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

Maternal and Child Health Bureau
Division of MCH Workforce Development

Autism CARES Act National Interdisciplinary Training Resource Center

Announcement Type: New, Competing Continuation
Funding Opportunity Number: HRSA-17-010

Catalog of Federal Domestic Assistance (CFDA) No. 93.877

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2017

Application Due Date: January 31, 2017

Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to one month to complete.

Issuance Date: November 30, 2016

Robyn Schulhof, MA
Senior Public Health Analyst
Maternal and Child Health Bureau
Email: RSchulhof@hrsa.gov
Telephone: (301) 443-0258

Authority: Section 399BB(e)(2) of the Public Health Service Act (42 U.S.C. 280*i*-1(e)(2)), as amended by the Autism CARES Act of 2014 (Pub. L. 113-157)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB), is accepting applications for fiscal year (FY) 2017 for the Autism CARES Act National Interdisciplinary Training Resource Center (called the Resource Center for this funding opportunity announcement). The purpose of this program is to improve the health of infants, children, and adolescents who have, or are at risk for developing autism spectrum disorder (ASD) and other developmental disabilities (DD). The Resource Center will accomplish this by providing technical assistance to interdisciplinary training programs, such as the Leadership Education in Neurodevelopmental and Other Related Disabilities (LEND) and Developmental Behavioral Pediatrics (DBP), and others. These programs train professionals to utilize valid and reliable screening tools to diagnose or rule out and to provide evidence-based interventions for children with ASD/DD and other developmental disabilities. The Resource Center will provide leadership and support in coordinating MCHB's programs funded by the Autism CARES Act.

Funding Opportunity Title:	Autism CARES Act National Interdisciplinary Training Resource Center
Funding Opportunity Number:	HRSA-17-010
Due Date for Applications:	January 31, 2017
Anticipated Total Annual Available Funding:	Up to $771,000
Estimated Number and Type of Award(s):	Up to 1 cooperative agreement
Estimated Award Amount:	Up to $771,000 per year
Cost Sharing/Match Required:	No
Project Period:	September 1, 2017 through August 31, 2022 (five years)
Eligible Applicants:	Public or nonprofit agencies including institutions of higher education [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf, except where instructed in this FOA to do otherwise. A short video explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

Technical Assistance

A technical assistance webinar has been scheduled to help you understand, prepare, and submit your award application. The webinar is scheduled for December 15, 2016 from 1:00 p.m. to 2:00 p.m. ET. The webinar portion of the technical assistance session can be accessed at: https://hrsa.connectsolutions.com/itacfoa/. Audio for the call can be accessed toll free at: (800)857-1849 Passcode- 6846718. A recording of this technical assistance session will be available until January 31, 2017: Toll-Free Number:1-800-835-8069, Passcode 6853.

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Autism CARES Act National Interdisciplinary Training Resource Center (the Resource Center). The purpose of this program is to improve the health of infants, children, and adolescents who have, or are at risk for developing ASD/ DD. The Resource Center will accomplish this by providing technical assistance to interdisciplinary training programs, such as the Leadership Education in Neurodevelopmental and Other Related Disabilities (LEND) and Developmental Behavioral Pediatrics (DBP), and others. These programs train professionals to utilize valid and reliable screening tools to diagnose or rule out and to provide evidence-based interventions for children with ASD/DD. The Resource Center will provide leadership and support in coordinating MCHB's programs funded by the Autism CARES Act.

The Resource Center will play a crucial role in providing technical assistance and training resources; helping training programs to develop and share training models and innovations; building and sustaining partnerships with other Autism CARES Act partners and service systems already serving children with ASD/DD, such as Title V programs, Part C programs, Autism Treatment Network, Learn the Signs Act Early programs, etc.; assisting recipients in translating research into evidenced-based practice, and utilizing existing and developing new data systems to capture and report on project outcomes.

The Resource Center will:
1. **Provide technical assistance** and training resources to the MCHB-funded Autism CARES training programs including LEND and DBP recipients.
2. **Identify and disseminate strategies and resources to recipients** (such as guidelines, promising research, quality improvement efforts, and practice models, etc.) in order to:
    a. Improve the training programs' ability to train individuals to diagnose or rule out ASD/DD and provide evidence-based interventions and;
    b. Improve interdisciplinary practice amongst all MCHB-funded training awards.
3. **Conduct data analysis and management** activities that support training programs' capacity and infrastructure to collect, analyze and utilize training and performance data. Participate in efforts with other Autism CARES training program recipients to analyze performance indicators, monitor the progress, and assess the impact of these program investments.
4. **Assist MCH Training recipients with developing technical assistance requests** in preparation for site visits by MCHB and other organizations, as appropriate.
5. In collaboration with Federal Autism CARES (e.g., CDC, NIH) staff and partners, **advance systems development strategies** to improve health services and other systems for children with ASD/DD and their families, including children who are deaf or hard of hearing.
6. Promote **family and consumer/self-advocate involvement** in Autism CARES network activities and particularly in the LEND network.
7. Support MCHB efforts to **promote diversity** within the training programs.

8. **Plan and conduct recipient meetings** in coordination with MCHB using state of the art technology for innovative interaction amongst recipients.
9. **Convene topical workgroups and provide leadership** on emerging disabilities topics, including transition to adulthood, pediatric audiology/early hearing detection systems for children with ASD/DD, and public health emergencies that impact infants' and children's development, etc.

In summary, HRSA encourages experience and expertise from applicants in the following areas:
- Developmental disabilities, including autism;
- Interdisciplinary training, and working closely with established training programs in ASD/DD;
- Database management and management of training program performance measures; and
- Provision of technical assistance to training programs focused on ASD/DD (e.g., LEND and DBP) on a wide array of topics

2. Background

Maternal and Child Health Bureau and Title V of the Social Security Act

In 1935, Congress enacted Title V of the Social Security Act, authorizing the Maternal and Child Health Services Programs. This legislation has provided a foundation and structure for assuring the health of mothers and children in our nation for over 80 years. Title V was designed to improve health and assure access to high-quality health services for present and future generations of mothers, infants, children and adolescents, including those with disabilities and chronic illnesses, with special attention to those of low income or with limited availability of health services.

Today, Title V is administered by the Maternal and Child Health Bureau (MCHB), which is a part of the Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services (HHS). Under Title V of the Social Security Act, the Maternal and Child Health Services Block Grant program has three components – Formula Block Grants to States, Special Projects of Regional and National Significance (SPRANS), and Community Integrated Service Systems (CISS) awards. Using these authorities, the MCHB has forged partnerships with states, the academic community, health professionals, advocates, communities and families to better serve the needs of our nation's children.

The Combating Autism Act was enacted in 2006 and reauthorized in 2011 to enhance autism research, services, and training programs through funding to HRSA, the National Institute of Health (NIH), and the Centers for Disease Control and Prevention (CDC). It was reauthorized in 2014 as the Autism CARES (Collaboration, Accountability, Research, Education and Support) Act. As specified in the original Act, the ultimate goal of this technical assistance resource center is to assist training recipients to "train professionals to utilize valid and reliable screening tools to diagnose or rule out and to provide evidence-based interventions for children with autism spectrum disorders and other developmental disabilities."

Autism Programs at the Maternal and Child Health Bureau:

MCHB supports programs to address ASD/DD through education, early detection, and intervention. Specifically, these activities are designed to:

1) Increase awareness of ASD/DD
2) Reduce barriers to screening and diagnosis;
3) Support research on evidence-based interventions for individuals with ASD/DD;
4) Promote guideline development for interventions; and
5) Train professionals to utilize valid screening tools, diagnose and provide evidence-based interventions through an interdisciplinary approach.

The four program areas supported by MCHB include:

1) Training for Professionals:
    • LEND training programs;
    • DBP training programs; and
    • The Autism CARES Act National Interdisciplinary Training Resource Center (this Funding Opportunity Announcement)

2) Autism Research Programs:
    • Autism Intervention Research Networks that focus on intervention research, research to improve care and services, guideline development and information dissemination; and
    • Autism Intervention Research and Secondary Data Analysis Studies awards.

3) Autism State Integrated Services Systems Programs:
    • State integrated service system awards for improving state system level care integration for children and youth with ASD/DD; and
    • A State Public Health Coordinating Center that coordinates with the state system awards and develops and implements a strategy for defining, supporting, and monitoring the role of the various state systems in assuring that children and youth with ASD/DD receive early and timely identification, diagnosis, and intervention.

4) National Evaluation:
    • Information and analysis from this evaluation contributes to the HHS Secretary's Report to Congress on progress related to ASD/DD as required in the Autism CARES Act.

Division of Maternal and Child Health Workforce Development (DMCHWD) 2012-2020 National Goals (URL: http://mchb.hrsa.gov/training/about-national-goals.asp)

Within MCHB, the DMCHWD works collaboratively with national, state, and local MCH organizations to develop and sustain MCH professionals prepared to provide leadership within Title V and other MCH programs.

The DMCHWD's vision for the 21st century is that all children, youth, and families will live and thrive in healthy communities served by a quality workforce that helps assure

their health and well-being. To achieve this vision, the Division is guided by its strategic plan for 2012-2020 which includes the following goals:

- Goal 1: MCH Workforce and Leadership Development: Address current and emerging MCH workforce needs by engaging, and providing training for and support to MCH leaders in practice, academics and policy.

- Goal 2: Diversity and Health Equity: Prepare and empower MCH leaders to promote health equity, wellness, and reduce disparities in health and healthcare.

- Goal 3: Interdisciplinary/Inter-professional Training and Practice: Promote interdisciplinary/inter-professional training, practice and inter-organizational collaboration to improve the quality of care by enhancing systems integration for MCH populations.

- Goal 4: Science, Innovation and Quality Improvement: Generate and translate new knowledge for the MCH field in order to advance science-based practice, innovation, and quality improvement in MCH training, policies, and programs.

The DMCHWD seeks to ensure excellent public health and health care services for families through workforce preparation. Specifically, it supports:

- *Trainees* who show promise to become leaders in the MCH field through teaching, research, clinical practice, service, and/or administration and policymaking;
- *Faculty* who mentor students in exemplary MCH public health practice, advance the field through research, develop curricula particular to MCH and public health, and provide technical assistance to those in the field; and
- *Continuing education and technical assistance* for those already practicing in the MCH field to keep them abreast of the latest research and practices.

Need for Programs Related to Autism and Developmental Disabilities

According to the most recent prevalence data from the Centers for Disease Control and Prevention's Autism and Developmental Disabilities Monitoring network (2012) (http://www.cdc.gov/ncbddd/autism/data.html) approximately one in 68 children (1.5 percent) in the United States have been identified with autism spectrum disorder (ASD). Diagnosis is sometimes difficult to make and needs to be made by well-trained professionals. On average, children identified with ASD are not diagnosed until after age 4, even though children can be diagnosed as early as age two. (http://www.cdc.gov/ncbddd/autism/data.html).

It is well-established that a lack of trained providers presents an access to care issue for children/youth with complex disabilities like ASD and their families. Access to adequate health care is a significant problem for children with special health care needs, but is even more pronounced for those with ASD. Many needs remain unmet for these children and families, particularly pertaining to adequate service provision for their complex needs. According to one study, families of children with ASD were significantly

more at risk of having unmet specialty and therapy care needs, and they report provider lack of skills as a related barrier to receiving certain services. (Chiri, G. & Warfield, M.E. Maternal Child Health Journal, 2012)).

Significant racial and ethnic disparities exist in the diagnosis and recognition of ASD, suggesting additional professional training is needed in the field to mitigate these differences (Mandell et al, *American Journal of Public Health*, March 2009). Further, disparities exist in access to ASD care and intervention, particularly in underserved populations. (Liptak et al, *Journal of Developmental and Behavioral Pediatrics*, June 2008). Both the public health and health care systems lack sufficient numbers of providers trained in systems thinking and exposed to interdisciplinary practices to meet the needs of children with ASD, who often have multiple co-occurring conditions.

II. Award Information

1. Type of Application and Award

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

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

The competing continuations box should be checked by the applicant that is currently funded under this program. New applicants are those not currently funded under the existing cooperative agreement.

As a cooperative agreement, **HRSA Program involvement will include**:

- Provide experienced MCHB personnel to participate in the planning and execution of ASD/DD and interdisciplinary training activities under this cooperative agreement;
- Work closely with the recipient of this cooperative agreement in identifying sufficient staff with expertise to support the implementation of activities;
- Participate in the planning and scheduling of meetings and seminars conducted during the period of the cooperative agreement;
- Participate in regular meetings and/or communications with the recipients to assess progress;
- Participate in the design, direction and evaluation of innovative activities;
- Participate actively, with the Resource Center and consultants, on recipient site visits;
- Facilitate efforts in the provision of technical support and training/education to specified programs;
- Review procedures to be established for ongoing monitoring and successful accomplishment of the scope of work proposed;

- Assist in identifying other recipients and professional and national organizations with whom the recipient will be asked to develop collaborative relationships; and
- Provide review and advisory input of any publications, audiovisuals, and other materials produced, as well as meetings planned, under the auspices of this cooperative agreement.

The cooperative agreement recipient's responsibilities will include:

1) **Adherence to HRSA guidelines** pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds.

2) **Technical assistance to LEND and DBP recipients and other MCHB-funded Autism CARES recipients**

   - Assess technical assistance (TA) needs and develop resources, trainings, peer to peer groups, and other methods to address needs;
   - Foster opportunities for collaboration among LEND, DBP and other training program recipients by organizing recipient meetings, discipline specific meetings and topical work group meetings;
   - Disseminate research findings and results, and evaluate the success of dissemination methods;
   - Provide adequate staffing to meet TA needs of the recipients;
   - Provide recipients capacity building assistance (CBA) in order to strengthen LEND programs via quality initiatives and peer projects; and
   - Provide support to network recipients on existing and new curriculum modules.

3) **Production and Dissemination of Resources to CARES recipients and national stakeholders, including families. Following is a sample list that is not meant to be exhaustive of specific activities that may be requested:**

   - Perform literature reviews, including reviews of recipient resources, products and presentations to examine the gaps and opportunities in the health and other service systems for children with ASD/DD and their families;
   - Develop implementation strategies addressing gaps in knowledge such as potential lack of access to services for underserved populations (culturally and linguistically diverse populations);
   - Identify and disseminate innovative practice models which link primary care providers to specialists and subspecialists in order to provide a seamless service system for families; and
   - Adherence to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds.

4) **Data Management and Analysis:**

   - Utilize a data management system, such as the National Information Reporting System (NIRS), to collect and report on data specific to training activities, including autism-specific information;

- Assess information gathered from annual reports and site visits to monitor trends and needs in data system development, technical assistance needs, and refinement of key indicators to assess progress; and
- Coordinate data collection and analysis activities with the MCHB staff and contractors to ensure timely recipient performance reporting with the Discretionary Grant Information System (DGIS).

5) **Program Coordination:**

- In collaboration with MCHB federal partners, provide organizational support for program site visits each year to current LEND, DBP and selected other Autism CARES recipients.
- The Resource Center is expected to coordinate and reimburse any necessary consultants or peers/family members who participate in, or travel to, the site visit.
- Assist in developing collective impact and learning collaboratives to broaden and strengthen the network's impact;
- Coordinate efforts with Autism CARES partners, including LEND and DBP training programs, Autism Intervention Research Networks, Autism State Integrated Services System awards, state public health coordinating center, Title V programs in the states, families;
- Organize and facilitate recipient meetings, including the capacity to host large-scale webinars and interactive online meetings when necessary:
  - Autism CARES recipient meeting with all MCHB partners (alternating annually between in-person and virtual meetings), in conjunction with the MCHB-funded state public health coordinating center on autism;
  - LEND recipient meetings up to two times per year;
  - Interdisciplinary Training meeting including other MCHB training recipients (alternating annually between in-person and virtual meetings)
  - Early Hearing Detection Intervention (EHDI) annual meeting (coordinate the LEND audiology supplemental recipients for a pre-EHDI workshop)
- Coordinate with other HRSA and MCHB investments and related national associations; and
- Participate in MCHB Evaluation efforts for Autism CARES Act recipients and facilitate data collection when requested by coordinating with LEND/DBP recipients

6) **Systems Development Strategies:**

- Participate in national organization and consensus-building meetings;
- Develop and sustain strategic partnerships with key federal agencies and award recipients, national organizations, and private initiatives which are making critical contributions in this area;
- Conduct program development activities such as providing technical expertise and logistical support for regional ASD/DD meetings;
- Facilitate regional LEND meetings (e.g., PACWest) when requested; and
- Participate in developing quality improvement efforts.

7) **Convene topical workgroups and provide leadership on emerging disability-related issues, including all aspects of transition to adulthood (e.g., health care transition) and public health emergencies that impact infants' and children's development. Lead and provide logistical support to existing workgroups such as Genetics, Pediatric Audiology, Family Discipline, and People with Disabilities in Training programs.**

8) **Nationally represent the LEND programs and the needs of the LEND network. Assist MCHB in demonstrating the value-added of the LEND network to the field of disabilities.**

9) **Partner with the Designated Federal Project Officer(s):**

- Respond in a flexible manner to collaborate on short-term, long-term and ongoing projects;
- Obtain formal Prior Approval from HRSA when selecting and hiring new key project staff;
- Consult with the Project Officer when planning/implementing new activities;
- Consult with the Project Officer when scheduling any meetings, including project advisory/steering committee meetings, that pertain to the scope of work and at which the Project Officer's attendance would be appropriate (as determined by the Project Officer);
- Provide the Project Officer with adequate time and opportunity to review, provide advisory input, and approve at the program level, any publications, audiovisuals, and other materials produced, as well as meetings planned, under the auspices of this cooperative agreement (such review should start as part of concept development and include review of drafts and final products);
- Provide the Project Officer with an electronic copy of, or electronic access to, each product developed under the auspices of this project;
- Ensure that all products developed or produced, either partially or in full, under the auspices of this cooperative agreement are fully accessible and available for free to members of the public; and
- Acknowledge that HRSA/MCHB has full rights to access to any and all data and products generated under this cooperative agreement, and agree to provide a royalty-free, nonexclusive, and irrevocable license to the government to reproduce, publish, or otherwise use any products derived from activities conducted under this cooperative agreement.

2. Summary of Funding

Approximately $771,000 is expected to be available annually to fund up to one (1) recipient. You may apply for a ceiling amount of up to $771,000 per year. The actual amount available will not be determined until enactment of the final FY 2017 federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is September 1, 2017 through August 31, 2022 (five years). Funding beyond the first year is dependent on the availability of appropriated funds for Autism

CARES in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include public or nonprofit agencies, including institutions of higher education.

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

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will 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.

Students/trainees receiving support from award funds must be a citizen of the United States or a foreign national having in his/her possession a visa permitting permanent residence in the United States.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* applicants for this FOA to apply electronically through Grants.gov. You must download the SF-424 Research and Related (R&R) application package associated with this FOA following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 R&R Application Guide* provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the *R&R 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 R&R Application Guide* except where instructed in the FOA to do otherwise.

See Section 8.5 of the *SF-424 R&R Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's *SF-424 R&R Application Guide* and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit (Reminder: biographical sketches **do** count in the page limit). Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

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

See Section 4.1 viii of HRSA's *SF-424 R&R Application Guide* for additional information on this and other certifications.

Program-Specific Instructions
In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 R&R Application Guide* (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following:

i. *Project Abstract*
See Section 4.1.ix of HRSA's *SF-424 R&R Application Guide*.

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

Use the following section headers for the Narrative:

▪ *INTRODUCTION -- Corresponds to Section V's Review Criterion #1*
Briefly describe the purpose of the proposed project in relation to the Purpose section of the funding opportunity announcement.

▪ *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1*
Outline the needs of the community and/or organization. Briefly describe the background of the present proposal, critically evaluating the national need/demand for technical assistance in the area of interdisciplinary leadership training in ASD/DD. Specifically identify issues to be addressed and gaps which the project is intended to fill. (If available, a summary of needs assessment findings should be included.) State concisely the importance of the project by relating the specific objectives to the potential of the project to meet the purposes of the program described in the funding opportunity announcement. An understanding of the systems serving children with ASD/DD should be discussed and described in detail in this section. In-depth knowledge of the LEND and DBP programs is required. The applicant must demonstrate expert knowledge of the health and related issues for individuals with ASD/DD. The applicant must clearly describe the national and regional significance of the project, including how cultural, racial, linguistic and geographic diversity of the populations and communities will be served, and stakeholders will be reached.

▪ *METHODOLOGY -- Corresponds to Section V's Review Criterion #2*
Propose methods that will be used to meet each of the previously-described program requirements and expectations in this funding opportunity announcement.

State the overall goal(s) of the project and list the specific objectives that respond to the stated need/purpose for this project. The objectives must be **measurable** with specific **outcomes** for each project year which are attainable in the stated **time frame**. These outcomes are the criteria for evaluation of the program.

Technical Assistance to LEND and DBP recipients
- The applicant should discuss how they will assess needs and provide technical assistance to LEND, DBP and other interdisciplinary programs supported by the MCH Training program; assist MCHB in the coordination of efforts between

autism training investments, research intervention networks and State Autism awards; collect and analyze relevant program data; assist in the development and implementation of interdisciplinary performance measures; conduct annual Autism CARES recipient meeting and LEND recipient meetings, including discipline specific meetings; and participate in the National Evaluation efforts through data requests. As specified in the original Combating Autism Act of 2006, the ultimate goal of this technical assistance resource center is to assist training recipients to "train professionals to utilize valid and reliable screening tools to diagnose or rule out and to provide evidence-based interventions for children with autism spectrum disorders and other developmental disabilities." Quality Improvement (QI) methods, including Capacity Building Assistance (CBA) should be described, as well as the ability to support existing network-wide QI initiatives (e.g., LEND Program Quality Improvement Network- LPQI). As a national representative of the LEND programs, the Resource Center should discuss how it will produce and disseminate resources to LEND and DDP recipients and national stakeholders, including families.

Collaboration
Describe the proposed project's existing and planned methods of collaboration and coordination with other relevant agencies, organizations, key public and private providers, family members, consumer groups, professional membership organizations, and other partnerships relevant to the proposed project.

The applicant is expected to forge partnerships with educators, clinicians, researchers, advocates, families, state public health programs and other organizations/agencies critical to improving the health and well-being of individuals with ASD/DD and creating systems of care. Establishment of strong partnerships between educators, researchers and practitioners is essential to assure that new interventions, evidence-based guidelines, tools, and systems management approaches can be applied in the health and health care systems. Establishment of strong partnerships with the public, families and the advocacy community is also essential to translate vital research findings to assure better access and quality services for individuals with ASD/DD.

Data Management and Analysis
Data collection and analysis for the MCHB-funded interdisciplinary training programs vitally important. In order for interdisciplinary training recipients to accomplish their program goals, they need to have a data interface with the Resource Center. The applicant should facilitate the management of information and quality improvement capabilities of interdisciplinary training recipients by utilizing a data system to collect relevant data on LEND, DBP, and other interdisciplinary trainees, particularly around autism activities. This should include a data management system, such as NIRS, and support for recipient reporting requirements within the DGIS system. One purpose is to enable the applicant to adequately track former trainees and to measure their leadership development and outcomes. The applicant should also describe suggested methods for improving the response rate of former LEND trainees to the post-graduation surveys at five and ten years post-graduation. These data points support MCHB's assessment of

the impact of the LEND program over time to track trainees' leadership trajectories and careers in the field of maternal and child health.

Program Coordination
Site visits are a critical component of technical assistance to support Autism CARES recipient programs. The applicant will work with MCHB to help secure and reimburse LEND/DBP program staff to act in an advisory role on peer site visits, and will coordinate some logistics between MCHB and recipients. Resource Center staff should be available to participate in LEND and DBP site visits as appropriate.

Meeting planning is also a crucial function of the Resource Center. (See Section II. Award Information, Recipient's Responsibilities.)

Emerging Issues
The applicant should describe methods for the exchange and sharing of exemplary practices among the programs using Internet-based technologies, in person meetings, and print materials, depending on the preferences of users and resource limitations. The application should describe work groups addressing emerging issues such as transition to adulthood and pediatric audiology, particularly for those with co-occurring ASD. The applicant must be able to convene the LEND network on emerging public health issues affecting infants' and children's developmental outcomes that may arise, such as the Zika virus and lead exposure.

- *WORK PLAN -- Corresponds to Section V's Review Criterion #2 and #4*
  As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities including development of the application. Applicant should include how they will support their LEND network members and the network on cultural, racial, linguistic and geographic diversity of the populations and communities that will be served. Include letters of support from key stakeholders involved in the development of this application, as well as future engagement in project activities. Letters of support (Attachments 7-10) should include the expertise the stakeholder brings to recipients, previous accomplishments and scope/focus of future engagement around project activities. A list of letters available from supporting agencies is sufficient due to page limitations, if necessary.

  - Applicants should include a Work Plan as Attachment 1 that describes the goals and objectives and the sequence of specific activities and steps that will be used to carry out each proposed methodological approach, organized by the components of activity set forth in the Purpose section of this FOA. The work plan should specifically address:
    - the Resource Center's dissemination plan to share curricula, assessment and other tools, training approaches, research findings, successes, with all stakeholders;
    - activities that demonstrate how the applicant intends to mobilize audiences to learn from and promote maximum usage of the materials, products and resources developed through the project;

- Applicants should explicitly describe which personnel will conduct each activity, as well as when, where, and how each activity will be carried out. Strategies in the work plan should reflect the needs and challenges that have been identified and include metrics by which elements of the work plan will be evaluated.
- Applicants should describe an effective plan for monitoring and tracking project activities.
- Applicants should describe an efficient and effective plan for managing the project, including its personnel and resources. Also include as Attachment 3, Letters of Agreement and/or Description(s) of Proposed/Existing Contracts related to the project Work Plan.

As part of the work plan, you <u>must submit a logic model</u> 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 announcement, 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 is supporting resources. Assumptions should be based on research, best practices, and experience.)
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., Resource Center's approach; key interventions, if applicable);
- Outputs (e.g., the direct products or deliverables of program activities); and
- Outcomes (e.g., the results of a program, typically describing a change in people or systems).

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

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

  Evaluation and self-assessment are critically important for quality improvement and assessing the value-added contribution of MCHB/HRSA investments. Consequently, all discretionary award projects, including training projects, are expected to incorporate a carefully designed and well-planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the stated goals. Wherever possible, the measurement of progress toward goals should focus on systems, health and performance outcome indicators, rather than solely on intermediate process measures. The evaluation protocol should be based on a clear rationale relating to the identified needs of the target population with project goals, award activities, and evaluation measures. A

project lacking a complete and well-conceived evaluation protocol may not be funded. A formal plan for evaluating the Resource Center must address how the major goals and objectives of the project will be achieved.

If there is any possibility that an applicant's evaluation may involve human subjects research as described in 45 CFR part 46, the applicant must comply with the regulations for the protection of human subjects as applicable.

Monitoring and evaluation activities should be ongoing and, to the extent feasible, should be structured to elicit information which is quantifiable and which permits objective rather than subjective judgments. Explain what data will be collected, the methods for collection and the manner in which data will be analyzed and reported. Data analysis and reporting must facilitate evaluation of the project outcomes.

Successful applicants should provide an evaluation plan as to how they will, in collaboration with LEND and DBP training programs, increase the number of individuals who are able to provide information and education on ASD/DD to increase public awareness of developmental milestones, confirm or rule out a diagnosis of ASD/DD, and increase the number of individuals able to provide evidence-based interventions for individuals diagnosed with ASD/DD.

The response should be organized by the activities listed below and should also address how project personnel are qualified by training and/or experience to:
- Provide technical support;
- Develop tools, products, publications;
- Disseminate information to varied audiences using technology accessible to a variety of audiences with limited access to advanced communication systems; and
- Develop and host webinars, web-based trainings and meetings for large audiences.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5*

In this section, include a specific description of the available resources (staffing/personnel, space, and organizational capacity) that are available and will be used to carry out the program.

- Staffing and personnel**:**
  o In Attachment 2, provide position descriptions of all Key Staff and how much time they will spend on the cooperative agreement. The cooperative agreement must have a Principal Investigator with a clear role on the project. The Senior Manager of this cooperative agreement must have demonstrated leadership and expertise with programs serving children with neurodevelopmental disabilities and must devote a minimum 85 percent FTE specifically to this cooperative agreement. The Senior Manager must be the person having direct, functional responsibility for the program for which support is directed.

- Additionally, supported project staff should have documented experience in working with or on behalf of children with ASD and other DD, as well as children with hearing loss and their families when possible. Staff should have competency in leading and staffing various topical groups and providing direct technical assistance to recipients.
- Sufficient expertise and staffing time to provide content expertise and technical assistance in these areas must be documented. The expectation is, in addition to the Senior Manager, that three additional staff at a minimum of 80 percent FTE each will be devoted to activities of this cooperative agreement. Other staff support may be included for support functions such as IT, data management, meeting planning, technical assistance oversight, financial oversight, etc.
  - o Provide a description of the organizational plan for management of the project, including an explanation of the roles and responsibilities of project personnel, project collaborators, and consultants.
  - o Describe leadership and management skills, as well as experience and expertise in directing the activities related to the objectives and activities. Particular attention should be focused on the organization's ability to provide guidance and expert consultation to program partners, government entities and national organizations as it relates to successful implementation of projects. Include experience that demonstrates qualifications to perform the work described in this funding opportunity announcement, specifically successful collaboration with stakeholders, government entities and national organizations in integrating healthcare system improvements and pediatric considerations into the nation's healthcare system.
  - o A summary curriculum vita (Biographical Sketch), maximum of two (2) pages, must be provided in the SF 424 for each key professional member. It must contain information about education; professional certifications and licensure; professional positions/employment in reverse chronological order; current award and contract support; representative publications and any additional information that would contribute to the Objective Review Panel's understanding of relevant qualifications, expertise and experience.

- Space: Describe briefly the physical setting(s) in which the program will take place.

- Organizational Capacity**:**

  Describe briefly the administrative and organizational structure within which the program will function, including relationships with other departments, institutions, organizations or agencies relevant to the program. Charts outlining these relationships must be included as an attachment or in the narrative. An organization chart must be submitted as Attachment 4.

Provide information on the applicant organization's current mission and structure, and scope of current activities. Describe how this organizational structure impacts the organization's ability to meet program requirements and expectations. Describe the extent to which the applicant organization represents the LEND and DBP programs, and represents children and youth with disabilities nationally

Relevant past experience of the applicant organization can be highlighted in Attachment 6, Accomplishment Summary (see section v. below). The summary is required of competing continuations.

NARRATIVE GUIDANCE

In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative (below)	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

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

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

In addition, the Resource Center program requires the following:

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

iv. *Budget Justification Narrative*

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

v. *Program-Specific Forms*

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

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

2) *Performance Measures for the CARES Act National Interdisciplinary Training Resource Center*

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

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

vi. *Attachments*

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

Attachment 1: Work Plan and Logic Model
> Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative. Also include the required logic model in this attachment.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel
> Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications needed of required project staff.

Attachment 3: Letters of Agreement 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 agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

Attachment 4: Project Organizational Chart
> Provide a one-page figure that depicts the organizational structure of the project.

Attachment 5: Tables, Charts, etc.
> Optional, to give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachment 6: ACCOMPLISHMENT SUMMARY
> A well-planned accomplishment summary can be of great value by providing a record of accomplishments related to the purposes of this FOA. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program specific accomplishments. All applicants, new or competing continuations, can provide an Accomplishment Summary for the preceding five years. The Accomplishment Summary will be evaluated as part of Review Criterion 4: IMPACT. The Summary is required of competing continuation applicants.

The accomplishment summary should be a brief presentation of accomplishments that clearly demonstrate the organization's national impact in providing past technical assistance and leadership to training programs. The report should include:

(1) The period covered (dates).

(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 7-10: 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.). A list of letters of support is sufficient, if necessary, due to page constraints.

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 it 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 R&R Application Guide.*

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this FOA is *January 31, 2017 at 11:59 P.M. Eastern Time.*

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA's *SF-424 R&R Application Guide* for additional information.

5. Intergovernmental Review

The Resource Center 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 R&R Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a project period of up to five (5) years, at no more than $771,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L. 114-113) apply to this program. Please see Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these or other restrictions will apply in FY 2017, as required by law.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with the all federal funding requirements and prohibitions such as lobbying, gun control, abortion, etc. The effectiveness of these policies, procedures and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities.

V. Application Review Information

1. Review Criteria

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

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

Review criteria are used to review and rank applications. The Autism CARES Act National Interdisciplinary Training Resource Center has six (6) review criteria:

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

The extent to which the application demonstrates the problem and associated contributing factors to the problem.

The extent to which the proposed project:
- Documents the critical needs that the Resource Center will address;
- Documents expert knowledge of the health and related issues for individuals with ASD/DD
- Critically evaluates the national need/demand for technical assistance in the area of interdisciplinary leadership training in ASD/DD, including children with hearing loss.
- Demonstrates in-depth knowledge of LEND and DBP training programs.

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

The extent to which the applicant responds to the Resource Center's Responsibilities (section II, Award Information) and the Methodology, Work Plan, and Resolution of Challenges sections. The extent to which the proposed project responds to the "Purpose" included in the program description. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

Methodology (including technical assistance and other required capacity) (20 points)

The applicant demonstrates:
- Thorough knowledge of the systems that serve children with ASD/DD;

- Capacity to assist MCHB in the coordination of efforts between autism training investments, research intervention networks and State Care Integration autism awards;
- Extensive experience and expertise in providing technical assistance to LEND and DBP training programs;
- Ability to convene the LEND and DBP networks for meetings and workgroups.
    - Strong technical assistance capacity, including the planning of recipient meetings, and development and implementation of performance measures
- Staff capacity to support site visits to LEND and DBP programs;
- Ability to contribute to the national evaluation efforts of the Autism CARES Act through MCHB data requests and autism specific modules
- Capacity to utilize a variety of QI methods to support the network in new and existing projects;
- Strong data management and data collection capacities, including knowledge of the NIRS system, and use of technology to facilitate TA; and
- The ability to manage workgroups, collaborations, and emerging issues, including pediatric audiology, transition and public health emergencies that impact child development

Work Plan/Logic Model/Resolution of Challenges (10 points)

- Submits complete Work Plan and Logic Model
- Provides clear and measurable activities and timelines to achieve the objectives of the Resource Center, and this will be monitored and tracked;
- Clearly describes which staff will conduct each activity; and
- Provides a plan for resolving challenges encountered by the Resource Center

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

The strength and effectiveness of the method proposed to monitor and evaluate the project results.

The extent to which the proposed project:
- Describes a conceptually sound evaluation plan;
- Describes the data to be collected, the methods for collection and the manner in which data will be analyzed and reported;
- Articulates who on the project will be responsible for refining, collecting, and analyzing data for the program evaluation; and
- Describes how changes will be made to the program based on evaluation findings.

Criterion 4: IMPACT (25 points) – Corresponds to Section IV's Workplan and Accomplishment Summary (Attachment 6)

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

The extent to which the proposed project

- Has an effective dissemination plan to share curricula, assessment and other tools, training approaches, research findings, successes, with all stakeholders;
- Describes how the applicant intends to mobilize audiences to learn from and promote maximum usage of the materials, products and resources developed through the project;
- Describes clearly the national and regional significance of the project, including how cultural, racial, linguistic and geographic diversity of the populations and communities will be served, and stakeholders will be reached; and
- Includes a strong Accomplishments Summary (Appendix 6), demonstrating the organization's national impact in providing technical assistance and leadership.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's Evaluation and Technical Support, Accomplishment Summary, and Organizational Information (includes biosketches of key personnel)

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. For competing continuations, past performance will also be considered.

- The extent to which the Senior Manager and project personnel are qualified by training and/or experience to implement the projects, and have requisite experience in ASD/DD;
- The extent to which the applicant demonstrates their experience and expertise and organizational capacity to meet the program purposes;
- The extent to which the applicant organization represents the LEND and DBP programs, and represents children and youth with disabilities nationally;
- Provides an organizational plan for management of the Center that details the roles of personnel, collaborations, and consultants.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's Budget and Budget Narrative

The reasonableness of the proposed budget for each year of the project period in relation to the objectives.

The extent to which the proposed project:
- Provides reasonable cost justifications in relation to the objectives, the complexity of the activities and the anticipated results; and
- Includes dedicated key personnel (as described in Methodology, Organizational Information, Evaluation and Technical Support Capacity) devoted to the project objectives.

2. Review and Selection Process

The objective review provides advice to the individuals responsible for making award decisions. The highest ranked applications receive priority consideration for award within available funding. In addition to the ranking based on merit criteria, HRSA approving officials also may apply other factors in award selection, (e.g., geographical distribution), if specified below in this FOA. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

Please see Section 5.3 of HRSA's *SF-424 R&R Application Guide* for more details.

3. Assessment of Risk and Other Pre-Award Activities

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

Applications receiving a favorable objective review that HRSA is considering for funding are reviewed for other considerations. These include, as applicable, cost analysis of the project/program budget, assessment of the applicant's management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. You may be asked to submit additional programmatic or awards information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that an award will be made. Following review of all applicable information, the HRSA approving and business management officials will determine whether an award can be made, if special conditions are required, and what level of funding is appropriate.

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

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

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

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 1, 2017.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 1, 2017. See Section 5.4 of HRSA's *SF-424 R&R Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's *SF-424 R&R Application Guide*.

3. Reporting

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

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

The new reporting package can be reviewed at:
http://mchb.hrsa.gov/sites/default/files/mchb/Data/Discretionary_Grant_Information_System_Performance_Measure_Update.pdf.

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

The successful applicant under this FOA must comply with Section 6 of HRSA's *SF-424 R&R Application Guide* **and** the following reporting and review activities:

1) **Progress Report**(s). The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.

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

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

   a) **Performance Measures and Program Data**

   To prepare successful applicants for their reporting requirements, the following listing of MCHB administrative forms and performance measures are applicable to this award program:

   Administrative Forms
   Form 1
   Form 2
   Form 4
   Form 6
   Form 7 (Sections 1,2,3,4,7,8)

   Population Domain Measures
   Core 1: Award Impact
   Core 2: Quality Improvement
   Core 3: Health Equity – MCH Outcomes
   Capacity Building (CB) 2: Technical Assistance
   CB 5: Scientific Publications
   CB 6: Products
   Children and Youth with Special Health Care Needs (CSHCN) 3: Transition to Adult Health Care

   DMCHWD Program-Specific Measures
   Training 01: MCH Training Program and Healthy Tomorrows Family Member/Youth/Community Member Participation
   Training 02: MCH Training Program and Healthy Tomorrows Cultural Competence
   Training 04: Title V Collaboration

Program Data Forms
Technical Assistance/Collaboration Form
Products, Publications, Submissions Data Form
Faculty and Staff
Continuing Education

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

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

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

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

VII. Agency Contacts

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

Devon Cumberbatch
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Room 10W65A
Rockville, MD 20857
Telephone: (301) 443-7532
E-mail: [dcumberbatch@hrsa.gov]

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

Robyn Schulhof, MA
Senior Public Health Analyst
Attn: Maternal and Child Health Bureau (MCHB)
Health Resources and Services Administration
5600 Fishers Lane, Room 18W-50
Rockville, MD 20857
Telephone: (301) 443-0258
E-mail: rschulhof@hrsa.gov

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

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

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

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

VIII. Other Information

Logic Models:

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

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a timeline used during program implementation; the work plan provides the "how to" steps. Information on how to distinguish between a logic model and work plan can be found at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf.

Technical Assistance:

A technical assistance webinar has been scheduled to help you understand, prepare, and submit your award application. The webinar is scheduled for December 15, 2016 from 1:00 p.m. to 2:00 p.m. ET. The webinar portion of the technical assistance session can be accessed at: https://hrsa.connectsolutions.com/itacfoa/. Audio for the call can be accessed toll free at: (800)857-1849 Passcode- 6846718. A recording of this technical assistance session will be available until January 31, 2017: Toll-Free Number:1-800-835-8069, Passcode 6853.

IX. Tips for Writing a Strong Application

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