: Agreements with other entities <input type="checkbox"/> Attachment 2: Advisory board roster <input type="checkbox"/> Attachment 3: Work plan <input type="checkbox"/> Attachment 4: Evaluation plan <input type="checkbox"/> Attachment 5: Project organizational chart <input type="checkbox"/> Attachment 6: Staffing plan and job descriptions <input type="checkbox"/> Attachment 7: Biographical sketches <input type="checkbox"/> Attachment 8: For multi-year budgets — fifth year budget <input type="checkbox"/> Attachments 9-14: Other relevant documents (optional) 	Insert each in a single Attachments form.	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>No</p> <p>No</p> <p>Yes</p>
<p>Other required forms*</p> <ul style="list-style-type: none"> <input type="checkbox"/> Application for Federal Assistance (SF-424) <input type="checkbox"/> Budget Information for Non-Construction Programs (SF-424A) <input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL) 	Upload using each required form.	<p>No</p> <p>No</p> <p>No</p>

Form	See instructions	Included in page limit?
<input type="checkbox"/> Project/Performance Site Location(s)		No
<input type="checkbox"/> Grants.gov Lobbying Form		No
<input type="checkbox"/> Key Contacts		No

* Only what you attach in these forms counts against the page limit. The form itself does not count.



Step 6: Learn What Happens After Award

In this step

Post-award requirements and administration [40](#)

Post-award requirements and administration

Administrative and national policy requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.
- The regulations at [45 CFR part 75](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards and any superseding regulations. Effective October 1, 2024, HHS adopted the following superseding provisions:
 - [2 CFR 200.1](#), Definitions, Modified Total Direct Cost.
 - [2 CFR 200.1](#), Definitions, Equipment.
 - [2 CFR 200.1](#), Definitions, Supplies.
 - [2 CFR 200.313\(e\)](#), Equipment, Disposition.
 - [2 CFR 200.314\(a\)](#), Supplies.
 - [2 CFR 200.320](#), Methods of procurement to be followed.
 - [2 CFR 200.333](#), Fixed amount subawards.
 - [2 CFR 200.344](#), Closeout.
 - [2 CFR 200.414\(f\)](#), Indirect (F&A) costs.
 - [2 CFR 200.501](#), Audit requirements.
- The HHS [Grants Policy Statement](#) (GPS). Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NOA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Administrative and National Policy Requirements](#).
- See the requirements for performance management in [2 CFR 200.301](#).

Non-discrimination legal requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [Laws and Regulations Enforced by the HHS Office for Civil Rights](#).

Contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive order on worker organizing and empowerment

[Executive Order on Worker Organizing and Empowerment \(E.O. 14025\)](#) encourages worker organizing and collective bargaining to promote equality of bargaining power between employers and employees.

You can support these goals by developing policies and practices that you could use to promote worker power.

Cybersecurity

You must create a cybersecurity plan if your project involves both of the following conditions:

- You have ongoing access to HHS information or technology systems.
- You handle personally identifiable information (PII) or protected health information (PHI) from HHS.

You must base the plan on the [NIST Cybersecurity Framework](#). Your plan should include the following steps:

Identify:

- List all assets and accounts with access to HHS systems or PII/PHI.

Protect:

- Limit access to only those who need it for award activities.
- Ensure all staff complete annual cybersecurity and privacy training. Free training is available at 405(d): [Knowledge on Demand \(hhs.gov\)](#).
- Use multifactor authentication for all users accessing HHS systems.
- Regularly back up and test sensitive data.

Detect:

- Install antivirus or antimalware software on all devices connected to HHS systems.

Respond:

- Create an incident response plan. See [ICISA's Incident-Response-Plan-Basics](#) for guidance.
- Have procedures to report cybersecurity incidents to HHS within 48 hours. A cybersecurity incident is:
 - Any unplanned interruption or reduction of quality, or
 - An event that could actually or potentially jeopardize confidentiality, integrity, or availability of the system and its information.

Recover:

- Investigate and fix security gaps after any incident.

Reporting

If you are funded, you will have to follow the reporting requirements in Section 4 of the [Application Guide](#). The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

- We will require progress reports each year.
- **DGIS Performance Reports.** Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where you will report annual performance data to us. You will submit a DGIS Performance Report annually, by the specified deadline.

To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are available [here](#).

The type of report required is determined by the project year of the award's period of performance. You can see the full OMB-approved reporting package at [Discretionary Grants Information System](#) on our website (OMB Number: 0915-0298 | Expiration Date: 12/31/2026).

Type of Report	Reporting Period	Available Date	Report Due Date
New Competing Performance Report	July 1, 2025 – June 30, 2030 (administrative data and performance measure projections, as applicable)	Period of performance start date	120 days from the available date
Non-Competing Performance Report	July 1, 2025 – June 30, 2026 July 1, 2026 – June 30, 2027 July 1, 2027 – June 30, 2028 July 1, 2028 – June 30, 2029	Beginning of each budget period (Years 2–5, as applicable)	120 days from the available date
Project Period End Performance Report	July 1, 2029 – June 30, 2030	Period of performance end date	90 days from the available date

- By the end of the period of performance, you are expected to report on at least one measurable outcome for your target population that aligns with the child health topic(s) you selected.



Contacts and Support

In this step

Agency contacts	46
Grants.gov	46
SAM.gov	46
Helpful websites	46

Agency contacts

Program and eligibility

Division of MCH Workforce Development

Attn: Healthy Tomorrows Partnership for Children Program

Maternal and Child Health Bureau

Health Resources and Services Administration

Email your questions to: HealthyTomorrows@hrsa.gov

Call: 240-472-9856

Financial and budget

Travis Wright

Grants Management Specialist

Division of Grants Management Operations, OFAAM

Health Resources and Services Administration

Email your questions to: TWright@hrsa.gov

Call: 301-443-0676

HRSA Contact Center

Open Monday – Friday, 7 a.m. – 8 p.m. ET, except for federal holidays.

Call: 877-464-4772 / 877-Go4-HRSA

TTY: 877-897-9910

[Electronic Handbooks Contact Center](#)

Grants.gov

Grants.gov provides 24/7 support. You can call 800-518-4726, search the [Grants.gov Knowledge Base](#), or [email Grants.gov for support](#). Hold on to your ticket number.

SAM.gov

If you need help, you can call 866-606-8220 or live chat with the [Federal Service Desk](#).

Helpful websites

- [HRSA's How to Prepare Your Application page](#)
- [HRSA Application Guide](#)
- [HRSA Grants page](#)

- [HHS Tips for Preparing Grant Proposals](#)
- [Division of Maternal and Child Health Workforce Development](#)
- [Healthy Tomorrows Partnership for Children Program](#)
- [Bright Futures](#)
- [Bright Futures Recommendations for Preventative Pediatric Health Care \(also known as the “Periodicity Schedule”](#)
- [Title V Maternal and Child Health Services Block Grant Programs](#)

Appendix: Community-Based Project Examples

Examples of community-based projects may include:

- Hire a community health worker or peer patient navigator to conduct targeted outreach for adolescents behind on their well-visit.
- Add mental health services (for example, screening and referrals) to school-based health centers in a school district.
- Establish a partnership between a community organization and a university or college nursing program to provide immunizations through a mobile clinic in rural and underserved communities.

Endnotes

Select the endnote number to jump to the related section in the document

1. U.S. Department of Health and Human Services. Children. Healthy People. Retrieved July 5, 2024. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/children#:~:text=Childhood%20is%20a%20critical%20period,safety%2C%20and%20well%2Dbeing> ↑
2. *Health Equity* is defined as, “the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.” For more information visit: <https://health.gov/healthypeople/priority-areas/health-equity-healthy-people-2030> ↑
3. National Academies of Sciences, Engineering, and Medicine. (2017). *Communities in Action: Pathways to Health Equity*. The National Academies Press. <https://doi.org/10.17226/24624> ↑
4. Jain, M., Shisler, S., Lane, C., Bagai, A., Brown, E., and Engelbert, M. (2022). Use of community engagement interventions to improve child immunization in low-income and middle-income countries: a systematic review and meta-analysis. *BMJ Open*, 12(11), e061568. <https://doi.org/10.1136/bmjopen-2022-061568> ↑
5. U.S. Federal Interagency Forum on Child and Family Statistics. America’s Children: Key National Indicator of Well-Being, 2023. <https://www.childstats.gov/americaschildren23/> ↑
6. Child and Adolescent Health Measurement Initiative. (2022). 2022 National Survey of Children’s Health data query, Data Resource Center for Child and Adolescent Health. U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Retrieved July 5, 2024. www.childhealthdata.org ↑
7. National Academies of Sciences, Engineering, and Medicine. (2017). *Communities in action: Pathways to health equity*. The National Academies Press. <https://doi.org/10.17226/24624> ↑
8. Hoffmann, J.A., Alegria, M., Alvarez, K., Anosike, A., Shah, P.P., Simon, K.M., and Lee L.K. (2022). Disparities in pediatric mental and behavioral health conditions. *Pediatrics*, 150(4): e2022058227. <https://doi.org/10.1542/peds.2022-058227> ↑
9. Centers for Disease Control and Prevention. *Data and statistics on children's mental health*. Retrieved July 5, 2024. https://www.cdc.gov/children-mental-health/data-research/?CDC_AAref_Val=https://www.cdc.gov/childrensmentalhealth/data.html ↑
10. Centers for Disease Control and Prevention. Working together, we can help children in rural communities thrive. Retrieved July 5, 2024. https://www.cdc.gov/children-mental-health/about/index.html?CDC_AAref_Val=https://www.cdc.gov/childrensmentalhealth/features/rural-health.html ↑
11. Centers for Disease Control and Prevention. Vaccination coverage and exemptions among kindergartners. Retrieved July 30, 2024. [SchoolVaxView Interactive School Vaccination Coverage | CDC](https://www.cdc.gov/children-mental-health/about/index.html?CDC_AAref_Val=https://www.cdc.gov/childrensmentalhealth/features/rural-health.html) ↑
12. *Health Disparity* is defined as, “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics

historically linked to discrimination or exclusion.” For more information visit: <https://health.gov/healthypeople/priority-areas/health-equity-healthy-people-2030> ↑

13. Centers for Disease Control and Prevention (CDC). (2023). Supplementary Table 2. Vaccination coverage by age 24 months among children born during 2018–2019 — National Immunization Survey–Child, United States, 2019–2021. *MMWR Morbidity and Mortality Weekly Report*, 72(2). ↑
14. Discretionary Grants Information System data. (Fiscal year 2022). ↑
15. Infant, Child, and Adolescent Preventive Services (ICAPS) Program. (2023). Follow-up survey data from HTPCP award recipients. ↑
16. For more information on evidence-informed or evidence-based projects visit: <https://www.mchevidence.org/tools/strategies/evidence-continuum.php> ↑
17. Bright Futures. <https://www.aap.org/en/practice-management/bright-futures/> ↑
18. Bright Futures. Preventive Care/Periodicity Schedule. <https://www.aap.org/periodicityschedule> ↑
19. U.S. Department of Health and Human Services. Social determinants of health. Healthy People 2030. <https://health.gov/healthypeople/priority-areas/social-determinants-health> ↑
20. *Culturally and Linguistically Appropriate Services (CLAS)* are, “...a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve health equity. CLAS is about respect and responsiveness: Respect the whole individual and Respond to the individual’s health needs and preferences.” For more information visit: <https://thinkculturalhealth.hhs.gov/clas> ↑
21. *A Patient/Family-Centered Medical Home* is, “...an approach to providing comprehensive primary care that facilitates partnerships between patients, clinicians, medical staff, and families. A medical home extends beyond the four walls of a clinical practice. It includes specialty care, educational services, family support and more.” For more information visit: <https://www.aap.org/en/practice-management/medical-home> ↑
22. *Underserved Communities* are, “...populations sharing a particular characteristic, as well as geographic communities that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life...” For more information visit: <https://www.federalregister.gov/documents/2021/01/25/2021-01753/advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government> ↑
23. Persons with Lived Experience refers to individuals with knowledge and experience on health or social issues

relevant to a particular program that is gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people. ↑
24. For more information about the Title V MCH Block Grant Program Needs Assessment visit: <https://mchb.tvisdata.hrsa.gov/Home/StateApplicationOrAnnualReport> ↑
25. For more information about the Title V MCH Block Grant Program Title V State Actions Plans visit: <https://mchb.tvisdata.hrsa.gov/Home/StateActionPlan> ↑