U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Early Hearing Detection and Intervention Program

Funding Opportunity Number: HRSA-20-047
Funding Opportunity Type(s): Competing Continuation, New
Assistance Listings (CFDA) Number: 93.251

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

Application Due Date: November 8, 2019

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: July 10, 2019

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Authority: Public Health Service Act, Title III, § 399M(a) (42 U.S.C. 280g-1(a)).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2020 for the Early Hearing Detection and Intervention (EHDI) Program. The purpose of this program is to support comprehensive and coordinated state and territory EHDI systems of care so families with newborns, infants, and young children up to 3 years of age who are deaf or hard-of-hearing (DHH) receive appropriate and timely services that include hearing screening, diagnosis, and early intervention (EI).

The FY 2020 President's Budget does not request funding for this program. This notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. You should note that this program may be cancelled prior to award.

Funding Opportunity Title:	Early Hearing Detection and Intervention Program
Funding Opportunity Number:	HRSA-20-047
Due Date for Applications:	November 8, 2019
Anticipated Total Annual Available FY 2020 Funding:	$13,865,000
Estimated Number and Type of Award(s):	Up to 59 grants
Estimated Award Amount:	Up to $235,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	April 1, 2020 through March 31, 2024 (4 years)
Eligible Applicants:	Any state, including the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, and the jurisdictions encompassing the former Trust Territory of the Pacific Islands; or any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450(b)) is eligible to apply. Domestic faith-based and community-based organizations are also eligible to apply. (45 CFR § 75.218). See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Wednesday, July 31, 2019
Time: 2 p.m. – 4 p.m.
Call-In Number: 1-888-889-2042
Participant Code: 1398484
Weblink: **https://hrsa.connectsolutions.com/hrsa-20-047-ta/**

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

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Early Hearing Detection and Intervention (EHDI) Program. The purpose of this program is to support comprehensive and coordinated state and territory EHDI systems of care[1] so families with newborns, infants, and young children up to 3 years of age[2] who are deaf or hard-of-hearing (DHH)[3] receive appropriate and timely services that include hearing screening[4], diagnosis, and early intervention (EI).

In alignment with the Early Hearing Detection and Intervention Act of 2017, this funding opportunity will support EHDI systems of care within states and territories to:

- Lead efforts to engage all EHDI system stakeholders at the state/territory level to improve developmental outcomes of children who are DHH;
- Provide a coordinated infrastructure to:
    - Ensure that newborns are screened by 1 month of age, diagnosed by 3 months of age, and enrolled in EI by 6 months of age (1-3-6 recommendations[5]); and
    - Reduce loss to follow-up/loss to documentation.
- Identify ways to expand state/territory capacity to support hearing screening in young children up to 3 years of age;
- Strengthen capacity to provide family support[6] and engage families with children who are DHH and adults who are DHH throughout the EHDI system;
- Engage, educate, and train health professionals and service providers in the EHDI system about the 1-3-6 recommendations; the need for hearing screening up to age 3, the benefits of a family-centered medical home and the importance of communicating accurate, comprehensive, up-to-date, evidence-based information to families to facilitate the decision-making process; and
- Facilitate improved coordination of care and services for children who are DHH and their families through the development of mechanisms for formal

[1] For the purposes of this NOFO, the EHDI system of care refers to families, consumers, providers, services, and programs that work towards developing coordinated and comprehensive state and territory systems so that families with newborns, infants, and young children who are deaf or hard of hearing receive appropriate and timely services that include hearing screening, diagnosis, and intervention.
[2] For the purposes of this funding opportunity, “children” are defined as all newborns, infants, and young children up to the age of 3.
[3] For the purposes of this funding opportunity, “deaf” and “hard of hearing” or “DHH” are used in this document to represent the entire spectrum of children with varying hearing levels (from mild to profound) and laterality, and is intended to be inclusive of those who have other disabilities and/or conditions.
[4] For the purposes of this funding opportunity, the term hearing screening refers to the process of initial screening, diagnosis, and enrollment into early intervention (EI) services.
[5] Joint Committee on Infant Hearing, (2007) Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs. Pediatrics Oct 2007, 120 (4) 898-921; DOI: 10.1542/peds.2007–2333.
[6] For the purposes of this funding opportunity, family support is defined as “the practices that ensure that the holistic nature of the process for families is sustained through the timelines, policies, and procedures by the varying entities that the family encounters through hearing screening, diagnosis, EI, and beyond.” See the Background section of this NOFO for the full citation.

communication, training, referrals, and/or data sharing between the state/territory EHDI Program and the Individuals with Disabilities Education Act (IDEA) Program for Infants and Toddlers with Disabilities (Part C) Program.[7]

Program Goal
HRSA supports EHDI systems at the national, state/territory, and local levels through a coordinated portfolio of programs.[8] The goal of this funding opportunity is to support the development of state/territory programs and systems of care to ensure that children who are DHH are identified through newborn, infant, and early childhood hearing screening and receive diagnosis and appropriate early intervention to optimize language, literacy, cognitive, social, and emotional development.

Program Objectives
The recipient is funded to achieve, collect, and report on the following program objectives:

By March 2024:

Using the state/territory's data from the 2017 CDC (Centers for Disease Control and Prevention) EHDI Hearing Screening and Follow-up Survey (HSFS) as baseline data:

- Increase by 1 percent from baseline per year, or achieve at least a 95 percent screening rate, whichever is less, the number of infants that completed a newborn hearing screen no later than 1 month of age.[9]
- Increase by 10 percent from baseline, or achieve a minimum rate of 85 percent, the number of infants that completed a diagnostic audiological evaluation no later than 3 months of age.[10]
- Increase by 15 percent from baseline, or achieve a minimum rate of 80 percent, the number of infants identified to be DHH that are enrolled in EI services no later than 6 months of age.[11]

Using data collected from year 1 as baseline data:

- Increase by 20 percent from baseline the number of families enrolled in family-to-family support services by no later than 6 months of age.
- Increase by 10 percent the number of families enrolled in DHH adult-to-family support services by no later than 9 months of age.
- Increase by 10 percent the number of health professionals and service providers trained on key aspects of the EHDI Program.

Program Description
For a detailed description of the program, please see Section IV, page 9.

[7] IDEA Part C assists states in operating a comprehensive statewide program of EI services for infants and toddlers with disabilities, including children who have been identified as DHH, from birth through 2 years of age, and their families. For more information, see http://ectacenter.org/partc/partc.asp.
[8] For more information, see https://mchb.hrsa.gov/maternal-child-health-initiatives/early-hearing-detection-and-intervention.html.
[9] Denominator is total live births for reporting year.
[10] Denominator is total not pass most recent/final screen.
[11] Denominator is total diagnosed with permanent hearing loss.

2. Background

This program is authorized by the Public Health Service Act, Title III, § 399M(a) (42 U.S.C. 280g-1(a))

Approximately 1.7 of every 1,000[12] U.S. newborns are documented as being identified early as congenitally DHH. Children continue to be identified as DHH through early childhood and by kindergarten the prevalence of children identified as DHH is estimated to increase to 6 of every 1,000[13] children. When children who are DHH are identified early and provided timely and appropriate intervention services, they demonstrate better outcomes than later-identified children in the areas of vocabulary development,[14] receptive language,[15,16,17,18] expressive language,[19,20] and social-emotional development.[21,22] To reduce risks for developmental delays in children who are DHH, experts recommend following the 1-3-6 recommendations: all infants have their hearing screened no later than 1 month of age; for those infants who do not pass the initial newborn hearing screen, a diagnostic audiological evaluation should be completed no later than 3 months of age; and infants confirmed to be DHH should be referred for enrollment in EI services no later than 6 months of age.[23] To promote healthy child development pediatric health supervision guidelines call for hearing screening based on

[12] Centers for Disease Control and Prevention (2018, September 10). Annual Data Early Hearing Detection and Intervention (EHDI) Program. Retrieved from: https://www.cdc.gov/ncbddd/hearingloss/ehdi-data.html

[13] Northern JL, Downs MP. Hearing in children. 5th Ed. Chapter 1, Hearing and hearing loss in children. Baltimore: Williams and Wilkins; 2002.

[14] Mayne AM, Yoshinaga-Itano C, Sedey AL, Carey A. Expressive vocabulary development of infants and toddlers who are deaf or hard of hearing. Volta Rev. 1998;100(5):1-28.

[15] Yoshinaga-Itano C, Baca RL, Sedey AL. Describing the trajectory of language development in the presence of severe-to-profound hearing loss: a closer look at children with cochlear implants versus hearing aids. Otol Neurotol. 2010;31(8):1268-1274. doi:10.1097/MAO.0b013e3181f1ce07.

[16] Watkin P, McCann D, Law C, et al. Language ability in children with permanent hearing impairment: the influence of early management and family participation. Pediatrics. 2007;120(3):e694-e701. doi:10.1542/peds.2006-2116.

[17] Kennedy CR, McCann DC, Campbell MJ, et al. Language ability after early detection of permanent childhood hearing impairment. N Engl J Med. 2006;354(20):2131-2141. doi:10.1056/NEJMoa054915.

[18] Vohr B, Topol D, Girard N, St. Pierre L, Watson V, Tucker R. Language outcomes and service provision of preschool children with congenital hearing loss. Early Hum Dev. 2012;88(7):493-498. doi:10.1016/j.earlhumdev.2011.12.007.

[19] Pipp-Siegel S, Sedey AL, VanLeeuwen AM, Yoshinaga-Itano C. Mastery motivation and expressive language in young children with hearing loss. J Deaf Stud Deaf Educ. 2003;8(2):133-145.

[20] Watkin P, McCann D, Law C, et al. Language ability in children with permanent hearing impairment: the influence of early management and family participation. Pediatrics. 2007;120(3):e694-e701. doi:10.1542/peds.2006-2116.

[21] Pipp-Siegel S, Sedey AL, Yoshinaga-Itano C. Predictors of parental stress in mothers of young children with hearing loss. J Deaf Stud Deaf Educ. 2002;7(1):1-17. doi:10.1093/deafed/7.1.1.

[22] Yoshinaga-Itano C, Sedey A, Coulter D, Mehl A. Language of early-and later-identified children with hearing loss. Pediatrics. 1998;102(5):1161-1171. doi:10.1542/peds.102.5.1161.

[23] Joint Committee on Infant Hearing, (2007) Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs. Pediatrics Oct 2007, 120 (4) 898-921; DOI: 10.1542/peds.2007-2333.

risk assessment criteria or whenever parents/caregivers express concern about hearing or language development at every health supervision visit for young children.[24]

EHDI Legislation

Legislation first providing support for the development of state/territory newborn hearing screening and intervention systems was passed by Congress in 2000. The reauthorization of the EHDI Act of 2017, which amended the Public Health Service Act, expands the target population for hearing screening beyond newborns to include young children up to the age of 3. The EHDI legislation also supports programs and systems that "*foster family-to-family and deaf and hard-of-hearing consumer-to-family supports;"* the identification or development of educational and medical models "*to ensure that children who are identified as deaf or hard-of-hearing through screening receive follow-up by qualified early intervention or health care providers (including those at medical homes for children), and referrals, as appropriate to early intervention services under Part C of the IDEA"*; and encourages state agencies to *"increase the rate of such follow-up and referral."* Additionally, the legislation calls for ensuring information provided to families when children are identified *as deaf or hard-of-hearing* is *"accurate, comprehensive, up-to-date, and evidence-based as appropriate to allow families to make important decisions for their children in a timely manner."*[25]

Family Engagement and Education

Family engagement is defined as "patients, families, their representatives, and health professionals working in active partnership at various levels across the health care system to improve health and health care."[26] Family engagement improves quality of care, patient and family satisfaction, and families' communication and relationships with health care providers. It also reduces health care costs and parent/caregiver anxieties.[27]

Families need to be empowered and involved in the development of systems to ensure their needs and those of their newborns, infants, and children who are DHH, are addressed. Well-informed families are better able to make decisions to support their family and to lead the healthy development of their children who are DHH. The information provided to families should not only be high quality, "*accurate, comprehensive, up-to-date, and evidence-based,*"[28] but it should be communicated in a

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[24] Hagan et al. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, Bright Futures/American Academy of Pediatrics, 2017: 286-287.

[25] Early Hearing Detection and Intervention Act of 2017, Public Health Service Act, Title III, Section 399M (as added by P.L. 106-310, Sec. 702; as amended by P.L. 111-337 and P.L. 115-71. Retrieved from: https://www.congress.gov/115/plaws/publ71/PLAW-115publ71.pdf.

[26] Carman, K.L., Dardess, P., Maurer, M., Sofaer, S., Adams, K., Bechtel, C., & Sweeney, J. (2013). Patient and family engagement: A framework for understanding the elements and developing interventions and policies. Health Affairs, 32(2), 223-231).

[27] Marbell, P. (2017). Engaging families in improving the health care system for children with special health care needs. Lucile Packard Foundation for Children's Health.

[28] Early Hearing Detection and Intervention Act of 2017, Public Health Service Act, Title III, Section 399M (as added by P.L. 106-310, Sec. 702; as amended by P.L. 111-337 and P.L. 115-71. Retrieved from: https://www.congress.gov/bill/115th-congress/house-bill/1539/text

timely, culturally sensitive, and understandable format at all stages of the EHDI system.[29]

Family-to-Family and DHH Adult Consumer-to-Family Support
Families with children who are DHH report the most valuable source of support received is specific to their child's hearing status[30] and a preference for connecting with other families that have children who are DHH.[31] A growing body of literature demonstrate that "parent-to-parent support groups provide positive assistance in managing the needs of parents with children who have disabilities and their families as they seek service for their child."[32] Family support is defined as "the practices that ensure that the holistic nature of the process for families is sustained through the timelines, policies and procedures by the varying entities that the family encounters through hearing screening, diagnosis, EI, and beyond."[33] Family support should come from professionals, other families who have children who are DHH, adults who are DHH, and current, up-to-date evidence-based information and resources.[34]

Families with children who are DHH also benefit from access to support, mentorship, and guidance from adults who are DHH.[35] However, a 2018 needs assessment revealed that of families surveyed with children who are DHH under the age of 6, only 28 percent of these families were offered formal parent-to-parent support program services, and only 27 percent of these families were offered access to an adult who is DHH as a mentor, role model, or guide.[36]

Provider Engagement
According to the 2013 supplement to the 2007 Joint Commission on Infant Hearing (JCIH) Position Statement, the success of EHDI programs depends on families working in partnership with professionals as a well-coordinated team. Providers and professionals who interact with families at the time of diagnosis should be providing families comprehensive, evidence-based information as noted in the legislation. In

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[29] Joint Committee on Infant Hearing. (2013) Supplement to the JCIH 2007 Position Statement: Principles and Guidelines for Early Intervention after Confirmation that a Child is Deaf or Hard of Hearing. *Pediatrics.* Retrieved from: https://pediatrics.aappublications.org/content/131/4/e1324.
[30] Jackson, C.W. (2011). Family supports and resources for parents of children who are deaf or hard of hearing. Am Ann Deaf, 156(4) 343-362.
[31] Family Leadership in Language and Learning (2018). Needs Assessment Report. Retrieved from: https://www.handsandvoices.org/fl3/resources/docs/HV-FL3_NeedsAssessment_19Jul2018_Final-opt.pdf.
[32] Henderson, R.J., Johnson, A., and Moodie S., Parent-to-Parent Support for Parents With Children Who are Deaf or Hard of Hearing: A Conceptual Framework. Am Jour of Audiology. 2014.
[33] Global Coalition of Parents of Deaf/Hard of Hearing Children (2010). Position Statement and Recommendations for Family Support in the Development of Newborn Hearing Screening Systems (NHS)/Early Hearing Detection and Intervention (EHDI) Systems Worldwide.
[34] Global Coalition of Parents of Deaf/Hard of Hearing Children (2010). Position Statement and Recommendations for Family Support in the Development of Newborn Hearing Screening Systems (NHS)/Early Hearing Detection and Intervention (EHDI) Systems Worldwide
[35] Watkins S, Pittman P, Walden B. The Deaf Mentor Experimental Project for young children who are deaf and their families. Am Ann Deaf. 1998; 143(1):29-34.
[36] Family Leadership in Language and Learning (2018). Needs Assessment Report. Retrieved from: https://www.handsandvoices.org/fl3/resources/docs/HV-FL3_NeedsAssessment_19Jul2018_Final-opt.pdf.

addition, the child's primary care provider, that also serves as his/her medical home,[37] plays an essential role not only in supporting the family, but also in monitoring the child's developmental skills, the coordination of specialty and service referrals, and the assurance of timely follow-up and educational interventions. However, pediatric primary care providers do not always receive newborn hearing screening results or provide active referrals to audiologists for young children when there are concerns from the parents and caregivers. Continued development of an integrated health information system and implementation of evidence-informed strategies for data sharing and linkage will allow for important health information to be consolidated and shared among the professionals involved in the child's medical home. This approach not only promotes parents as partners in decision making but fosters coordinated, ongoing, and comprehensive care in the medical home.

Progress to Date

HRSA has supported U.S. state and territory EHDI systems since 2000; however, the Centers for Disease Control and Prevention did not begin collecting data from all states until 2008. During the years 2008 to 2016, the rate of all newborns completing a hearing screen by 1 month of age increased from 92.1 percent to 94.8 percent and the rate of those who completed a diagnostic audiological evaluation by 3 months of age increased from 68.1 percent to 75.9 percent, resulting in a total of over 48,000 infants identified as DHH.[38] During this same time frame, the rate of enrollment in EI services for those identified to be DHH by 6 months of age increased from 52.8 percent to 67.3 percent.[39]

Despite success in achieving near-universal newborn hearing screening rates, significant gaps remain with achieving timely diagnostic audiological evaluation and enrollment in EI services and reducing loss to follow-up and documentation (LTF/D) rates. Challenges in meeting these goals include limited family engagement, DHH-specific support services,[40] parent knowledge about availability and importance of EI services, [41] and pediatric provider knowledge of the 1-3-6 recommendations.[42,43] Additionally, states and territories face unique, individual challenges in addressing the needs of the populations they serve, including differences in geography, race, ethnicity, disability, gender, sexual orientation, family structure, socio-economic status; limitations

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[37] Joint Committee on Infant Hearing. (2013) Supplement to the JCIH 2007 Position Statement: Principles and Guidelines for Early Intervention after Confirmation that a Child is Deaf or Hard of Hearing. *Pediatrics.*

[38] Centers for Disease Control and Prevention (2018, September 10). Annual Data Early Hearing Detection and Intervention (EHDI) Program. Retrieved from: https://www.cdc.gov/ncbddd/hearingloss/ehdi-data.html.

[39] Centers for Disease Control and Prevention (2018, September 10). Annual Data Early Hearing Detection and Intervention (EHDI) Program. Retrieved from: https://www.cdc.gov/ncbddd/hearingloss/ehdi-data.html.

[40] Family Leadership in Language and Learning (2018). Needs Assessment Report. Retrieved from: https://www.handsandvoices.org/fl3/resources/docs/HV-FL3_NeedsAssessment_19Jul2018_Final-opt.pdf.

[41] United States Government Accountability Office Report to Congressional Requestors. (2011). *Deaf and Hard of Hearing Children – Federal Support for Developing Language and Literacy.* GAO-11-357

[42] American Academy of Pediatrics (AAP) Early Hearing Detection and Intervention (EHDI) Pediatrician Perspectives: Executive Summary. August 2018.

[43] American Academy of Pediatrics (AAP) Early Hearing Detection and Intervention (EHDI) Pediatrician Perspectives: Executive Summary. August 2018.

in availability and accessibility of pediatric audiologists; limitations in availability of culturally appropriate, evidence-based information for families; inconsistent data sharing with early childhood education programs and services, such as those provided through the Program for Infants and Toddlers with Disabilities (Part C of the Individuals with Disabilities Education A; and limitations in systems integration with other relevant programs and services. This funding opportunity provides mechanisms for states to address these challenges and new requirements from the 2017 reauthorization.

II. Award Information

1. Type of Application and Award

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

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately $13,865,000 to be available annually to fund 59 recipients. The actual amount available will not be determined until enactment of the final FY 2020 federal appropriation. You may apply for a ceiling amount of up to $235,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The FY 2020 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. The period of performance is April 1, 2020 through March 31, 2024 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for the EHDI Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continuing funding is in the best interest of the Federal Government. Additionally, recipient funding levels may be reduced if programs are unable to fully succeed in achieving goals listed in the application.

Optional Needs Assessment Project
As part of the funding opportunity, you may also apply for funds for a 1-year targeted needs assessment on the educational needs of health care professionals and service providers who interact with DHH children and their families at the time of diagnosis. Funding for this project depends on the availability of funds. If available, the award per recipient will be approximately $10,000. See Section IV.2.ii for further details.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include any state including the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, and the jurisdictions encompassing the former Trust Territory of the Pacific Islands; or any domestic public or private entity, including an Indian tribe or tribal organization. Domestic faith-based and community-based organizations are also eligible to apply.

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 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.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

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

The NOFO is also known as "Instructions" on Grants.gov. You must provide your email address when reviewing or preparing the workspace application package in order to receive notifications including modifications and/or republications of 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 **75 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. 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 this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

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

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

Program Description
Successful recipients will be expected to address the following activities:

A. Lead efforts to engage and coordinate all stakeholders in the state/territory EHDI system to meet the goals of this program.

1. Provide a coordinated infrastructure to:

a. ensure that all newborns are screened by 1 month of age, diagnosed by 3 months of age, and enrolled in EI by 6 months of age (1-3-6 recommendations); and
b. reduce loss to follow-up/loss to documentation.

2. Develop a state/territory plan to expand infrastructure, including data collection and reporting, for hearing screening for children up to age 3 by the end of year 2. This plan should outline the resources, key stakeholders, partnerships, and services necessary to implement the plan. A public health approach that aligns with other public health and/or service programs within the state should be proposed as well as the role of the EHDI Program (i.e., partnering and collaborating with Maternal and Child Health programs, such as but not limited to the Title V Children and Youth with Special Health Care Needs (CYSHCN) Program; newborn bloodspot screening program; Maternal, Infant, and Early Childhood Home Visiting Program; Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); Early Head Start; and Family-to-Family Health Information Centers).

3. Establish and maintain partnerships for referral, training, and information sharing with various state or territory stakeholder organizations and programs that include, but are not limited to, health professionals, service providers, birthing centers, and state or territory organizations and programs. By the end of year 1, and revised annually, recipients should complete an assessment of current partnerships and identify key partners who could help address gaps in the EHDI system.

4. Once annually, at a minimum, convene a state/territory EHDI advisory committee to advise on programs, objectives, and strategies throughout the period of performance. The membership of the committee should represent stakeholders across the EHDI system, including health care professionals (e.g., clinicians who deliver pediatric primary care, pediatric specialists, nurses, EI providers, audiologists, etc.), parents/families of DHH children, and DHH individuals. A minimum of 25 percent of the committee must be comprised of parents of children who are DHH and adults who are DHH. The advisory committee should include organizations that serve families of children who are DHH. Examples of organizations to consider for the advisory committee include but are not limited to:
    - State/territory offices/agencies responsible for the implementation of IDEA Part C
    - State/territory chapters of the American Academy of Pediatrics
    - State/territory Maternal, Infant, and Early Childhood Home Visiting (Home Visiting) Programs
    - State/territory Title V Programs (MCH and CYSHCN)
    - Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Programs
    - State/territory schools for the deaf
    - State/territory offices of the DHH
    - An organization with expertise in addressing diversity, health equity, and cultural competency

- Family Organizations (e.g., Family-to-Family health information centers, Hands and Voices, Family Voices)
- Women, Infants, and Children (WIC)
- Early Head Start
- Birthing facilities
- State/territory Medicaid agencies

5. By the end of year 2, develop a plan to address diversity and inclusion in the EHDI system to ensure that the state or territory's EHDI system activities are inclusive of and address the needs of the populations it serves, including geography, race, ethnicity, disability, gender, sexual orientation, family structure, socio-economic status.

6. Develop and implement a strategy to monitor and assess program performance in meeting the stated program purpose and objectives that would contribute toward continuous quality improvement (QI) throughout the period of performance. Identify existing gaps and challenges in the state/territory's EHDI Program and use a QI approach to address unique needs of the state/territory's system of care, such as:
    - Ability to meet the 1-3-6 recommendations
    - Expansion of screening up to age 3
    - Loss to follow up/documentation
    - Provider outreach and education
    - Data collection
    - Telehealth
    - EI referral and/or enrollment
    - Outreach to underserved populations
    - Late onset hearing loss
    - Partnerships across Title V and other early childhood programs
    - Family engagement and family support
    - Other topics of choice, pending approval from HRSA

    You should identify a minimum of two areas for improvement to address throughout the 4-year period based on identified needs. Recipients will be required to report annually to HRSA on progress towards addressing these issues using a QI approach including goals, methods, timelines for improvement, and stakeholders involved.

7. Develop, maintain, and promote a website or webpage for the state/territory that is user friendly with accessible, culturally appropriate information for families and professionals that is accurate, comprehensive, up-to-date, and evidence-based, as appropriate to allow families to make important decisions for their children in a timely manner, including decisions with respect to the full range of assistive hearing technologies and communication modalities, as appropriate.

8. Plan for project sustainability after the period of federal funding ends. HRSA expects recipients to sustain key elements of their projects, e.g., strategies for maintaining the website or services and interventions that have been effective in

improving practices and those that have led to improved outcomes for the target population.

B. Engage, educate, and train health professionals and service providers in the EHDI system.

1. Conduct outreach and education to health professionals and service providers in the EHDI system about the following:
    a. The 1-3-6 recommendations and the importance of timely screening, diagnosis, referral, and enrollment into EI services.
    b. The need for hearing screening up to age 3 to identify, diagnose, and enroll into EI those infants who pass a newborn screen but later develop hearing loss.
    c. The benefits of a patient/family-centered medical home and family engagement in the care of a DHH child.
    d. The importance of communicating accurate, comprehensive, up-to-date, evidence-based information to allow families to make important decisions for their children in a timely manner, including decisions with respect to the full range of assistive hearing technologies and communications modalities, as appropriate.
    e. State/territory-specific EHDI system information.

2. Outreach and education activities may include, but are not limited to, sharing information via webinars, workshops, hospital grand rounds, presentations at professional conferences, professional newsletters, web-based content, social media, listserves, and other communication channels, as appropriate.

    a. Collaborate, as appropriate, with the HRSA-16-190 (Pediatric Audiology Competitive Supplement to Leadership Education in Neurodevelopmental and Related Disabilities (LEND)) recipients, the HRSA-18-069 (National Resource Center for Patient/Family-Centered Medical Home (NRC-PFCMH) recipient, and any relevant future recipients to engage and educate health professionals and service providers to help reach program goals.

C. Strengthen capacity to provide family support and engage families with children who are DHH as well adults who are DHH throughout the EHDI system.

1. Engage families throughout all aspects of the project, involving family partners in the development, implementation, and evaluation of the EHDI Program.

2. Conduct outreach and education to inform families about opportunities to be involved in different roles within the state EHDI system and collaborate with various leaders and policy makers in addressing the challenges to and providing solutions for the EHDI system. Recipients should consider a variety of communications methods to engage consumers including, but not limited to, texting, social media, videos, and other communication platforms.

3. Facilitate partnerships among families, health care professionals, and service providers to ensure that providers understand the best strategies to engage families.

4. Use 25 percent of funding for family engagement and family support activities. Possible activities include: 1) providing funds to a statewide family-based organization(s) or program(s) that provide(s) family support services to families with DHH children; 2) conducting family engagement and family support activities within the state/territory EHDI Program if led by DHH adult consumers or families of children who are DHH; or 3) a combination of contracted and state/territory EHDI Program family engagement and support activities. Below is a list of possible activities:
    a. Programs and activities that provide direct family-to-family support services to parents and families with a child newly identified as DHH.
    b. Programs and activities that provide direct DHH adult consumer-to-family support services to parents and families with a child newly identified as DHH.
    c. Stipends to family leaders who have a child who is DHH to participate on the state/territory EHDI advisory committee.
    d. Salary for family leaders who have a child who is DHH or DHH adult consumers to serve as a staff member for the EHDI Program conducting family engagement and family support activities.
    e. Other family support activities, pending approval from HRSA.

5. Consult with the HRSA-20-051 recipient (the Family Leadership in Language and Learning (FL3 Center) for resources, technical assistance, training, education, QI and evaluation to strengthen the infrastructure and capacity for family engagement and family support in the state/territory.

D. Facilitate improved coordination of care and services for families and children who are DHH through the development of mechanisms for formal communication, training, referrals and/or data sharing between the state/territory EHDI Program and early childhood programs including the IDEA Part C program.

1. Assess the status of coordination across early childhood programs and develop a plan to improve coordination and care services through a variety of mechanisms based on the current level of integration across programs including early childhood programs (IDEA Part C, Home Visiting, Early Head Start, and other state early childhood program services). By the end of year 1, recipients will be expected to demonstrate evidence of planning and stakeholder engagement through development of a written plan. By the end of year 3, recipients should demonstrate evidence of formal communication, training, referrals and/or data sharing.

E. Recipients will also be expected to:

1. Participate in the Annual Early Hearing Detection and Intervention (EHDI) Meeting: budget for one or two staff and one family leader to attend this annual meeting.

2. Work with the HRSA-20-048 program recipient (the EHDI National Technical Resource Center (NTRC)) to implement the various initiatives that are listed in this NOFO and outlined in the work plan. The EHDI NTRC will be responsible for continuing to provide technical assistance when a need is determined by the recipient or the MCHB project officer.

F. Optional Needs Assessment Project

As part of this funding opportunity, you may also apply for funds for a 1-year targeted needs assessment on the educational needs of health care professionals and service providers who interact at the time of diagnosis. Details in the Methodology section, see page 15 below.

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, consistent with forms and attachments, and well-organized so that reviewers can understand the proposed project.

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

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

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1 (Need)*
  Data should be used and cited whenever possible to support the information provided. This section will help reviewers understand the populations, the health care systems, and the communities you will serve with the proposed project.

  a. Describe the state/territory EHDI system, stakeholders, and target populations, including an overview of how the state/territory is performing with regard to the 1-3-6 recommendations.

b. Describe the needs of the population and barriers to receiving hearing screening and diagnoses and enrolling in intervention for newborns, infants, and children up to age 3 and their families and how the project plans to overcome them.

c. Describe disparities based on race, ethnicity, gender identity, sexual orientation, geography, socio-economic status, disability status, primary language, health literacy, and other relevant dimensions.

d. Discuss any relevant barriers in the service area that the project plans to overcome.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria 2 (Response), 3 (Evaluative Measures), 4 (Impact) and 6 (Support Requested)*

Propose methods that will be used to address the stated needs and meet each of the previously described program goal, objectives, requirements and expectations listed in the Purpose and Program Description sections in this NOFO, which includes the following:

a. **Lead efforts to engage all stakeholders in the state/ territory EHDI system to improve developmental outcomes for children who are DHH.** (See **Program Description** pages 9–13 for a full description of what to address.)

b. **Describe strategies for engaging, educating, and training health professionals and service providers in the EHDI system about the activities described in the Program Description.** (See pages 9–13)

c. **Describe strategies to strengthen the capacity to provide family support and engage families with children who are DHH as well adults who are DHH throughout the EHDI system.** This should include a description of how you will engage families throughout all project levels, involving family partners in the development, implementation, and evaluation of the EHDI Program. (See pages 9–13)

d. **Describe methodologies to assess the current status of coordination across early childhood programs and develop a plan to improve coordination of care and services for families and DHH children.** This can be described through a variety of mechanisms based on the current level of integration across programs including the early childhood programs listed in the Program Description. (See pages 9–13)

e. **Additionally, propose**:

i. Plans for participating in the Annual Early Hearing Detection and Intervention (EHDI) Meeting: budget may include one or two staff and one family leader to attend this annual meeting.

ii. Plans to work with the HRSA-20-051 (FL3 Center), HRSA-20-048 (EHDI NTRC), HRSA-16-190 (LEND), and HRSA-18-069 (NRC-PFCMH) recipients to implement the various initiatives that are listed in this NOFO.

iii. A statement regarding project sustainability after the period of federal funding ends.

f. **Optional Needs Assessment Project**

To participate in this Needs Assessment Project, you must submit a plan, budget, and budget narrative for a 1-year targeted needs assessment on the educational needs of health care professionals and service providers who interact at the time of diagnosis so they can clearly articulate care and service options, as well as provide quality care and support to the impacted infants and families. Should you chose to apply for this optional project, the plan and budget should be included in Attachments 7–15. This portion of the proposal will be evaluated separately from the rest of the application by HRSA staff.

If awarded, the actual Needs Assessment Project amount will be on the notice of award (NOA). Recipients will be expected to submit a revised budget and work plan to reflect the Needs Assessment Project award.

- *WORK PLAN (Attachment 1)-- Corresponds to Section V's Review Criteria 2 (Response) and 4 (Impact)*
  a. Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section.

  b. Develop a time line that includes each activity and identifies responsible staff.

  c. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application.

  d. Acknowledge participation in technical assistance, training, and other activities with the HRSA-20-051 (FL3 Center), HRSA-20-048 (EHDI NTRC), HRSA-16-190 (LEND), and HRSA-18-069 (NRC-PFCMH) program recipients and MCHB project officer.

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

  - Goals of the project (e.g., 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 personnel, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. You can find additional information on developing logic models at the following website: http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion 2 (Response)*
  a. Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria 2 (Response), 3 (Evaluative Measures), 4 (Impact), 5 (Resources/Capabilities), and 6 (Support Requested)*
  a. Describe the plan for the program performance evaluation. The program performance evaluation should 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 personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.

  b. Identify measures that you will use to assess performance and progress towards the objectives outlined in the Purpose and Program Description sections above. Clearly describe an approach that is specific, measurable, attainable, realistic, and time-bound (SMART). Additionally, document plans/ability to collect and report data on those performance measures as part of annual progress reports. This includes plans for establishing baseline data and targets.

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

  d. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.

e. Describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes. Explain how the data will be used to inform program development and service delivery.

f. Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criteria 2 (Response), 3 (Evaluative Measures), 4 (Impact), 5 (Resources/Capabilities), and 6 (Support Requested)*
  a. Describe your organization's current mission and structure, experience working with the state/territory EHDI system, scope of current activities, existing available resources (i.e., staff, funds, in-kind contributions), and supports available at the community, state/territory, regional, and/or national levels to support the project.

  b. Describe how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations. Include an organizational chart (Attachment 5).

  c. Discuss how the organization will follow the approved plan, as outlined in your application, properly account for the federal funds, and document all costs to avoid audit findings.

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

  e. Describe the ability to facilitate partnerships with and engage families, health professionals, and service providers.

NARRATIVE GUIDANCE

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

Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response, (3) Evaluative Measures, (4) Impact, and (6) Support Requested
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(2) Response, (3) Evaluative Measures, (4) Impact, (5) Resources/Capabilities, and (6) Support Requested

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

iii. Budget

See Section 4.1.iv of HRSA's *SF-424 Application Guide*. Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if 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 Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 202 states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

iv. Budget Narrative

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

In addition, the Early Hearing Detection and Intervention program expects the following:

1. Use 25 percent of funding for family engagement and family support activities. Possible activities include: 1) providing funds to a statewide family-based organization(s) or program(s) that provide(s) family support services to families with DHH children; 2) conducting family engagement and family support activities within the state/territory EHDI Program if led by DHH adult consumers or families of children who are DHH; or 3) a combination of contracted and state/territory EHDI Program family engagement and support activities. Below is a list of possible activities:
    i. Programs and activities that provide direct family-to-family support services to parents and families with a child newly identified as DHH.

ii. Programs and activities that provide direct DHH adult consumer-to-family support services to parents and families with a child newly identified as DHH.
iii. Stipends to family leaders who have a child who is DHH to participate on the state/territory EHDI advisory committee.
iv. Salary for family leaders who have a child who is DHH or DHH adult consumers to serve as a staff member for the EHDI Program conducting family engagement and family support.
v. Other family support activities, pending approval from HRSA.

2. Budget for one or two staff and one family leader to attend the Annual EHDI Meeting, which aims to enhance the implementation of comprehensive state-based EHDI programs. States/territories have the option of including a representative from the IDEA Part C Program as the second staff person to attend the Annual EHDI Meeting.

3. Use no more than 5 percent of funding to purchase or maintain hearing screening equipment.

4. Include the cost of access accommodations as part of their project's budget. This includes sign language interpreters; plain language and health literate print materials in alternate formats (including Braille, large print, etc.); and cultural/linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings, clinical encounters, and conferences.

5. Optional Needs Assessment Project: You may also apply for funds for a 1-year targeted needs assessment on the educational needs of health care professionals and service providers who interact at the time of diagnosis. Include a budget of up to $10,000. Should you chose to apply for this option project, the plan and budget should be included in Attachments 7–15.

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

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

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

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

Attachment 3: Biographical Sketches of Key Personnel

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

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

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

Attachment 5: Project Organizational Chart

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

Attachment 6: Progress Report

(FOR COMPETING CONTINUATIONS ONLY)

A well-documented progress report is a required and important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered; therefore, you should include previously stated goals and objectives in your application and emphasize the progress made in attaining these goals and objectives. HRSA program staff reviews the progress report after the Objective Review Committee evaluates the competing continuation applications. See Section V.2 Review and Selection Process for a full explanation of funding priorities and priority points.

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

(1) The period covered - April 1, 2017 through March 30, 2020.

(2) Specific objectives - Briefly summarize the specific objectives of the project as actually funded.

(3) Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachments 7 – 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.). Also include here a plan and budget for the Optional Needs Assessment Project, should you choose to apply for it.

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*.

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

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 *November 8, 2019at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The EHDI Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 4 years, at no more than $235,000 per year (inclusive of direct **and** indirect costs). The FY 2020 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Awards will be made subsequent to enactment of the FY2020 appropriation. The NOA will reference the FY2020 appropriation act and any restrictions that may apply. Note that these or other restrictions will apply in the next FY, 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.

V. Application Review Information

1. Review Criteria

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

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

Review criteria are used to review and rank applications. The Early Hearing Detection and Intervention Program has six review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction and Needs Assessment
The strength, completeness, and feasibility of the applicant's:

a) Proposed project and its alignment with the purpose of this NOFO.
b) Use of data whenever possible to support the information provided.

This includes:

The extent to which the application:

a) Describes the state/territory EHDI system, stakeholders, and target populations, including an overview of how the state/territory is performing with regard to the 1-3-6 recommendations.
b) Describes the needs of the population and barriers to receiving hearing screening and intervention for newborns, infants, and children and up to age 3 and their families.
c) Describes disparities based on race, ethnicity, gender identity, sexual orientation, geography, socio-economic status, disability status, primary language, health literacy, and other relevant dimensions.
d) Discusses relevant barriers and gaps in service areas this project aims to address.
e) Uses data to support the information provided.

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

Methodology (30 points)
The strength, completeness, and feasibility of the applicant's:
Proposed methods to address the stated needs and meet **each of the previously described program goals, objectives, requirements, and expectations listed in the Purpose and Program Description sections in this NOFO** including the following:

Stakeholder and Professional Engagement (15 points)

a) Proposed plans to lead efforts to engage all stakeholders in the state/territory EHDI system to improve developmental outcomes for children who are DHH. (See pages 9–13)
b) Proposed strategies for engaging, educating, and training health professionals and service providers in the EHDI system about the activities described in the Program Description section. (See pages 9–13)

Family Engagement and Early Childhood Coordination (10 points)

c) Proposed strategies to strengthen the capacity to provide family support and engage families with children who are DHH as well adults who are DHH throughout the EHDI system. This should include a description of how the applicant intends to engage families throughout all project levels, involving family partners in the development, implementation, and evaluation of the EHDI Program. (See pages 9–13)
d) Described methodologies to assess the current status of coordination across early childhood programs and proposed plan to improve coordination of care and services for families and children who are DHH. (See pages 9–13)

Collaboration (5 points)

e) Proposed plans for participating in the Annual Early Hearing Detection and Intervention (EHDI) Meeting: budget may include one or two staff and one family leader to attend the Annual EHDI Meeting.
f) Proposed plans to work with the HRSA-20-051 (FL3 Center), HRSA-20-048 (EHDI NTRC), HRSA-16-190 (LEND), and HRSA-18-069 (NRC-PFCMH) recipients to implement the various initiatives that are listed in this NOFO

Work Plan (5 points)

The strength, completeness, and feasibility of the applicant's:

a) Proposed activities or steps used to achieve each of the objectives proposed during the entire period of performance in the Methodology section.
b) Proposed timeline that includes each activity and identifies responsible staff.
c) Proposed support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application.

The extent to which the applicant:

a) Describes plans to work with the MCHB project officer, HRSA-20-051 (FL3 Center), HRSA-20-48 (EHDI NTRC), HRSA-16-190 (Pediatric Audiology Competitive Supplement to LEND), and HRSA-18-069 (NRC-PFCMH) recipients.

Resolution of Challenges (5 points)

The extent to which the proposed project:

a) Responds to the Purpose and Program Description .
b) Discusses challenges likely to be encountered in designing and implementing the activities described in the work plan and approaches to resolve such challenges.

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

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 to what extent:

a) The program objectives have been met, and
b) Progress or achievements can be attributed to the project.

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

The extent to which the application demonstrates that the proposed project will have a public health impact and the project will be effective, if funded; and also demonstrates the strength, completeness, and feasibility of the applicant's:

a) Proposed project logic model.
b) Proposed plan to engage all EHDI system stakeholders to improve developmental outcomes of children who are DHH.
c) Proposed statement for project sustainability and diffusion of promising practices after the period of federal funding ends.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information

The extent to which the applicant:

a) Describes the organization's current mission and structure, scope of current activities, existing available resources, and how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations.
b) Describes the organization's capacity to engage families, health professionals, and service providers.
c) Discusses how the organization will follow the methodology and plan, as outlined in the application, properly account for federal funds, and document all costs to avoid audit findings.
d) Describes how the organization will routinely assess and improve the unique needs of the target populations of the communities served.
e) Describes the organization's experience working with the EHDI system.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's Methodology, Work Plan, Organizational Information, and Budget Narrative

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the research activities, and the anticipated results, including

The extent to which the applicant:

a) Outlines a reasonable budget and required resources, given the scope of work.
b) Identifies key personnel and allocates adequate time to the project to achieve project objectives.

c) Describes funding to support at least one, but no more than two, staff and one family leader to attend the Annual EHDI meeting. States/territories have the option of including a representative from the IDEA Part C Program as the second staff person to attend the Annual EHDI Meeting.
d) Allocates at least 25 percent of the awarded budget to statewide family engagement and family support activities.

2. Review and Selection Process

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

In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors described below in selecting applications for award:

- In order to ensure geographic distribution, only one award will be made to conduct activities in a state or territory. (45 CFR part 75, Appendix 1 (E)(2))

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

Funding Priorities
This program includes an administrative funding priority. A funding priority is the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. HRSA staff adjusts the score by a set, pre-determined number of points. The EHDI Program has one funding priority:

Priority 1: Progress Report (for competing continuations only) (5 points)
You will be granted a funding priority if: A progress report is submitted (Attachment 6) highlighting program-specific accomplishments. The progress report should be a brief narrative summary of the accomplishments, in relation to the objectives of the program during the current period of performance.

3. Assessment of Risk

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

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

applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

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

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.

HRSA will report to FAPIIS a determination that an applicant is not qualified (45 CFR § 75.212).

VI. Award Administration Information

1. Award Notices

HRSA will issue the NOA prior to the start date of April 1, 2020. 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 of Subawards
The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards. See 45 CFR § 75.101 Applicability for more details.

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

receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular federally supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's data rights.

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 you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

3. Reporting

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

1) **DGIS Performance Reports.** Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report **annually**, by the specified deadline. To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are available at https://perf-data.hrsa.gov/MchbExternal/DgisApp/formassignmentlist/H61_3.html. The type of report required is determined by the project year of the award's period of performance.

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	April 1, 2020–March 31, 2021 *(administrative data and performance measure projections, as applicable)*	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	April 1, 2021–March 31, 2022 April 1, 2022–March 31, 2023	Beginning of each budget period (Years 2–4, as applicable)	120 days from the available date
c) Project Period End Performance Report	April 1, 2023–March 31, 2024	Period of performance end date	90 days from the available date

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

2) **Progress Report(s)**. The recipient must submit a progress report narrative to HRSA **annually** via the Non-Competing Continuation Renewal in the EHBs, which should address progress against program outcomes (e.g., accomplishments, barriers, significant changes, plans for the upcoming budget year), and include annual data on performance measures identified in the Project Narrative, if not captured by DGIS. Submission and HRSA approval of a progress report will trigger the budget period renewal and release of each subsequent year of funding. Further information will be available in the NOA.

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

4) **Final Report Narrative.** The recipient must submit a final report narrative to HRSA after the conclusion of the project.

VII. Agency Contacts

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

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

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

Sandra Battiste, MPH
Public Health Analyst
Attn: Division of Services for Children with Special Health Needs
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18-N66
Rockville, MD 20857
Telephone: (301) 443-0223
Fax: (301) 443-2960
Email: SBattiste@hrsa.gov

Bethany Applebaum, MPH, MA
Public Health Analyst
Attn: Division of Services for Children with Special Health Needs
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18-W57
Rockville, MD 20857
Telephone: (301) 443-6314
Fax: (301) 443-2960
Email: BApplebaum@hrsa.gov

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

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

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's 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

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Wednesday, July 31, 2019
Time: 2 p.m. – 4 p.m.
Call-In Number: 1-888-889-2042
Participant Code: 1398484
Weblink: **https://hrsa.connectsolutions.com/hrsa-20-047-ta/**

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

Tips for Writing a Strong Application

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