

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Health Resources & Services Administration

Maternal and Child Health Bureau
Division of MCH Workforce Development

Maternal and Child Health (MCH) Nutrition Training Program

Funding Opportunity Number: HRSA-18-076

Funding Opportunity Type(s): Competing Continuation,
Competing Supplement, New

Catalog of Federal Domestic Assistance (CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Application Due Date: May 7, 2018

MODIFIED on March 29, 2018: update to incorporate new SAM.gov registration requirements (page 26) and enactment of the Consolidated Appropriations Act, 2018 (pages 23 and 28).

*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: March 7, 2018

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2018 Maternal and Child Health (MCH) Nutrition Training Program. The purpose of this program is to establish and enhance nutrition centers of excellence to improve MCH by promoting the healthy nutrition of the mother, child, and family. You may apply for the MCH Nutrition Training Program with no enhancement, or the MCH Nutrition Training Program with a 1-year enhancement (Childhood Obesity Enhancement Project).

Funding Opportunity Title:	Maternal and Child Health (MCH) Nutrition Training Program
Funding Opportunity Number:	HRSA-18-076
Due Date for Applications:	May 7, 2018
Anticipated Total Annual Available FY 2018 Funding:	\$1,825,000 (MCH Nutrition Training Program) (includes \$25,000 for grantee meeting to be determined after award) \$112,500 (Childhood Obesity Enhancement)
Estimated Number and Type of Award(s):	MCH Nutrition Training Program: Up to eight grant(s) Childhood Obesity Enhancement: Up to two MCH Nutrition Training Programs may receive enhancement funding. Additional enhancement projects may be funded, pending availability of funds.
Estimated Award Amount:	MCH Nutrition Training Program: Up to \$225,000 per year dependent on the availability of appropriated funds Childhood Obesity Enhancement: Up to \$56,250 per project dependent on the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2018 through June 30, 2023 (5 years) (MCH Nutrition Training Program) July 1, 2018 through June 30, 2019 (1 year) (Childhood Obesity Enhancement)

Eligible Applicants:	<p>Domestic public and nonprofit private institutions of higher learning may apply for training grants</p> <p>See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>
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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 NOFO to do otherwise. A short video explaining the *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

Technical Assistance

HRSA has scheduled the following technical assistance webinar:

Webinar

Day and Date: Thursday, March 22, 2018

Time: 1 – 2 p.m. ET

Call-In Number: 1-888-677-5722

Participant Code: 6699122

Weblink: https://hrsa.connectsolutions.com/mch_nutrition_training_program/

A recorded archive of this webinar will be posted on <http://www.hrsa.gov/grants/>.

Table of Contents

I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION.....	1
1. PURPOSE	1
2. BACKGROUND	2
II. AWARD INFORMATION	4
1. TYPE OF APPLICATION AND AWARD	4
2. SUMMARY OF FUNDING	4
III. ELIGIBILITY INFORMATION	6
1. ELIGIBLE APPLICANTS	6
2. COST SHARING/MATCHING	6
3. OTHER	6
IV. APPLICATION AND SUBMISSION INFORMATION.....	6
1. ADDRESS TO REQUEST APPLICATION PACKAGE.....	6
2. CONTENT AND FORM OF APPLICATION SUBMISSION	7
i. <i>Project Abstract</i>	8
ii. <i>Project Narrative</i>	8
iii. <i>Budget</i>	23
iv. <i>Budget Justification Narrative</i>	23
v. <i>Program-Specific Forms</i>	23
vi. <i>Attachments</i>	24
3. DUN AND BRADSTREET DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER AND SYSTEM FOR AWARD MANAGEMENT.....	26
4. SUBMISSION DATES AND TIMES	27
5. INTERGOVERNMENTAL REVIEW.....	27
6. FUNDING RESTRICTIONS	27
V. APPLICATION REVIEW INFORMATION.....	28
1. REVIEW CRITERIA	28
2. REVIEW AND SELECTION PROCESS.....	32
3. ASSESSMENT OF RISK AND OTHER PRE-AWARD ACTIVITIES	33
4. ANTICIPATED ANNOUNCEMENT AND AWARD DATES	34
VI. AWARD ADMINISTRATION INFORMATION	34
1. AWARD NOTICES	34
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS	34
3. REPORTING	35
VII. AGENCY CONTACTS.....	38
VIII. OTHER INFORMATION	39
APPENDIX A: APPLICABLE STANDARDS FOR USING GRANT FUNDS TO SUPPORT TRAINEE/FELLOWS	40
APPENDIX B: LOGIC MODEL FOR MCH NUTRITION TRAINING PROGRAM.....	44

I. Program Funding Opportunity Description

1. Purpose

This notice solicits applications for the Maternal and Child Health (MCH) Nutrition Training Program. The Health Resources and Services Administration (HRSA) will award funds to establish and enhance nutrition centers of excellence to improve access to comprehensive, community-based, nutrition-centered, and culturally competent coordinated care by increasing the availability of practitioners trained in MCH nutrition that are able to meet the needs of MCH populations. The program improves access to quality health care by (1) providing MCH nutrition professionals with interdisciplinary graduate education and training with a public health focus and emphasis on MCH populations and services – education and training designed to improve workforce capacity and foster leadership in program development and administration, systems integration, education, and nutrition services; (2) developing and disseminating curricula, teaching models, and other educational resources to enhance MCH nutrition programs; and (3) providing continuing education, consultation and technical assistance to local, state, and national organizations serving MCH populations while working in collaboration with State Title V and other MCH programs in order to address the needs of the MCH community.

Unlike other master's level nutrition training programs, MCH Nutrition trainees receive specialized training in core MCH public health principles, epidemiology, environmental approaches to population intervention, leadership skills, and the development and evaluation of nutrition-related, cost-effective interventions for specific populations. Training is also provided in identifying and designing outcome evaluations and in evaluating the potential physiological and biochemical mechanisms linking diet and nutritional status with risk or disease status. Training is designed to provide both clinical and public health approaches to working with the MCH population. Nutrition as a discipline focuses on life course for the population, and nutrition practices have a powerful impact on chronic diseases. MCH and public health nutritionists are critical in integrating primary healthcare and public health interventions and serve as an important link in clinical-community collaborations. The program closely supports HRSA Strategic Goals: Goal 1 - improve access to quality care and services, Goal 2 - strengthen the health workforce, and Goal 4 - improve health equity.

Nutrition as a field is recognized as a critical factor in health promotion and disease prevention and a vital contributor to reducing U.S. childhood obesity rates. The increase in prevalence of childhood overweight and obesity in the United States since the 1960s is well documented, with almost 13 million children have obesity, including over 4 million children with severe obesity.¹ Overweight and obese children are more likely to develop risk factors that can lead to respiratory, metabolic and cardiovascular illness over their

¹ [Ogden CL, Carroll MD, Fryar CD, Flegal KM. Prevalence of obesity among adults and youth: United States, 2011–2014. NCHS data brief, no 219. Hyattsville, MD: National Center for Health Statistics. 2015.](#)

life course.^{2,3,4,5,6,7,8} Childhood obesity is a complex public health problem. MCH nutrition leaders have unique and valuable knowledge in the biological and social determinants of health, life course initiatives, and linking epidemiology to public health practice, as well as the skills to execute comprehensive and effective food and nutrition programs, policies, systems, and environmental change strategies that support healthy weight and prevention of obesity. This program trains MCH nutrition professionals as future MCH leaders to help ensure a highly qualified nutrition workforce to provide care in diverse clinical, community, and public health settings, and to match the demographics of and to meet the emerging needs of the entire MCH population.

The purpose of the Childhood Obesity Enhancement is to address critical needs and emerging issues in childhood obesity related to: strengths of vulnerable communities, including the theory of positive deviancy; access to services in rural areas; and promoting healthy weight behaviors in early childhood.⁹

2. Background

This program is authorized by the Social Security Act, Title V, § 501(a)(2) (42 U.S.C. 701(a)(2)).

² Cote AT, Harris KC, Panagiotopoulos C, et al. Childhood obesity and cardiovascular dysfunction. *J Am Coll Cardiol*. 2013;62(15):1309–1319.

³ Lloyd LJ, Langley-Evans SC, McMullen S. Childhood obesity and risk of the adult metabolic syndrome: a systematic review. *Int J Obes (Lond)*. 2012;36(1):1–11.

⁴ Bacha F, Gidding SS. Cardiac abnormalities in youth with obesity and type 2 diabetes. *Curr Diab Rep*. 2016;16(7):62. doi: 10.1007/s11892-016-0750-6.

⁵ Mohanan S, Tapp H, McWilliams A, Dulin M. Obesity and asthma: pathophysiology and implications for diagnosis and management in primary care. *Exp Biol Med (Maywood)*. 2014;239(11):1531–40.

⁶ Narang I, Mathew JL. Childhood obesity and obstructive sleep apnea. *J Nutr Metab*. 2012; doi: 10.1155/2012/134202.

⁷ Pollock NK. Childhood obesity, bone development, and cardiometabolic risk factors. *Mol Cell Endocrinol*. 2015;410:52-63. doi: 10.1016/j.mce.2015.03.016.

⁸ Africa JA, Newton KP, Schwimmer JB. Lifestyle interventions including nutrition, exercise, and supplements for nonalcoholic fatty liver disease in children. *Dig Dis Sci*. 2016;61(5):1375–1386.

⁹ An approach to behavioral and social change based on the observation that in any community there are people whose uncommon but successful behaviors or strategies enable them to find better solutions to a problem than their peers, despite facing similar challenges and having the same or less resources than their peers.

History and Current Status of Public Health Nutrition

Historically, many of the improvements in MCH can be attributed to improved nutrition.^{10,11,12,13} As the knowledge base about the science of nutrition expanded, professionals were needed to provide nutritional services, to conduct further research, and to educate other providers and families about the benefits of improved nutrition.

The vital role of nutritionists, and the need to provide special training for them in public health concepts and philosophy, continues as the nation addresses current and emerging areas of concern (e.g., childhood obesity, infant mortality, breastfeeding, nutrition of vulnerable/underserved populations including those living in food insecure households, the impact of opioid and other substance use on pregnancy and breastfeeding, maternal mental health and nutritional status, as well as environmental and behavioral effects on nutrition and health). In addition, complex issues, such as childhood obesity, require a comprehensive approach examining factors such as food insecurity, poverty, social and cultural norms, and intergenerational impacts in addition to the provision of clinical care.

Public health nutritionists are uniquely qualified to lead and support nutrition efforts. In addition to expertise in nutrition science, public health nutritionists are trained in the biological and social determinants of health, primary prevention and population-based environmental and policy interventions, life course initiatives, food and food systems, planning and collaboration, and the links between epidemiology and public health practice. The public health nutrition workforce supporting state maternal and child health programs including Social Security Act Title V programs has slowly eroded over the last 10-15 years, resulting in an absence of nutrition professionals able and available to support strategic planning and policy efforts. This trend is expected to continue as a large portion of the existent workforce is expected to retire over the next decade.^{14,15,16}

Timely efforts to recruit and train the next generation of leaders in public health nutrition are vital to the continued success of interventions, programs, and policies that focus on nutrition-related issues, particularly within Title V Maternal and Child Health Services Block Grant Program.

¹⁰ Centers for Disease Control and Prevention. Chronic diseases: the power to prevent, the call to control: at a glance 2009. <https://www.cdc.gov/chronicdisease/pdf/2009-power-of-prevention.pdf> Accessed November 9, 2017.

¹¹ Ford ES, Giles WH, Dietz WH. Prevalence of the metabolic syndrome among U.S. adults: findings from the third National Health and Nutrition Examination Survey. *JAMA* 2002;287(3):356–9.

¹² Hartley L, Igbinedion E, Holmes J, Flowers N, Thorogood M, Clarke A, et al. Increased consumption of fruit and vegetables for the primary prevention of cardiovascular diseases. *Cochrane Database Syst Rev* 2013;4(6):CD009874.

¹³ Turati F, Rossi M, Pelucchi C, Levi F, La Vecchia C. Fruit and vegetables and cancer risk: a review of southern European studies. *Br J Nutr* 2015;113(Suppl 2):S102–10.

¹⁴ [Baer MT](#), [Harris AB](#), [Stanton RW](#), [Haughton B](#). The future of MCH nutrition services: a commentary on the importance of supporting leadership training to strengthen the nutrition workforce. *Matern Child Health J*. 2015 Feb;19(2):229-35.

¹⁵ http://www.asphn.org/resource_files/117/117_resource_file1.pdf

¹⁶ <http://asphn.org/wp-content/uploads/2017/10/Improving-the-Nutritional-Well-Being-of-Women-Children-and-Families-ASPHN-Brief.pdf>

Title V of the Social Security Act

In 1935, Congress enacted Title V of the Social Security Act, authorizing the Maternal and Child Health (MCH) 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, HRSA administers the Title V MCH Services program's three components – Formula Block Grants to States, Special Projects of Regional and National Significance, and Community Integrated Service Systems grants. Using these authorities, HRSA has forged partnerships with states, the academic community, health professionals, advocates, communities and families to better serve the needs of our nation's children.

A three-tiered performance measure framework, including National Outcome Measures (NOMs), National Performance Measures (NPMs), and Evidence-based Strategy Measures, was introduced in 2015 to enable states to demonstrate the impacts of Title V on selected health outcomes within a state. States apply this new framework in developing a five-year State Action Plan to address their identified MCH priority needs.

You are strongly encouraged to become familiar with the full scope of Title V Block Grant requirements. Information on the Title V Maternal and Child Health Services Block Grant Program can be found at <https://mchb.hrsa.gov/maternal-child-health-initiatives/title-v-maternal-and-child-health-services-block-grant-program>.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought:

MCH Nutrition Training Program: New, Competing Continuation
Childhood Obesity Enhancement: Competing Supplement

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA expects approximately \$1,825,000 (includes \$25,000 for grantee meeting to be determined after award) to be available annually to fund eight MCH Nutrition Training Program recipients. You may apply for a ceiling amount of up to \$225,000 total cost (includes both direct and indirect, facilities and administrative costs) per year for the MCH Nutrition Training Program. In addition, approximately \$112,500 is expected to be available in the first budget period to fund two childhood obesity enhancement projects. You may apply for a ceiling amount of up to \$56,250 total cost (includes both direct and indirect, facilities and administrative costs) in the first budget period, for the childhood

obesity enhancement. The actual amount available will not be determined until enactment of the final FY 2018 federal appropriation. You may apply for an annual ceiling amount, as indicated below for the type of award selected. 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 for the MCH Nutrition Training Program is July 1, 2018 through June 30, 2023 (5 years). Funding beyond the first year is dependent on the availability of appropriated funds for the MCH Nutrition Training Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

Five recipients awarded funds under this competition will be required to plan to develop and convene the Nutrition Training Program national grantee meeting during one of the years of the period of performance in the amount of \$25,000, pending availability of funds. HRSA will provide funds on a rotating basis to one recipient each year to host this meeting. While only five grantees will host the meeting, all applicants should include a brief plan for fulfilling this responsibility along with the statement of willingness and capability. While internal planning for the annual meeting must remain consistent with a budget of \$25,000, applicants must not include these annual meeting costs in the overall budget request. The budget must not exceed \$225,000 per year, as annual meeting supplemental funding will not be finalized until post-award.

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

The indirect cost rate for all MCH training programs is capped at 8 percent of modified total direct costs (MTDC) exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$25,000 (45 CFR § 75.414 Indirect (F&A) costs).

Type of Award	Estimated Number of Awards	Estimated Amount of Award per Grantee	Anticipated Total Availability of Funds
MCH Nutrition Training Grant	8	\$225,000	\$1,825,000*
Childhood Obesity Enhancement (for 1 st year only)	2	\$56,250	\$112,500

*As noted in “Summary of Funding”, this total includes \$25,000 for annual grantee meeting.

III. Eligibility Information

1. Eligible Applicants

Domestic public and nonprofit private institutions of higher learning may apply for training grants.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will consider any applications 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.

Eligibility Qualifications of Trainees/Fellows – See [Appendix A](#)

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 Research and Related (R&R) workspace application package associated with this NOFO following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing this notice of funding opportunity (NOFO) (also known as “Instructions” on Grants.gov) or workspace application package. This allows Grants.gov to email organizations in the event the NOFO is changed and/or republished 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 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 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 [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 number of pages listed below in the chart when printed by HRSA.

MCH Nutrition Training Program	80 pages
Childhood Obesity Enhancement	5 pages

The page limit for the MCH Nutrition Training Program includes the abstract, project and budget narratives, and other attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's [SF-424 R&R Application Guide](#) and this NOFO. The page limit for the Childhood Obesity Enhancement includes the project narrative, budget, budget narrative, and any other descriptive information. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Biographical sketches **do** count in the page limitation. 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) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
- 3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachment 7: Other Relevant Documents.

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

Program-Specific Instructions

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

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*
Briefly describe the purpose of the proposed project.

You must state the program(s) for which you are applying:

- MCH Nutrition Training Program; OR
- MCH Nutrition Training Program with Childhood Obesity Enhancement

- **NEEDS ASSESSMENT** -- *Corresponds to Section V's Review Criterion 1 NEED*

In this section, you should briefly describe the background of the proposal, critically evaluating the national, regional and local need/demand for the training and specifically identify problem(s) to be addressed and gaps which the project is intended to fill. You should also concisely state the importance of the project by documenting the potential of the project to meet the purposes of the grant program described in this NOFO and demonstrate strong knowledge of health and related issues for the target population.

- **METHODOLOGY** -- *Corresponds to Section V's Review Criterion 2 RESPONSE*

1) GOALS AND OBJECTIVES

You should 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 specific, measurable, achievable, relevant, and time-oriented (SMART) 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.

2) CURRICULUM

The curriculum must clearly define how the training program incorporates the following content to assure an adequate base of knowledge and experience.

Content and philosophy must be geared toward the purposes specified in Section I.1. Purpose of this notice of funding opportunity.

Programs must develop clear, measurable educational objectives for an interdisciplinary core curriculum, clinical and didactic, which incorporate the acquisition of knowledge of:

- all aspects of nutrition science, policy development, assessment, assurance, environmental change, educational programs and services;
- workforce development—assuring the public has access to nutrition services delivered by qualified practitioners;
- the social environment and social determinants of health —the family, community, school as well as cultural competency and family-centered services;
- interdisciplinary team skills;
- leadership skills;
- communication skills (e.g., verbal, written, team-building, conflict resolution);
- continuous quality improvement; and
- public health perspectives.

Content and philosophy must be geared to preparation of graduates to assume leadership roles in the development, improvement and integration of systems of care, especially in nutrition programs providing maternal and child health services, including those for children with special health care needs, preterm and/or low birth weight infants, and children and families living in vulnerable and underserved communities.

Programs must develop a core curriculum which includes significant clinical and other practical experiences as outlined below, and didactic content on a broad array of topics relevant to all aspects of maternal and child health nutrition, including mental health, oral health, and social/behavioral issues. Educational objectives must incorporate the acquisition of knowledge of biological, psychological and social adaptation; growth and development; primary, secondary and tertiary aspects of disease prevention; and health promotion, including for those with special health care needs. The curriculum should address the prevention, assessment and treatment of childhood and adult obesity.

a. Leadership

The MCH Nutrition Training Program places a particular emphasis on leadership education. The curriculum must include content and experiences to foster

development of leadership attributes. Leadership training prepares MCH nutrition professionals to move beyond excellent clinical or health administration practice to leadership, through practice, research, teaching, administration, academia and advocacy.

The goal of leadership training is to prepare trainees who have shown evidence of leadership attributes and who have the potential for further growth and development as public health leaders. In order to accomplish this goal, trainees must achieve and excel in a variety of areas outlined in the Maternal and Child Health Leadership Competencies. A complete description of the competencies, including definitions, knowledge areas, and basic and advanced skills for each competence is included at <http://leadership.mchtraining.net>. Describe clearly how you will incorporate all of the MCH Leadership Competencies into the training curriculum, including in didactic and experiential components, and how you will measure their attainment.

b. Interdisciplinary Training and Practice

While the primary purpose of the MCH Nutrition Training program is to support nutrition trainees, the training curriculum must use an interdisciplinary approach as leaders in nutrition will work with other health professionals. Knowledge of interdisciplinary practice will enhance the individual skills needed to be a more successful team member. Interdisciplinary training and practice should include professionals such as nurses, psychologists, physicians, social workers, exercise physiologists, speech and language pathologists, educators, physical therapists, occupational therapists, and public health professionals. You must define the content and process which will assure that the interdisciplinary training and practice requirement is satisfied in the content of the program.

c. Cultural Competence

Cultural competence is defined as the knowledge, interpersonal skills and behaviors that enable a system, organization, program, or individual to work effectively cross culturally by understanding, appreciating, honoring, and respecting cultural differences and similarities within and between cultures. Cultural competence is a dynamic, ongoing, developmental process that requires a long-term commitment and is achieved over time.

You must demonstrate how the training program will address issues of cultural competence, such as including cultural competence training in the curriculum, administrative procedures, faculty and staff development, and recruiting culturally, racially and ethnically diverse faculty and students. Training must be structured on a broad range of exemplary, interdisciplinary, comprehensive services which provide family-centered, coordinated care that is responsive to the cultural, social, linguistic, and ethnic diversity of the community.

For additional resources and information, you are encouraged to refer to the National Center for Cultural Competence at <https://nccc.georgetown.edu/>.

Besides teaching concepts of cultural and linguistic competence, HRSA's intent is to ensure that project interventions are responsive to the cultural and linguistic needs of special populations, that services are accessible to consumers, and that the broadest possible representation of culturally distinct and historically under-represented groups is supported. In order to assure cultural competence, it is expected that projects will involve individuals from populations to be served in the planning and implementation of the project.

The curriculum must include content about various service provision models and approaches, the differing social, cultural and health practices of various ethnic and nationality groups, and the implications of these relative to health status and provision of health care.

d. Family/Youth-Centered Care

The curriculum must also include content about family/youth-centered care, as appropriate, that assures the health and well-being of clients and their families through a respectful family-professional partnership. It should honor the strengths, cultures, traditions and expertise that everyone brings to this relationship. Family-Centered Care is the standard of practice which results in high quality services.

Programs must identify a mechanism to receive input from families who utilize health services, plus involve them in the decision-making processes.

e. Public Health, Title V and Related Legislation

The curriculum must address and prioritize public health issues, particularly in Title V Maternal and Child Health Services Block Grant Programs. It should emphasize, either as discrete topics or as topics integrated in other components, appropriate didactic and experiential content relative to MCH/Title V and related legislation, as well as the development, implementation and evaluation of systems of care. At a minimum, the curriculum should include analysis of core public health functions applied to nutrition issues, program planning and evaluation, community needs assessment, public policy, financing, budgeting, consultation, and advocacy. The curriculum should also address emerging public health issues relevant to nutrition.

The curriculum must prioritize appropriate content relative to MCH/Title V and related legislation, as well as content relating to: science-based judgment, evidenced-based practice and documentation of quality outcomes and performance within an established plan of care; expansion of the direct service roles to include consultation, and collaboration and supervision; and, various service delivery models and approaches. The curriculum must provide opportunities for trainees to interact with MCH personnel, national organizations representing nutrition professionals, and other public health professionals. Program faculty will provide consultation and technical assistance to develop and/or improve community-based services, and such technical assistance should be utilized to enhance trainee exposure to and understanding of such services.

The Title V Maternal and Child Health Block Grant Program is the nation's oldest federal-state partnership. It aims to improve the health and well-being of women (particularly mothers) and children.

The Title V performance measure framework demonstrates the Title V program impact on health outcomes while allowing states the flexibility to prioritize and select the measures of most need within their state. There are two National Performance Measures (NPM4: Breastfeeding; NPM8: Physical Activity) and one National Outcome Measure (NOM 20: Overweight/Obesity) related to obesity management and prevention.

For more information on NPMs:

<https://mchb.tvisdata.hrsa.gov/PrioritiesAndMeasures/NationalPerformanceMeasures>

For more information on NOMs:

<https://mchb.tvisdata.hrsa.gov/PrioritiesAndMeasures/NationalOutcomeMeasures>

For more information on incorporating nutrition into the Title V Block Grant National Performance Measures please see related brief:

http://asphn.org/resource_read.php?resource_id=745

f. Research

You must document research and other scholarly activities of faculty and students relating to MCH/public health nutrition and must define the relevance of these activities to the training program. Research on emerging issues in MCH Nutrition (see below) is strongly encouraged. Each student is expected to engage in one or more active research projects during his/her tenure, and to seek to disseminate findings at scientific symposia, through published articles in peer reviewed journals and to practitioners and policymakers. Master's level students are expected to gain knowledge and skills in research methodology and dissemination of research findings into practice. Doctoral and post-doctoral students are to prepare and present findings in peer reviewed journals and meetings. Programs must provide for the conduct of collaborative research by the faculty and by trainees under their supervision, e.g., contributing new knowledge, validating effective intervention strategies, assessing quality, or linking intervention to functional outcomes and quality of life.

g. Technology

The curriculum shall incorporate the use of web-based technology for communication and information acquisition and processing, including distance learning modalities for lifelong learning, and continuing education. Programs should use principles of adult learning and effective education models utilizing available technologies such as e-learning systems, course management software, web-based conferencing, social media and social networking tools.

h. Innovation

MCH Nutrition Training programs should include training content and experiences, as well as trainee and faculty practice that contribute to the accomplishment of the objectives listed above. MCH-funded training programs play a vital role in the development of new knowledge and the promotion of innovation in practice, research and policy. You must clearly describe how the curricula and trainee experiences within the program assure trainees are equipped to practice, respond and lead utilizing multiple sources of information and can synthesize, recognize and contribute to the MCH science and related practice. Program experiences should be designed to implement new and emerging technologies in clinical practice and assure trainees have access to and can practice utilizing these technologies in their respective fields.

i. Emerging Issues

The curriculum must reflect current and emerging health problems and practice issues (e.g., childhood obesity, infant mortality, breastfeeding, nutrition of vulnerable/underserved populations including those living in food insecure households, the impact of opioid and other substance use on pregnancy and breastfeeding, maternal mental health and nutritional status) within the context of the role of MCH nutrition in state Title V programs. Curriculum must include the implementation of the health promotion/disease prevention initiative, [*Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents and Bright Futures in Practice: Nutrition: Fourth Edition*](#) and the [*Blueprint for Nutrition and Physical Activity: Cornerstones for a Healthy Lifestyle*](#). The curriculum should also reflect the Healthy People 2020 National Health Promotion and Disease Prevention Objectives. Please visit <http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx> to identify objectives that should be infused into didactic curriculum and other training components of an MCH Nutrition Training program.

j. Life Course Framework

The curriculum should address health promotion issues for nutrition by implementing a curriculum that emphasizes the life course development and socio-ecological framework. This framework emphasizes the cumulative impact of children with nutrition challenges developing within families, families existing within a community, and the community embedding within the larger society. The curriculum should prepare trainees to understand how systems interact with and influence each other to either decrease or increase risk factors or protective factors that affect a range of health and social outcomes for these children.

3) TRAINING

Training should not be limited to didactic strategies to achieve educational objectives and leadership competencies. The MCH Nutrition Training Program should offer long-term trainees a balance of learning experiences which are interdisciplinary in nature, including didactic, skills-based, seminar, mentoring,

community-based service projects, research skills, and peer leadership in addition to required oral and written presentation experiences. All long-term trainees are expected to work on teaching skills. Long-term doctoral and postdoctoral trainees are expected to achieve communication and teaching skills appropriate for a variety of professional and community audiences. In addition, long-term doctoral and postdoctoral trainees are expected to advance skills in program development and administration through assigned administrative responsibility for at least one focused service or teaching activity.

a. Clinical Preparation

Programs must provide clinical service training experiences that are interdisciplinary and involve families and youth, as appropriate. Services should include health promotion, disease prevention and care coordination, as well as diagnosis and treatment of conditions that range from simple to highly complex. Training must be structured on exemplary, comprehensive, interdisciplinary service models in a variety of institutional and community-based settings with a client population representative of the cultural, linguistic, social and ethnic diversity of the community.

b. Community-Based Preparation

Practicum sites must provide exemplary, comprehensive, community-based service training experiences in a variety of institutional and rural/urban community based settings with a MCH client population representative of the cultural, social and ethnic diversity of the community. Practicum sites within state Title V programs are encouraged. Other examples include community and migrant health centers (Federally Qualified Health Centers); free clinics; school-based health centers; food banks; Women, Infants and Children (WIC) sites; etc. Sites could also include out-patient and in-patient programs in tertiary care centers as well as community-based sites that are off-campus from the academic medical center. Working in an interdisciplinary program site is strongly recommended.

4) TRAINEES

Trainees must be a Baccalaureate educated Registered Dietitian and/or Nutritionist from an accredited program, and must be enrolled in and making satisfactory progress toward a masters and/or doctoral degree in nutrition with a focus on the MCH population. Programs must provide evidence of the productivity of the training program in terms of the number of trainees and graduates. Support for trainees is limited to those whose stated career goals include leadership in the field of MCH nutrition.

The project narrative should include criteria for and a **detailed** description of methods of recruitment and retention of qualified trainees, and selection of trainees whose career goals are consonant with program objectives, as well as special efforts directed toward recruitment and retention of qualified trainees that are culturally, racially and ethnically diverse. The MCH Nutrition Training Program focuses on recruiting culturally, racially and ethnically diverse trainees because

studies have documented that diverse providers are more likely to serve underserved populations, thus increasing the likelihood that health care disparities will be addressed.

Conditions of Support

Trainees must be:

- 1) At least a master's candidate;
- 2) **Long-term (minimum of 300 contact hours);** and
- 3) Enrolled in programs providing a minimum of 50 percent of the total training experience for which support is requested as a part of the clinical program, or in programs directly under the control and supervision of training faculty.

[Appendix A](#), trainee/fellow guidelines, defines trainees and fellows and provides guidelines for support.

Diversity in MCH Training: An increase in the diversity of MCH faculty and students would lead to a MCH workforce that is more reflective of the diversity of the nation. By addressing faculty and trainee diversity, and incorporating cultural competence and family centered care into training programs, the MCH Nutrition Training Program aims to improve the quality of care for the MCH population. Over time, the Program must evaluate whether the emphases on diversity, cultural competence and family centered care might also help to reduce health disparities.

You should describe the plan for encouraging recruitment of trainees from culturally, racially, and ethnically diverse backgrounds and for evaluating the success of the recruitment efforts. Performance Measure #06 requires annual reporting on the percentage of trainees from underrepresented racial and ethnic groups.

There should also be a plan for tracking and reporting on the field leadership of former trainees. This plan should include longitudinal follow-up data about graduates' employment, research, advocacy efforts, programs initiated, publications submitted, etc. These data will be reported on Performance Measure #10.

Other Trainees

Faculty time not required for meeting the primary training mission, as described above, may be applied to other types of training which are related to the basic goals of the MCH Nutrition Training Program. An example may be to develop exemplary, innovative models of education and training that may include, for example, elective experiences for trainees not supported by the training grant, such as medical students, residents, nurses, exercise physiologists, psychologists, social workers, educators, and others.

Medium-term. Medium-term trainees are defined as trainees receiving equal to or more than 40 and less than 300 contact hours in a training program. HRSA has

further refined the definition of Medium-Term Trainees as those who have completed either 40-149 hours or 150-299 hours of training.

Short-term. Short-term trainees are defined as trainees receiving less than 40 contact hours (as defined above) in a training program. Programs are expected to identify specific short-term training objectives and the training activities in which short-term trainees are engaged. Continuing Education students should not be included in this category.

5) INTERCHANGE WITH OTHER PROGRAMS

Interchange with other programs is required. You should document plans for collaborative projects with the other MCH Nutrition Training grantees. Joint leadership projects are strongly recommended.

MCH Nutrition Training Program Meeting:

National collaboration/linkage with all funded MCH Nutrition Training programs is required. The annual grantee meeting and program calls are designed to facilitate productive interchange and assist in the development of national MCH nutrition collaborative activities and resource sharing.

You ***should include a statement of willingness and capability*** to: 1) plan, develop, convene, and manage the MCH Nutrition Training Program meeting; and 2) host the related meeting planning calls during 1 year of the 5-year period of performance. *It is recommended that you include a brief plan* for fulfilling these two responsibilities along with the statement of willingness and capability.

a. Hosting Annual Meetings

The purpose of this annual meeting is to promote interchange, disseminate new information, present new research, and enhance national-level, long-term development in MCH nutrition. Five of the programs awarded under this competition will be required to plan to develop and convene the Nutrition Training Program national grantee meeting during one of the years of the period of performance in the amount of \$25,000, pending availability of funds. Funds will be made available on a rotating basis to one grantee each year to host this meeting. Responsibilities of the host program include agenda development, meeting logistics, meeting room rental and audiovisual support, arrangements, expenses, and payment for the program speakers. Include a statement of willingness and capability to plan, develop, convene, and manage the Nutrition Training Program grantee meeting. While only five grantees will host the meeting, all applicants are requested to include a brief plan for fulfilling these responsibilities along with the statement of willingness and capability.

- You must briefly describe a plan to develop and convene the MCH Nutrition Training Program meeting, 1 year during the 5-year period of performance.
- You must briefly outline host responsibilities to plan, make arrangements, and provide payment for the program, speakers, meeting logistics and lodging, plus meeting meals in lieu of half the per diem.

Important Notes:

While *internal planning* for the annual meeting must remain consistent with a budget of \$25,000, you must *not* include these annual meeting costs in the overall budget request. Budget must not exceed \$225,000 per year, as annual meeting supplemental funding will not be finalized until **post-award**.

Within 3 months **after the start of the period of performance**, the eight awarded MCH Nutrition Training programs will develop a schedule of rotating annual meeting hosting responsibilities for each year of the 5-year period of performance. The host grantee will coordinate with HRSA program staff in selecting both the date and location of the MCH Nutrition Training Program annual meeting to facilitate coordination with other available meetings.

Pending the availability of funds during each year of the period of performance, the one designated MCH Nutrition Training grantee will apply for an administrative supplement of up to \$25,000 **post-award**, in *additional funding* to cover the costs of the annual meeting. *This annual meeting requirement may be waived during Year 5 of the period of performance.*

6) CONTINUING EDUCATION AND DEVELOPMENT

Although the primary purpose of HRSA support for training in the MCH Nutrition Training Program is the long-term training of nutritionists for leadership roles, as outlined above, each program must also conduct at least one continuing education activity per year for the provider community to enhance skills or disseminate new information. Although students and trainees are encouraged to attend, the primary target audience for this is the established MCH nutrition provider community (those working in the field 10-15 years) and should be based on specific needs identified by the MCH nutrition provider community. Planning for the activity should be done in collaboration with the MCH nutrition provider community. The plan for the conduct of such activities should be defined in the application. In addition to meeting the unique needs of the established MCH nutrition provider community, special emphasis should be placed on the role of nutrition in MCH state Title V programs.

7) TECHNICAL ASSISTANCE/CONSULTATION AND COLLABORATION WITH STATE TITLE V/MCH AGENCIES AND OTHER RELATED PROGRAMS

You should document that you have active, functional relationships with State Title V MCH programs, and other federally funded programs. Such collaboration includes consultation, in-service education, and continuing education geared to the needs of one or several states. Collaboration with agencies or programs providing educational, legal, social, rehabilitative or similar services; or service on boards, commissions, advisory groups or similar entities which set standards, help define public policy or otherwise influence service on a state, regional or national basis should also be documented. The curriculum must provide opportunities for trainees to interact with MCH personnel, and other public health professionals. Program faculty should provide consultation and technical assistance to develop or improve community-based services, and such technical assistance should be

utilized to enhance trainee exposure to and understanding of such services. Collaboration must be documented in the application, i.e., descriptions of committees, copies of agreements/contracts, etc.

Linkages with other HRSA-supported training programs are strongly encouraged.

- ***WORK PLAN -- Corresponds to Section V's Review Criteria 2 RESPONSE and 4 IMPACT***

Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section. Include a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application.

You must include a logic model in Attachment 1 that demonstrates the relationship among resources, activities, outputs, and short- and long-term population and/or system outcomes. Specific impacts to be addressed include, but are not limited to: the extent to which graduates of long-term training programs demonstrate field leadership; the extent to which graduates of long-term training programs engage in work related to MCH populations, including collaboration with State Title V agencies or other MCH or MCH-related programs; and the extent to which long-term training grantees are engaged in policy development, implementation, and evaluation.

See [Appendix B](#) for the overall logic model for the MCH Nutrition Training Program.

- ***RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion 2 RESPONSE***

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

- ***EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria 3 EVALUATIVE MEASURES and 4 IMPACT***

You must describe the plan for program performance evaluation that will contribute to continuous quality improvement and the identification of outcomes/impact of your efforts, particularly around the value-added contribution to Title V programs. The 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 staff, budget, and other resources), key processes, and expected outcomes of the funded activities.

Evaluation and self-assessment are critically important for quality improvement and assessing the value-added contribution to Title V investments. Consequently, discretionary grant 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. The measurement of progress toward goals should focus on systems impacts and population health, rather than solely on process or interim output measures. The protocol should be based on a clear rationale relating the identified needs of the target population with project goals, grant activities, and evaluation measures. The evaluation should assess the extent to which the program process objectives have been met and the extent to which the outcome objectives can be attributed to the project.

HRSA funds interdisciplinary graduate education programs to assure that universities:

- 1) Develop curricula and clinical experiences that support graduate MCH interdisciplinary leadership training;
- 2) Produce faculty and trainee leaders who are knowledgeable and practice in a population focused, family centered, culturally competent manner to enhance systems of care for MCH populations; and
- 3) Provide products, continuing education and technical assistance to those already practicing in the MCH field to keep them abreast of the latest research and emerging better practices.

You should provide a detailed evaluation plan describing how you will measure the effectiveness of activities related to interdisciplinary graduate education, curricula development, leadership development, and impact on the practice community through technical assistance, continuing education and product dissemination.

Monitoring and evaluation activities must be ongoing and, to the extent feasible, must be structured to gain information that is quantifiable and that permits objective rather than subjective judgments. You should describe what data will be collected, the methods for collection and the manner in which data will be analyzed and reported. You should consider describing which data will be used as a component of formative (or process) evaluation for internal project improvement activities, and which will pertain more specifically to demonstrating outcomes/effectiveness/impact. You also should identify who on the project will be responsible for refining and collecting, and analyzing data for the evaluation, and how you will make changes to the program based on evaluation findings.

In addition, funded interdisciplinary long-term training programs will report annually on performance measures developed by HRSA related to the following:

- Demonstration of field leadership by graduates of long-term training programs and engagement of long-term training graduates in work focused on MCH populations;
- Demonstration of working in an interdisciplinary manner to serve the MCH population by long-term training graduates;
- Diversity of participants in HRSA long-term training programs, including participants from underrepresented racial and ethnic groups;
- Family, youth, and community-member participation in program and policy activities;

- Incorporation of cultural and linguistic competence elements into policies, guidelines and training;
- Collaboration with State Title V agencies, other MCH or MCH-related programs; and
- Engagement of long-term training grantees in policy development, implementation, and evaluation.

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

Recipients must report annually on performance measures related to these outcomes.

IMPACT

You must document the extent and effectiveness of plans for dissemination of project results and the extent to which project results may be national in scope, and the degree to which the project activities are shared in collaboration with other stakeholders to strengthen the MCH network. The contributions to and impact on MCH state Title V programs should be emphasized.

Development and Dissemination of Educational Resources

As programs revise and develop new curricular materials, teaching models, and other educational resources and references in nutrition in response to new research findings and developments in the field, they must disseminate these products to Title V Maternal and Child Health Services Block Grant Programs as well as other nutrition, clinical, and public health programs or other relevant programs, including educational programs, in order to promote enhanced attention to this specialized area.

MCH Network Development

You must articulate a plan for demonstrating and teaching others to promote enhanced access to MCH expertise, values, initiatives and products through increased visibility and outreach. Within this plan, emphasis must be placed on how MCH trainees and alumni will be connected to one another, adding to the network of MCH professionals working together to improve maternal and child health. Efforts to assure trainee involvement in wider MCH-related opportunities must be clearly described, along with other methods to develop the MCH identity amongst trainees.

- **ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criteria 5 RESOURCES/CAPABILITIES and 6 SUPPORT REQUESTED**

Succinctly describe your organization's current mission and structure, scope of current activities, including an organizational chart, and describe how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations. Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs so as to avoid audit findings. Describe how

the unique needs of target populations of the communities served are routinely assessed and improved.

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.

Describe briefly the physical setting(s) in which the program will take place, including the planned location and time of MCH Nutrition training activities.

Provide an explanation as to how the location and time were determined.

Include a brief, specific description of the available resources (faculty, staff, space, equipment, clinical facilities, etc.), and related community services that are available and will be used to carry out the program. Include biographical sketches of faculty/staff on SF 424 R&R Senior Key Personnel form.

Faculty

The Project Director must be a Registered Dietitian with a Doctoral degree in Nutrition Science, Public Health Nutrition or other related Nutrition field. The Project Director must be the person having direct, functional responsibility for the program for which support is requested. S/he must spend at least 20 percent effort on the MCH Nutrition Training project which can be either grant-supported or in combination with in-kind support. S/he must be at the associate professor level or higher and have demonstrated leadership in MCH Nutrition, expertise and experience in post-graduate level teaching and conduct of scholarly research. Programs must have faculty with demonstrated leadership and appropriate education and experience in MCH Nutrition. Faculty must include members with experience in community-based service programs that provide population-based care and in integrating nutrition services into local and state systems of care. A joint appointment in both the Department of Nutrition and the respective clinical department (i.e., obstetrics and gynecology, pediatrics, or public health) is desirable.

The purpose of providing grant support for faculty salaries is to assure dedicated time for meeting the objectives of the training program.

Appointment as Project Director or core faculty shall constitute a major professional appointment and role for such individuals.

The Project Director must commit 20 percent time/effort, either grant-supported or in combination with in-kind support. Deans, department chairs, and others in similar positions may not serve as Project Director or core faculty, or receive payment from project funds, unless special permission from the MCH Nutrition Training Program is obtained.

Faculty Qualifications

Core faculty must commit adequate time to participate fully in all components of the MCH Nutrition Training Program. MCH Nutrition Training Programs must have qualified faculty and clinical staff with demonstrated leadership, appropriate education and experience in nutrition, obstetrics, and/or pediatrics, and public health who meet eligibility requirements for certification of clinical competence in

their professional specialty. Support cannot be provided for staff at an organizational level superior to that of the Project Director, or who are not subject to his/her administrative direction.

Faculty Responsibilities

Core faculty have primary responsibility for planning, designing, implementing, supervising, and evaluating all training and service elements of the overall MCH Nutrition Training Program. These responsibilities include definition of appropriate criteria for recruitment of trainees and joint selection of such trainees with the appropriate academic school/ department, and/or training director/committee. Administrative responsibility must in all cases be to the Project Director for the MCH Nutrition training grant. These requirements constitute the basis for development of the minimum qualifications section of the job description for each faculty position. Functional and program responsibilities should be specified in the narrative and position descriptions.

The staffing plan and job descriptions for key faculty/staff must be included in Attachment 2 (Staffing Plan and Job Descriptions).

Provide a biographical sketch for senior/key professionals contributing to the project. The information must be current, indicating the individual’s position and sufficient detail to assess the individual’s qualifications for the position being sought and consistent with the position description. It is recommended that each biographical sketch be limited to two pages or less as they count toward the overall application page limit. The biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior Key Person Profile form, which can be accessed in the Application Package under “Mandatory.”

NARRATIVE GUIDANCE - MCH Nutrition Training Program	
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.	
<u>Narrative Section</u>	<u>Review Criteria</u>
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 (4) Impact (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities and (6) Support Requested
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. Follow the instructions included in the *R&R Application Guide* and the additional budget instructions provided below. A budget that follows the *R&R Application Guide* will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and by carefully following the approved plan can avoid audit issues during the implementation phase.

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

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

iv. Budget Justification Narrative

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

In addition, the MCH Nutrition Training program requires the following:

All budget narratives must provide satisfactory details to fully explain and justify the resources needed to accomplish the training objectives. This justification must provide explicit qualitative and quantitative documentation of required resources, productivity, and expected outcomes. Components to highlight include number of trainees expected each year (specifying the number of short-, medium-, and long-term trainees), proposed program activities, collaborative Title V and other MCH Program related activities, and continuing education efforts.

Budget justification must document support provided to long-term trainees either through this grant or other sources.

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. ii. Project Narrative. Include the required logic model in this attachment. If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly documented.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1.vi. of HRSA's [SF-424 R&R 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, include a description of your organization's time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

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

Attachment 4: Project Organizational Chart

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

Attachment 5: Tables, Charts, etc.

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

*Attachment 6: Childhood Obesity Enhancement – Corresponds to Section V's Review Criteria CHILDHOOD OBESITY ENHANCEMENT. **(THIS ATTACHMENT IS ONLY REQUIRED IF YOU ARE REQUESTING ADDITIONAL FUNDING FOR THIS ENHANCEMENT. APPLYING FOR THIS ENHANCEMENT DOES NOT IMPACT THE MCH NUTRITION TRAINING PROGRAM APPLICATION SCORE; ENHANCEMENTS ARE SCORED SEPARATELY BY HRSA STAFF.)***

Note: You must apply for the MCH Nutrition Training Program in order to apply for this enhancement.

Childhood Obesity Enhancement proposals may provide technical assistance to states and communities, identify best practices or implementation strategies, and/or support the spread and replication of evidence-based programs in vulnerable communities and populations to reduce childhood obesity.

Childhood Obesity Enhancement proposals should outline activities that address critical need areas and emerging issues in childhood obesity related to **one** of the following topics:

- (1) Strengths of vulnerable communities, including the theory of positive deviancy
- (2) Access to services in rural areas
- (3) Promoting healthy eating behaviors in early childhood

Proposals must clearly identify which focus area above they are responding to.

You may only submit one Childhood Obesity Enhancement proposal.

Project Narrative for Childhood Obesity Enhancement

The Childhood Obesity Enhancement narrative must be no longer than five (5) pages; the Enhancement narrative does NOT count against the 80-page limit of the MCH Nutrition Training Program application.

The Childhood Obesity Enhancement narrative should include (at a minimum):

- a. **BACKGROUND:** Provide brief background data on need both locally and nationally for this enhancement project.
- b. **PROBLEM:** State the problem(s) addressed by the enhancement project.
- c. **GOALS AND OBJECTIVES:** Identify the major goal(s) and objectives for the enhancement project. Name the director for the enhancement project and outline the qualifications for this enhancement.
- d. **METHODOLOGY:** Describe the activities proposed to attain the objectives and comment on innovation, cost, and other characteristics of the methodology. Describe how the enhancement project will leverage the resources of the proposed MCH Nutrition Training Program (e.g., using Training Program faculty and trainees) and how it will support the overarching goal of the Training Program of improving access to comprehensive, community-based, nutrition-centered, and culturally competent coordinated care. Briefly describe the anticipated outcomes and deliverables of the project.
- e. **COLLABORATION:** Describe the collaboration, coordination, and partnerships planned with appropriate national, regional, state, and/or local health agencies and organizations in the area(s) served by the project.
- f. **EVALUATION:** Briefly describe the evaluation methods used to assess program outcomes, including data collection and measures, and the effectiveness and efficiency of the project in attaining the goals and objectives. Briefly discuss anticipated dissemination strategies and how the results and impact will be shared with the field.
- g. **BUDGET JUSTIFICATION:** A separate line item budget and budget justification is required for Childhood Obesity Enhancements. See Section 4.1.v of HRSA's *SF-424 R&R Application Guide*. **You may request up to \$56,250, inclusive of indirect costs, for the proposed Childhood Obesity Enhancement project.**

Attachments 7-15: Other Relevant Documents, Optional

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

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

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

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

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that 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*](#).

ALERT from SAM.gov: If you are registering a **new** entity in [SAM.gov](#), you must now provide an original, signed [notarized letter](#) stating that you are the authorized Entity Administrator before your registration will be activated by SAM.gov. Please read [these FAQs](#) to learn more about this process change. Applicants registering as a new entity in SAM.gov should plan for additional time associated with submission and review of the notarized letter. This change is effective March 23, 2018. Entities already registered in SAM.gov are advised to log into SAM.gov and review their registration information, particularly their financial information.

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *May 7, 2018 at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 days before the deadline** to allow for any unforeseen circumstances.

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

5. Intergovernmental Review

Maternal and Child Health (MCH) Nutrition Training 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 period of performance of up to 5 years, at no more than \$225,000 per year (inclusive of direct **and** indirect costs) for the MCH Nutrition Training Program. If applying for the Childhood Obesity Enhancement, the budget for the enhancement may not exceed \$56,250 for the first budget period. The maximum total budget for the first budget period is \$281,250, for applicants applying to the MCH Nutrition Training Program AND the Childhood Obesity Enhancement. 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.

See Restrictions and Non-Allowable Costs in [Appendix A: Applicable Standards for Using Grant Funds to Support Trainees/Fellows](#).

Additional Funding Restrictions:

1) Concurrent Income

In most instances, stipends may not be granted to persons receiving a concurrent salary, fellowship or traineeship stipend, or other financial support related to his/her training or employment.

2) Non-related Duties

The training institution shall not require trainees or fellow to perform any duties which are not directly related to the purpose of the training for which the grant was awarded.

3) Field Training

Training institutions may not utilize grant funds to support field training, except when such training is part of the specified requirements of a degree program, or is authorized in the approved application.

4) Other

Grant funds may NOT be used (a) for the support of any trainee who would not, in the judgment of the institution, be able to use the training or meet the minimum

qualifications specified in the approved plan for the training; (b) to continue the support of a trainee who has failed to demonstrate satisfactory participation; or (c) for the support of candidates for undergraduate or pre-professional degrees, or the basic professional degree.

The General Provisions in Division H of the Consolidated Appropriations Act, 2018 (P.L. 115-141) apply to this program. Please see Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2019, 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(s) 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 instituted procedures for assessing the technical merit of applications to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. HRSA has developed critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. See the review criteria outlined below with specific detail and scoring points.

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

Review criteria are used to review and rank applications. The MCH Nutrition Training Program has six review criteria.

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

The extent to which

- the project identifies critical national, regional, and local needs that it will address related to the stated purpose of the MCH Nutrition training grant program;
- the proposal includes critical evaluation of the national need/demand for graduate and post-graduate nutrition education and the leadership preparation that the proposed training program aims to address;
- the applicant demonstrates how the proposed project will address the identified unmet nutrition workforce development need/demand and how these efforts relate to the stated purpose of the program.
- The applicant demonstrates how the proposed project will provide needed training for nutrition professionals
- the applicant documents a strong knowledge of MCH/public health and related issues for the target MCH population.

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

The extent to which the proposed project responds to the “Purpose” 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 described in the application are capable of addressing the problem and attaining the project objectives.

Goals and Objectives (5 points)

- The degree to which the project goals and objectives address the stated needs/purpose outlined in Section A and the objectives are specific, measurable, achievable, relevant, and time-oriented (SMART). The degree to which the applicant demonstrates collaboration with other MCH training grantees.

Curriculum (10 points)

- Evidence that there is in-depth knowledge of relevant nutritional sciences, growth and development, and disease prevention and health promotion as components of the MCH Nutrition Training Program.
- The extent to which the MCH Leadership competencies are incorporated into the curriculum.
- The extent to which interdisciplinary education about nutrition is a demonstrated method in training.
- Evidence that the curricula address issues of cultural and linguistic competence and diversity.
- The extent to which the project integrates a public health perspective in the planned curricula.
- The extent to which the curricula address research, technology, and innovation.
- The extent to which the curricula addresses emerging issues.
- The extent to which the curricula address the role of nutrition in MCH state Title V programs.
- The extent to which the curricula addresses family/youth centered care.
- The extent to which the MCH Life course framework is incorporated in teaching.

Training elements (Training program design, clinical and didactic training): (15 points)

- The extent to which the approach to training is thoughtful, logical and innovative.
- The extent to which the project utilizes the MCH Leadership competencies framework and assessment of trainees and faculty on the leadership competencies.
- The extent to which the project addresses didactic and experiential (clinical and community-based) training, including the leadership role for the trainee and regular interactions with interdisciplinary staff.
- The extent of continuing education, consultation and technical assistance to MCH state Title V programs and the practicing MCH nutrition workforce.
- Evidence of planned collaboration within the university through shared courses, curriculum innovations, collaborative research, and with other universities in the MCH Nutrition Training cohort.
- Extent to which trainees interact with MCH public health professionals in various settings
- Coordination of the project's plan and objectives with the Division of MCH Workforce Development's goals to provide interdisciplinary training, advance diversity and health equity, support workforce and leadership development and advance science, innovation and quality improvement.

Trainee Recruitment and Retention (10 points)

- Completeness, strength, and innovation of recruiting and retention plans and/or strategies.
- Strength of recruitment and retention plans to attract racially, ethnically and culturally diverse trainees.
- Plans addressing continuing education and programs/activities for medium-term and short-term trainees.

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. Evaluative measures must be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

- The extent to which the evaluative measures will be able to demonstrate the success of the program.
- The strength and feasibility of the evaluation strategy to measure project objectives and proposed performance measures.
- The strength of the proposed project's evaluation plan, including tracking and reporting on the accomplishments of former trainees to assess field leadership, work with MCH populations, collaboration with State Title V agencies or other MCH or MCH-related programs.
- Strength of the project plan to use evaluation findings for continuous quality improvement.
- Completeness of plans for tracking field leadership.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV’s Work Plan and Evaluation and Technical Support Capacity

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

Specifically:

- The extent to which the project will develop MCH Nutrition professionals and leaders to advance the nutrition-related care of MCH populations.
- Effectiveness of the dissemination plan to share curricula, assessment and other tools, training approaches, research findings (if any), and successes.
- Effectiveness of the dissemination plan to share the above mentioned items with HRSA-funded entities and with the broader MCH network.
- Effectiveness of a plan for strengthening the MCH network collaboration through connections of program faculty, staff, trainees and alumni with the broader MCH network.
- The extent to which the program demonstrates ability to demonstrate value-added contribution to Title V programs.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV’s Organizational Information

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

Specifically:

Faculty and staff (10 points):

- Demonstrates that the proposed PD is a qualified Registered Dietician doctoral nutrition professional with the training and experience to lead the Program.
- Demonstrates that the project personnel are qualified by training and experience to teach leadership education in MCH nutrition and to implement and carry out the project.
- Extent to which faculty members are effective in recruiting, teaching, collaborating, mentoring students and serving as leaders in the field of MCH nutrition.
- The extent to which the application articulates the credentials, training and program evaluation experiences of the selected evaluator(s).
- Effectiveness of the plan for recruiting racially, ethnically and culturally diverse faculty.
- Demonstrates that key personnel have adequate time devoted to the project to achieve project objectives.

Organizational (10 points):

- Evidence of administrative and organizational capacity to conduct the proposed project (e.g., the physical resources described are adequate to perform the training, existing resources to support the types of educational methods described).
- Adequacy of the project setting and training sites.
- Documentation of relevant affiliation/collaborative agreements with key partners.
- Planned collaboration with those outside of the university (i.e., families, youth, and/or consumers, MCH or other appropriate state agencies and resources, other HRSA investments, other federal agencies, Association of State and Public Health Nutritionists (ASPHN), and Association of Nutrition and Dietetics (A.N.D.).

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

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, and the anticipated results. Specifically:

- The extent to which the costs outlined in the budget and required resources sections reasonably map to the scope of work.
- The extent to which the budget line items are complete, well described and justified in the budget justification.
- The extent to which the budget justification addresses the number of trainees proposed, program activities, Title V activities, and continuing education efforts.
- The extent to which the proposed PD will devote at least 20 percent effort on this project.
- The extent to which the proposal includes a Program budget and documentation on innovative national efforts, with an emphasis on nutrition, as a part of the budget.
- Extent to which funds are allocated for travel to attend an annual grantee meeting.

2. Review and Selection Process

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

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

Funding Selection Method for Childhood Obesity Enhancement:

Supplemental funding will be awarded to up to two of the eight recipients selected for the MCH Nutrition Training Program. The recipient(s) will be the highest rated applicants for the Childhood Obesity Enhancement.

CHILDHOOD OBESITY ENHANCEMENT -- Corresponds to Section IV's Attachment 6 - Childhood Obesity Enhancement (ONLY APPLIES TO APPLICANTS)

*REQUESTING ADDITIONAL FUNDING UNDER CHILDHOOD OBESITY ENHANCEMENT. **HRSA STAFF WILL REVIEW.**)*

Note: APPLYING FOR THIS ENHANCEMENT DOES NOT IMPACT THE MCH NUTRITION TRAINING PROGRAM APPLICATION SCORE; ENHANCEMENTS ARE SCORED SEPARATELY BY HRSA STAFF.

These review elements are specifically for the Childhood Obesity Enhancement. The quality and degree to which the applicant:

- Identifies the focus area(s) of the childhood obesity enhancement proposal
- Provides background data on need for proposed enhancement project.
- Identifies the major goals of the proposed enhancement project.
- Includes qualifications of the enhancement project director to lead the enhancement project.
- Describes the proposed activities that will be used to attain the objectives and how the enhancement project supports the technical assistance goals of the training program.
- Describes a plan for collaboration with appropriate national, regional, state, and/or local health agencies and organizations in the area(s) being served by the project.
- Provides an evaluation plan that addresses outcomes and impact of the project.
- Demonstrates that the proposed budget and budget justification are reasonable.

3. Assessment of Risk and Other Pre-Award Activities

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

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions and in this case requesting funding for the Childhood Obesity Enhancement. 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](#)).

4. Anticipated Announcement and Award Dates

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

VI. Award Administration Information

1. Award Notices

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

2. Administrative and National Policy Requirements

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

Requirements under Subawards and Contracts under Grants:

The terms and conditions in the Notice of Award (NOA) apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients and contractors under grants, unless the NOA specifies an exception. See [45 CFR § 75.101 Applicability](#) for more details.

Human Subjects Protection:

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

3. Reporting

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

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

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

Award recipients must comply with Section 6 of HRSA's [SF-424 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, which should address progress against program outcomes, including any expected outcomes in the first year of the program. 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 Special Projects of Regional and National Significance projects, Community Integrated Service Systems projects, and other grant/cooperative agreement programs to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). GPRA requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act.

a) Performance Measures and Program Data

To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program can be found at https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/T79_3.HTML.

Administrative and Program-Specific Forms

Form 1, Project Budget Details
 Form 2, Project Funding Profile
 Form 4, Project Budget and Expenditures
 Form 6, Maternal & Child Health Discretionary Grant
 Form 7, Discretionary Grant Project
 TA/Collaboration Form
 Products, Publications and Submissions Data Collection Form
 MCH Training Data Forms

- Faculty & Staff
- Short-Term Trainee
- Medium-Term Trainee
- Former Trainee Information
- Trainee Information (Long-term Trainees Only)
- Continuing Education

Updated DGIS Performance Measures, Numbering by Domain
(All Performance Measures are revised from the previous OMB package)

Performance Measure	New/Revised Measure	Prior PM Number (if applicable)	Topic
Core			
Core 1	New	N/A	Grant Impact
Core 2	New	N/A	Quality Improvement
Core 3	New	N/A	Health Equity – MCH Outcomes
Capacity Building			
CB 2	New	N/A	Technical Assistance
CB 3	New	N/A	Impact Measurement
CB 5	Revised	3, 4	Scientific Publications
CB 6	New	N/A	Products

DIVISION OF MCH WORKFORCE DEVELOPMENT:

Performance Measure	New/Revised Measure	Prior PM Number (if applicable)	Topic
Training 01	New	N/A	MCH Training Program and Healthy Tomorrows Family Member/Youth/

			Community Member participation
Training 02	New	N/A	MCH Training Program and Healthy Tomorrows Cultural Competence
Training 04	Revised	59	Title V Collaboration
Training 05	Revised	85	Policy
Training 06	Revised	09	Diversity of Long-Term Trainees
Training 10	Revised	08	Leadership
Training 11	Revised	84	Work with MCH Populations
Training 12	Revised	60	Interdisciplinary Practice

b) Performance Reporting Timeline

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

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

c) Period of Performance End Performance Reporting

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

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

VII. Agency Contacts

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

Hazel N. Booker
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-4236
Fax: (301) 443-6686
Email: nbooker@hrsa.gov

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

Meredith Morrissette
Division of MCH Workforce Development
Attn: Maternal and Child Health (MCH) Nutrition Training Program
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18W13B
Rockville, MD 20857
Telephone: (301) 443-6392
Fax: (301) 443-4842
Email: mmorrissette@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/Welcomes.aspx?pt=Grants>

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

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

VIII. Other Information

Logic Models

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

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a time line used during program implementation; the work plan provides the “how to” steps. You can find information on how to distinguish between a logic model and work plan at the following website:
<http://www.cdc.gov/healthyouth/evaluation/pdf/brief5.pdf>.

Technical Assistance

HRSA has scheduled the following technical assistance webinar:

Webinar

Day and Date: Thursday, March 22, 2018

Time: 1 – 2 p.m. ET

Call-In Number: 1-888-677-5722

Participant Code: 6699122

Weblink: https://hrsa.connectsolutions.com/mch_nutrition_training_program/

A recorded archive of this webinar will be posted on <http://www.hrsa.gov/grants/>.

Tips for Writing a Strong Application

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

Appendix A: Applicable Standards for Using Grant Funds to Support Trainees/Fellows

A. Definitions

1. A trainee is an individual whose activities within the training program are directed primarily toward achieving an advanced degree.
2. A fellow is an individual who has met at least the minimum standards of education and experience accepted by his/her respective profession and whose activities within the training program are for the primary purpose of obtaining or enhancing particular skills or knowledge.

B. Qualifications for receiving stipends/tuition/salary support under this program.

1. A trainee must have at least a baccalaureate degree and be enrolled in a graduate program.
2. A fellow must have achieved the academic degree and completed requisite training which constitutes the basic professional level training for his/her field.
3. A post-doctoral fellow must have an earned doctorate and must have completed any required internship.
4. A post-residency fellow must have an earned medical degree and must have satisfied requirements for certification in a specialty relevant to the purpose of the proposed training.
5. A special trainee or fellow may be approved, upon request to your HRSA project officer, only in those unusual circumstances where particular needs cannot be met within the categories described above
6. Citizenship – The trainee or fellow receiving a stipend must be a citizen or a non-citizen national of the United States or have been lawfully admitted for permanent residence, as evidenced by a currently valid Permanent Resident Card [USCIS Form I-551] or other legal verification of such status, by the start of the training grant, fellowship or traineeship, or award. A non-citizen national is a person who, although not a citizen of the United States, owes permanent allegiance to the United States.
7. Licensure – For any profession for which licensure is a prerequisite, the trainee/fellow must also be licensed by one of the states, or, in the case of foreign graduates, meet other requirements which legally qualify him/her to practice his/her profession in the United States.

C. Restrictions

1. Concurrent Support

Trainees/fellows receiving stipends under this program will generally be full time, long-term trainees. Stipends generally will not be made available under this program to persons receiving a salary, fellowship or traineeship stipend, or other financial support

related to his/her training or employment for the same hours counted toward his/her HRSA-funded traineeship/fellowship. Exceptions to these restrictions may be requested to the HRSA project officer and will be considered on an individual basis. Tuition support may be provided to full-time or part-time students.

2. Non-Related Duties

The funding recipient shall not use funds from this award to require trainees or fellows to perform any duties which are not directly related to the purpose of the training for which the grant was awarded.

3. Field Training

Funding recipients may not utilize grant funds to support field training, except when such training is part of the specified requirements of a degree program, or is authorized in the approved application.

4. Grant funds may not be used:

- a) for the support of any trainee who would not, in the judgment of the awardee, be able to use the training or meet the minimum qualifications specified in the approved plan for the training;
- b) to continue the support of a trainee who has failed to demonstrate satisfactory participation in the training program;
- c) for support of candidates for undergraduate or pre-professional degrees, or the basic professional degree.

D. Trainee Costs

1. Allowable Costs

- a) Stipends (except as indicated above)
- b) Tuition and fees, including medical insurance
- c) Travel related to training and field placements
- d) For a few institutions it may be beneficial to support trainees through tuition remission and wages. Tuition remission and other forms of compensation paid as, or in lieu of, wages to students (including fellows and trainees) performing necessary work are allowable provided that there is a bona fide employer-employee relationship between the student and the institution for the work performed, the tuition or other payments are reasonable compensation for the work performed and are conditioned explicitly upon the performance of necessary work, and it is the institution's practice to similarly compensate students in non-sponsored as well as sponsored activities.

2. Non-Allowable Costs

- a) Dependent/family member allowances
- b) Travel between home and training site
- c) Fringe benefits or deductions which normally apply only to persons with the status of an employee

3. Stipend Levels

All approved stipends indicated are for a full calendar year, and must be *prorated for an academic year or other training period of less than 12 months*. The stipend levels may, for the Division of MCH Workforce Development, be treated as ceilings rather than mandatory amounts, i.e., stipends may be less than *but may not exceed the amounts indicated*. However, where lesser amounts are awarded, the awarding institution must have established, written policy which identifies the basis or bases for such variation and which ensures equitable treatment for all eligible trainees/fellows. These stipend levels apply to the National Institutes of Health, the Agency for Healthcare Research and Quality, and the Health Resources and Services Administration training grantees and were updated on June 27, 2017, <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-17-084.html> (predoctoral) and December 15, 2016, <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-17-003.html> (post doctoral). *Dollar amounts indicated in this NOFO are subject to update by the agency as reflected in this issuance.*

a) Pre-Doctoral

One stipend level is used for all pre-doctoral candidates, regardless of the level of experience.

Career Level	Years of Experience	Stipend for FY 2017	Monthly Stipend
Predoctoral	All	\$23,844	\$1,987

b) Post-Doctoral

The stipend level for the entire first year of support is determined by the number of full years of relevant post-doctoral experience** when the award is issued. Relevant experience may include research experience (including industrial), teaching assistantship, internship, residency, clinical duties, or other time spent in a health-related field beyond that of the qualifying doctoral degree. Once the appropriate stipend level has been determined, the fellow must be paid at that level for the entire grant year. *The stipend for each additional year of support is the next level in the stipend structure and does not change mid-year.*

Career Level	Years of Experience	Stipend for FY 2017	Monthly Stipend
Postdoctoral	0	\$47,484	\$3,957
	1	\$47,844	\$3,987
	2	\$48,216	\$4,018

	3	\$50,316	\$4,193
	4	\$52,140	\$4,345
	5	\$54,228	\$4,519
	6	\$56,400	\$4,700
	7 or More	\$58,560	\$4,880

**Determination of the “years of relevant experience” shall be made in accordance with program guidelines and will give credit to experience gained prior to entry into the grant-supported program as well as to prior years of participation in the grant-supported program. The appropriate number of “years” (of relevant experience) at the time of entry into the program will be determined as of the date on which the individual trainee begins his/her training rather than on the budget period beginning date of the training grant. Stipends for subsequent years of support are at the next level on the stipend chart.

1. Supplements to Stipends

Stipends specified above may be supplemented by an institution from non-federal funds. *No federal funds may be used for stipend supplementation unless specifically authorized under the terms of the program from which the supplemental funds are derived.*

APPENDIX B: LOGIC MODEL FOR MCH NUTRITION TRAINING PROGRAM

INPUTS	OUTPUTS		OUTCOMES	IMPACT
	ACTIVITIES	PRODUCT/SYSTEMS		
<p><u>Partners & resources</u></p> <p>(Who? With whom? With what?)</p>	<p><u>Activities to create/improve health/service systems and infrastructure</u></p> <p>(What will they do?)</p>	<p><u>Health/service systems and infrastructure created to support desirable systems behaviors</u></p> <p>(What's created?)</p>	<p><u>Health/service systems behaviors that lead to improved health outcomes</u></p> <p>(What's changed because of what's created?)</p>	<p><u>Improved health & wellness outcomes for population/ sub-population</u></p> <p>(What's improved because of the change?)</p>
<p><u>Grantee Org.</u></p> <ul style="list-style-type: none"> • Six (6) grant awards to public or non-profit private institutions of higher education <p><u>Other Key Stakeholders</u></p> <ul style="list-style-type: none"> • Other Maternal and Child Health (MCH) Training Programs • Other HRSA investments in nutrition and workforce development • Title V staff, including state nutrition coordinators • Other federal programs, such as the U.S. 	<ul style="list-style-type: none"> • Develop evidence-based, interdisciplinary training curriculum in MCH nutrition, with an emphasis on leadership education. • Recruit diverse trainees to participate in MCH Nutrition curriculum. • Train graduate and post-graduate students to prepare them for the full range of topics relevant to all aspects of MCH nutrition, including oral health, biological, developmental, and social/behavioral issues, disease prevention, and health promotion. • Recruit an interdisciplinary MCH Nutrition faculty with demonstrated leadership and expertise in MCH nutrition. • Participate in research and scholarly activities and disseminate findings (faculty and trainees). 	<ul style="list-style-type: none"> • Increased trainee knowledge and skills in the full range of MCH Nutrition issues. • Increased ability of program graduates to practice in interdisciplinary teams. • Increased representation of underrepresented racial / ethnic groups working in the field of MCH Nutrition. • Increased support and visibility of interdisciplinary education and training at grantee institution. • Increased collaboration and partnerships between MCH Nutrition programs with State Title V agencies to 	<ul style="list-style-type: none"> • Increased number of leaders in MCH nutrition at the local, state, and national levels (in academia, clinical settings, policy, and public health). • Increased number of MCH nutrition professionals who practice in an interdisciplinary manner to serve MCH populations; enhanced multidisciplinary workforce. • Increased number of MCH nutrition professionals who continue to 	<ul style="list-style-type: none"> • MCH population has improved access to comprehensive , community-based, nutrition-centered, culturally competent, coordinated care. • Improved health, nutrition status, and well-being for MCH population. • Reduced health and healthcare disparities related to nutrition among MCH populations.

<p>Department of Agriculture's WIC and Summer Feeding Programs.</p>	<ul style="list-style-type: none"> • Collaborate with state Title V MCH Programs and other MCH programs to provide consultation, in-service education, and continuing education in support of the block grant transformation and activities related to MCH nutrition. • Develop evaluation process and plan to assess effectiveness of program activities. • Recruit and maintain family member(s) to mentor trainees, provide family perspective, and serve as faculty members. • Conduct continuing education activities for provider community to enhance skills or disseminate new information (a minimum of one per year). 	<p>support activities related to MCH nutrition.</p> <ul style="list-style-type: none"> • Enhanced faculty and trainee research skills to advance MCH nutrition evidence-based practice. • Program evaluation process operational. 	<p>work with and serve MCH populations.</p> <ul style="list-style-type: none"> • Increased number of MCH nutrition professionals working with underserved and vulnerable populations. • MCH Nutrition professionals are reflective of the populations that they serve. 	
<p>Measures of success with timeline</p>	<ul style="list-style-type: none"> • # of interdisciplinary MCH Nutrition curricula developed • # and diversity of long-term trainees (>300 hours) recruited • # and diversity of interdisciplinary MCH Nutrition faculty • Evaluation plan in place 	<ul style="list-style-type: none"> • Percent of MCH Nutrition trainees with increased knowledge and skills in MCH and public health nutrition • # and types of collaborative activities with Title V agencies and other MCH programs (Training 4, Technical 	<ul style="list-style-type: none"> • Percent of former long-term trainees that demonstrate field leadership 2 and 5 years post program completion (Training 10) • Percent of former long-term trainees 	<ul style="list-style-type: none"> • Reductions in health disparity among MCH populations

	<ul style="list-style-type: none"> • Extent of family involvement in training fellows recruited/retained (Training 01) 	<p>Assistance/Collaboration Form)</p> <ul style="list-style-type: none"> • Percent of former long-term trainees working in an interdisciplinary manner 2, 5, and 10 years post program completion (Training 12) • Total number of long-term trainees participating in HRSA training programs reported to be from underrepresented racial and ethnic groups (Training 6) 	<p>working in an interdisciplinary manner 2, 5, and 10 years post program completion (Training 12)</p> <ul style="list-style-type: none"> • Percent of former long-term trainees working with MCH populations 2 and 5 years post program completion (Training 11) • Percent of former long-term trainees working with underserved and vulnerable populations 2 and 5 years post program completion (Former Trainee Survey) 	
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