U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA

Health Resources & Services Administration

Maternal and Child Health Bureau
Office of Policy and Planning

Supporting State Maternal and Child Health Policy Innovation Program

Funding Opportunity Number: HRSA-18-086
Funding Opportunity Type(s): Initial: New
Catalog of Federal Domestic Assistance (CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Application Due Date: February 16, 2018

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

Issuance Date: December 18, 2017

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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), Maternal and Child Health Bureau (MCHB) is accepting applications for the fiscal year (FY) 2018 Supporting State Maternal and Child Health (MCH) Policy Innovation Program (Program). The purpose of this Program is to support innovative state-level policy initiatives that improve access to quality health care for the MCH population. The successful recipient is expected to achieve this purpose by supporting key national MCH stakeholders, who represent groups such as State Medicaid Directors, State/Territorial Health Officials, Local County and State Health Officials, state governors, and state legislators to engage states and their key health policymakers in developing these policy initiatives.

Funding Opportunity Title:	Supporting State Maternal and Child Health Policy Innovation Program
Funding Opportunity Number:	HRSA-18-086
Due Date for Applications:	February 16, 2018
Anticipated Total Annual Available FY18 Funding:	$1,600,000
Estimated Number and Type of Award(s):	Up to four cooperative agreements
Estimated Award Amount:	Up to $400,000 per year
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	May 1, 2018 through April 30, 2023 (5 years)
Eligible Applicants:	Any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b), is eligible to apply for this federal funding opportunity. See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are also eligible to apply for these funds.

See Section III-1 of this notice of funding opportunity (NOFO), formerly known as the funding opportunity announcement (FOA), for complete eligibility information. |

Application Guide

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

<u>Technical Assistance</u>

HRSA has scheduled the following technical assistance (TA) webinar:

Webinar

Day and Date: Monday, January 8, 2018
Time: 2 – 3 p.m. ET
Call-In Number: 877-917-5789
Participant Code: 9342640
Web link: https://hrsa.connectsolutions.com/supporting_state_nofo/

Playback Number: 800-839-2290
Passcode: 1943

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Supporting State Maternal and Child Health (MCH) Policy Innovation Program (Program).

Purpose: The purpose of the Supporting State MCH Policy Innovation Program is to support innovative state-level policy initiatives that improve access to quality health care for the MCH population. The successful recipient is expected to achieve this purpose by supporting key national MCH stakeholders, who represent groups such as State Medicaid Directors, State/Territorial Health Officials, Local County and State Health Officials, state governors, and state legislators to engage states and their key health policymakers in developing these policy initiatives. Where feasible, these initiatives will reach states across the country to achieve a nationwide impact.

Program Objectives: In order to meet this goal, the Supporting State MCH Policy Innovation Program has set the following objectives:
- By 2019, each award recipient will engage multiple states (refer to page 3 under "Priority Topic Selection" for more details) and their key health policymakers to develop detailed implementation plans for policy initiatives that will improve access to quality health care for their MCH populations. Where feasible, these initiatives will reach states across the country to achieve a nationwide impact.
- By 2023, each award recipient will implement policy initiatives that will improve access to quality health care for their MCH populations.
- By 2023, this Program will foster:
  - Enhanced state-level, cross-agency, and public-private partnerships around this project; and
  - Improved programming focused on MCH access to quality health care.

Program Activities: This Program is designed to be flexible and address the priorities and needs of award recipients and their state-level constituents. Award recipients may use the funds to establish entirely new initiatives or to inject an MCH focus into ongoing efforts, i.e., to supplement ongoing programs, such as policy initiatives driven by organizational leadership and/or membership, or training programs for new state officials.

Each successful Supporting State MCH Policy Innovation Program award recipient is expected to:
- Engage multiple states across the nation and their key health policymakers to implement policy initiatives that will improve access to quality health care for their MCH populations;
- Develop, implement, and evaluate policy initiatives in collaboration with participating states;
- Convene key state-level health policymakers at least once a year for an in-person meeting;
- Conduct standing check-in calls, at a minimum of quarterly, with key state-level health policymakers;

- Conduct trainings and develop/disseminate technical assistance (TA) materials and related resources to support the effective implementation of the policy initiatives;
- Develop effective tools and strategies for ongoing outreach, collaborations, clear communication, and information sharing/dissemination with key state health policymakers;
- Develop a plan to disseminate reports, products, and/or project outputs so project information is provided to state-level health policymakers; and
- Propose a plan for project sustainability after the period of federal funding ends, focusing on key elements of the project (i.e., those that have been effective in improving practices and outcomes for the MCH population).

Award recipients may choose to develop multi-year projects or a new project each year of the Program. If award recipients develop a multi-year project, Year 1 is considered a planning and infrastructure development year. Therefore, successful award recipients are expected to be ready for full project implementation by the start of Year 2. In other words, it is expected that award recipients spend no more than 6 to 9 months planning for their project (in Year 1) and use the remainder of the year to complete the activities outlined above.

By the end of Year 1, each successful award recipient is expected to have:
- Convened key state health policymakers, HRSA, and other MCH stakeholders to select project priorities that will improve access to quality health care for the MCH population and are responsive to states' needs and priorities;
- Developed a selection process, with HRSA's input, to determine which states will participate and then followed that process to select states;
- Developed policy initiatives in collaboration with participating states, that address states' needs related to improved access to quality health care for their MCH populations and, where feasible, have an impact nationwide;
- Developed evaluation and TA plans to support these policy initiatives; and
- Developed a data collection mechanism to track the evaluation questions outlined in this NOFO.

In Years 2 through 5, each successful award recipient is expected to:
- Implement the policy initiatives developed in Year 1;
- Develop trainings and/or informational tools for and disseminate these products to key state health policymakers;
- Conduct a qualitative and/or quantitative evaluation to assess if the policy initiatives have resulted in policy change. Questions to be answered include:
  - What is the policy change being targeted?
  - What activities (from your implementation plan) have been conducted to achieve this policy change?
  - What is the status of the policy change being targeted?
  - If the policy change has been implemented, what short-term and long-term impacts have been seen? Include impacts on the MCH populations' access to quality health care and their health outcomes.
- Establish a data collection mechanism to track these evaluation questions in order to report on them yearly in the Progress Report.

To enhance the evaluation, it is expected that successful award recipients will:
- Develop a logic model, by the end of Year 1, which will help inform the evaluation questions. For more information on logic models, refer to ii. Project Narrative, Work Plan, B. Project Work Plan Narrative, Logic Model.
- Provide a status update on these evaluation questions in each yearly Progress Report.

Priority Topic Selection

Award recipients should select project priorities that will improve access to quality health care for the MCH population and are responsive to states' needs and priorities. These project priorities should also lend themselves to a policy solution. Each award recipient must engage multiple states and their key health policymaking officials to develop a project. These projects may be multi-year or award recipients may develop a new project for each year of the Program. Where feasible, these projects should reach states across the country to achieve a nationwide impact. Award recipients will convene key health policymakers in Year 1 to develop clearly outlined projects with clearly identified priorities.

Recipients are strongly encouraged to include one or more of the following clinical priorities as the focus of their project:
- Mental health,
- Substance abuse, and
- Childhood obesity.

HRSA recognizes that there are a variety of models to use when engaging with states and is, therefore, not requiring award recipients to follow a particular model. A few examples are outlined below. This list is not meant to be comprehensive:
- Developing cross-discipline teams;
- Convening forums to work through a problem;
- Developing state action plans; or
- Developing learning networks, etc.

Recipients must consider the following criteria when selecting priority topics:
- Is this MCH access to quality health care issue amenable to policy change?
- Is this issue both relevant nationwide and important to states?
- Is this a significant opportunity to leverage new evidence or best practices in the field to improve access to quality health care for MCH populations?
- Does this project translate new information or best practices into policy and practice resulting in improved access to quality health care for MCH populations?

You may propose joint projects with other applicants in your application; however, a letter of support and commitment is required from each proposed partner (Attachment 4).

In addition to the work identified above, you may consider using a portion of the funds for the following two purposes:

- Injecting an MCH focus into ongoing efforts, such as policy initiatives driven by organizational leadership and/or membership, or training programs for new state officials.
- Developing tools and resources that respond to emerging topics pertinent to states and award recipients. Examples of emerging topics include, but are not limited to, Zika Virus, the opioid epidemic, and intimate partner violence. Tools and resources may include (but are not limited to) webinars, briefings, infographics, etc.

The Applicant's Relationship with MCH Stakeholders

The ideal applicant is a national organization that speaks on behalf of at least one of the key MCH stakeholders identified above and whose constituents perform these functions at the state level. This structure will give the applicant both national and state-level expertise on the challenges and opportunities facing the MCH population regarding access to quality health care

Policy change occurs at the state level but is impacted by decisions made at the national level. An organization that has expertise and experience working at both the national and state levels will be more likely to succeed when working with key state health policymakers.

Successful recipients are expected to leverage this national-level expertise to work with partners at the state-level to:

- Enhance state-level, cross-agency, and public-private partnerships around this Program; and
- Improve programming focused on MCH access to and quality of health care.

2. Background

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

This work will connect state health policymakers with one another and with national experts to understand issues affecting access to quality health care as well as their impact on state programs and MCH populations. Resulting collaborations and strategic planning will lead to policy initiatives that address state needs and have a national impact. This approach enables award recipients to be responsive to states' rapidly changing MCH population needs with limited resources.

The Preceding Program
As in the previous iteration of this Program, the Alliance for Innovation on Maternal and Child Health: Cooperative Agreement Expanding Access to Care for the Maternal and Child Health Population (AIM: Expanding Access), the Supporting State MCH Policy Innovation Program will continue to support organizations in addressing access to quality health care for MCH populations. Rather than predefining the priority topics as was done in the AIM Program, you will select priority topic(s) addressing access to

quality health care for MCH populations and propose a project (either multi-year or a new one for each year of the Program) that will meet the Program Purpose, Objectives, and Activities outlined in Section I's "Purpose."

Alignment with Departmental Principles and Priorities
The Supporting MCH Innovation in States Program supports the following Departmental principles:
- Service: HRSA is committed to serving the American people so that their lives are touched in a positive, purposeful manner. Therefore, HRSA, in coordination with award recipients, will work with states to implement policy initiatives that aim to improve access to quality health care for their MCH populations.
- Sustainability: HRSA supports fostering a culture of innovation, thereby ensuring it is more agile and adaptable to evolving circumstances. In this vein, award recipients will develop policy initiatives, in collaboration with participating states, which will target state-identified challenges and leverage partnerships at the state-level to build sustainable partnerships and improved state-level programming.

This Program also works to advance clinical priorities related to mental health, substance abuse, and childhood obesity. Many states, via their Title V Block Grant, have identified mental health and substance abuse (especially opioid use) in the maternal population as key challenges that need a coordinated response from all levels of government. Under the preceding AIM: Expanding Access cooperative agreement, several states developed action plans targeting these issues. Due to the importance of these clinical priorities, it is strongly encouraged/anticipated that the projects developed under this cooperative agreement will target some of these same issues. These clinical priorities are not readily solved and require strategic, ongoing coordination and support. Coordinating with internal and external partners within each participating state will maximize impact and data collection.

The Need to Evaluate Outcomes
Evaluation and self-assessment are critically important for program improvement and assessing the value-added contribution of Title V investments. Consequentially, discretionary grant projects are expected to incorporate a carefully designed and well-planned evaluation protocol capable of demonstrating and documenting measureable progress toward achieving the stated goals. The measurement of progress towards goals should focus on systems, health and performance outcome indicators, rather than solely on intermediate process measures. The protocol should be based on a clear rationale relating to the identified needs of the MCH population with project goals, grant activities, and evaluation measures.

As stated under Program Activities on page 2, award recipients must conduct a qualitative and/or quantitative evaluation to assess whether or not the policy initiatives implemented have resulted in policy change. Successful award recipients are expected to develop a data collection mechanism to track the questions outlined on page 2 and report on them yearly in the Progress Report.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

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

HRSA Program involvement will include:
- Assisting and participating in the planning, development, administration, and evaluation of this project. Working with the award recipient on the development of proposed work plan activities and establishing evaluation measures in order to ensure they meet the needs of the MCH population.
- Convening, within the first year, all award recipients to identify common elements across projects in order to report on the collective outcome of the Program;
- Convening all award recipients once a year for an in-person meeting in Washington, D.C.
- Convening all award recipients quarterly via a conference call to discuss ongoing work and any support the recipients may need.
- Reviewing and facilitating the distribution of reports, issue briefs, publications, trainings, etc., funded in part, or in whole, under the cooperative agreement.
- Participating in appropriate meetings, committees, conference calls, and working groups related to the cooperative agreement and its projects.
- Assisting in the establishment of cooperative and collaborative relationships that may be necessary in carrying out the project.
- Leveraging resources across HRSA to develop synergies in programs, strengthen existing projects, and avoid duplication of efforts.

The cooperative agreement recipient's responsibilities will include:
- Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the Application Guide (**Acknowledgement of Federal Funding**).
- Developing products that are accurate and fact-based. These products cannot contain opinions and/or judgements, and will not and cannot be used for lobbying purposes.
- Collaborating with other Supporting State MCH Policy Innovation Program award recipients to leverage training/TA and information exchange, where feasible.
- Meeting with the HRSA Project Officer at the time of the award and throughout the entire project period to review current strategies and ensure projects and goals align with the HRSA priorities for this Program.
- Working closely with the HRSA Project Officer to plan and implement any proposed new activities.
- Being flexible and responsive to changing state priorities. This may mean modifying states' policy initiatives as these priorities change.

- Consulting with the HRSA Project Officer before scheduling any meetings/conferences, etc. that pertain to the scope of work and at which the HRSA Project Officer's attendance may be appropriate.
- Providing the HRSA Project Officer with any materials produced under this cooperative agreement in order to review and provide advisory input. Such review should start as part of the concept development and include review of drafts and final products.
- Communicating in a timely manner with the HRSA Project Officer. This includes meeting monthly via teleconference with the HRSA Project Officer for status check-in's.
- Establishing contacts that may be relevant to the project's mission, such as federal and non-federal partners, and other HRSA grant projects that may be relevant to the project's mission.
- Leveraging resources internally and externally to maximize the program's impact and foster collaboration across stakeholders.

Recipients must not use award funds to
- Support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body;
- Support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government; or
- Pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body.

Refer to Consolidated Appropriations Act, 2017, Division H, Title V, General Provisions, Sec. 503 (a-c) for a list of these restrictions.

2. Summary of Funding

HRSA expects approximately $1,600,000 to be available annually to fund four recipients. You may apply for a ceiling amount of up to $400,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The actual amount available will not be determined until enactment of the final FY 2018 federal appropriation. 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 project period is May 1, 2018 through April 30, 2023 (5 years). Funding beyond the first year is dependent on the availability of appropriated funds for Supporting State Maternal and Child Health Policy Innovation Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b), is eligible to apply for this federal funding opportunity. See 42 C.F.R. § 51a.3(a). Domestic faith-based and community-based organizations are also eligible to apply for these funds.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

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

NOTE: Multiple applications from an organization are not allowable.

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

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* you to apply electronically through Grants.gov. You must use the SF-424 application package associated with this NOFO following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

Effective December 31, 2017 - You **must** use the Grants.gov Workspace to complete the workspace forms and submit your application workspace package. After this date, you will no longer be able to use PDF Application Packages.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing the notice of funding opportunity (NOFO) (also known as "Instructions" on Grants.gov) or application package. This allows Grants.gov to email organizations that supply an email address 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 [Find Grant Opportunities](#) page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

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

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

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the application package do not 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 Attachments 7-15: Other Relevant Documents.

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

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

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

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

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

- *INTRODUCTION -- Corresponds to Section V's Review Criterion(a) 1*
  Briefly describe the purpose of the proposed project.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion(a) 1*
  Outline the needs of the MCH population regarding their access to quality health care at the national level and what the health outcome implications of this are at the state-level. Discuss how state-level policies affect the MCH population's access to quality health care and the role your organization and your organization's key stakeholders play in affecting state policies impacting the MCH population's access to quality health care. You must describe and document the MCH population and its unmet health needs with an emphasis on state-level policy issues. Use and cite demographic data whenever possible to support the link between access to quality care and health outcomes.

  Please discuss any relevant barriers that the project hopes to overcome. Identify the challenges and opportunities related to improving access to quality health care for the MCH population and how your organization is equipped to address them. Explain how the gaps in state-level services for the MCH population will be addressed by your project and why state-level, cross-agency collaboration between health and social programs and their state-level stakeholders (including Medicaid/CHIP, insurance payers, state legislators, governors, etc.) is needed, and how you will foster this collaboration.

  This section will help reviewers understand the need for improving access to quality health care for the MCH population and how your proposed project will meet that need.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion(a) 2*
  You must 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, measureable, attainable, relevant, and time bound (i.e., SMART

objectives). Delineate specific outcomes for each project year and should correspond to the evaluation plan developed.

Propose methods that you will use to meet each of the previously described program objectives and program activities in this NOFO. Include development of effective tools and strategies for ongoing outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve key state health policymakers. Include a plan to disseminate trainings, reports, products, and/or project outputs so project information is provided to these policymakers.

Describe the methodology for monitoring the engagement of key state health policymakers and how inputs and activities will be linked to outcomes related to improving access to quality health care for the MCH population. Describe how you will measure improvements in state-level, cross-agency, public-private partnerships and improvements in programming focused on MCH access to quality health care. Describe how you will conduct a qualitative and/or quantitative evaluation of the state-level policy initiatives and will track the data needed to assess if these policy initiatives have resulted in policy change. HRSA expects award recipients to report on these evaluation questions as part of each yearly Progress Report (see page 2 for specific questions to answer).

You must also propose a plan for project sustainability after the period of federal funding ends. HRSA expects award recipients to sustain key elements of their projects, i.e., strategies or services and interventions, which have been effective in improving access to quality health care for the MCH population.

- *WORK PLAN -- Corresponds to Section V's Review Criterion(a) 2*
  Describe the activities that you will use to achieve each of the objectives proposed for the entirety of the project period. Use 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.

  There are two components to this section: A.) The Project Work Plan Matrix depicts the relationship among program expectations, activities, the responsible person(s), timelines, cost, and measures of success. The goals and activities should be specific and relate to the purpose and program expectations of the Program. B.) The Project Work Plan Narrative should expand upon the Project Work Plan Matrix, providing details of program implementation.

  A. Project Work Plan Matrix
  It is expected that after 6 to 9 months (in Year 1 of the project period), you will develop a multi-year (or one per year if you select a new project every year) Work Plan Matrix that you would submit to the HRSA Project Officer.

Refer to Section 1 "Purpose" of this NOFO for a complete list of activities to include in the Work Plan Matrix. You must address all these activities in your application as well as the ones highlighted below.

The Project Work Plan Matrix must:
- Provide evidence of how the work plan addresses the needs identified in the Need section;
- Detail how you will engage multiple states across the country and develop policy initiatives that will improve access to quality health care for the MCH population and will achieve a nationwide impact;
- Describe how you will leverage resources internally and externally to maximize the program's impact and foster collaboration across stakeholders;
- Discuss how you will exchange information with other stakeholders at conferences/meetings/national forums, etc.;
- Detail how you will collaborate with key state health policymakers; and
- Provide a justification of the funds you are requesting.

B. Project Work Plan Narrative
Expand upon the Project Work Plan Matrix. At a minimum, the Project Work Plan Narrative should:
- Indicate a plan for addressing the need as described in the Need section. Provide detailed descriptions of specific policy initiatives and products proposed to improve access to quality health care for the MCH population at the state-level.
- Describe the role your organization and your key stakeholders will play in affecting state policies impacting the MCH population's access to quality health care.
- Provide specifics about the expected outcomes, and potential barriers for all anticipated years of the grant.
- Detail how you will be responsive and flexible to changing engagement opportunities and needs at the state-level.
- Present a detailed plan to disseminate the project's materials (i.e., any product intended for distribution beyond the recipient's core management team).
- Detail which aspects of the project will be sustainable beyond the federal funding period.
- Address priority selection and project development
  - Outline a plan to convene key state health policymakers, HRSA, and other MCH stakeholders in Year 1 to select project priorities and develop an implementation plan that will improve access to quality health care for the MCH population and is responsive to states' needs and priorities.
    - These projects may be multi-year or a new project may be selected each year of the Program.
  - The priorities selected should lend themselves to a policy solution and the policy initiatives developed, where feasible, should achieve a nationwide impact.

- Strongly consider selecting one or more of the following clinical priorities: mental health, substance use, and childhood obesity as the focus of the project.
- Outline how you will engage with states and their key health policymakers and detail the selection process, with HRSA's input, to determine which states will participate.
- Describe the expertise, role(s), and makeup of partners or potential sub-recipients (if applicable) who are intended to be involved in completing specific tasks.
- Consider the following criteria when selecting priority topics:
  - Is this MCH access to quality health care issue amenable to policy change?
  - Is it both relevant nationwide and important to states?
  - Is this a significant opportunity to leverage new evidence or best practices in the field to improve access to quality health care for MCH populations?
  - Does this project translate new information or best practices into policy and practice resulting in improved access to quality health care for MCH populations?
- Include a letter of support and commitment (Attachment 4) from each proposed partner (if applicable).
- Consider using a portion of the funds for the following two purposes:
  - Injecting an MCH focus into ongoing efforts, such as policy initiatives driven by organizational leadership and/or membership, or training programs for new state officials.
  - Developing tools and resources on emerging topics pertinent to states and the award recipients.

- Address policy initiative development:
  - Outline a plan to develop, in collaboration with participating states, by the end of Year 1, policy initiatives that will improve access to quality health care for the MCH population. These policy initiatives must be responsive to states' needs and priorities. Where feasible, these initiatives will reach states across the country to achieve a nationwide impact.
  - Describe how the policy initiatives will be implemented in Years 2 through 5. These policy initiatives should be flexible enough to change with evolving states' needs and priorities.

- Address TA and evaluation plans creation:
  - Describe how the TA plan will provide states with the support they need to implement their policy initiatives. A complete and comprehensive TA plan is due to the HRSA Project Officer by the end of Year 1.
  - Conduct a qualitative and/or quantitative evaluation to assess if the policy initiatives have resulted in policy change. A comprehensive evaluation plan is due to the HRSA Project Officer by the end of Year 1. Questions to be answered include:
    i. What is the policy change being targeted?
    ii. What activities (from your implementation plan) have been conducted to achieve this policy change?

iii. What is the status of the policy change being targeted?
iv. If the policy change has been implemented, what short-term and long-term impacts have been seen? Include impacts on the MCH populations' access to quality health care and their health outcomes.
- o Establish a data collection mechanism to track the above evaluation questions in order to report on them yearly in the Progress Report.
- Address state-level engagement:
  - o Outline how you will engage with key state health policymakers to implement policy initiatives that will improve access to quality health care for the MCH population.
  - o Describe a dissemination plan for all products developed under this cooperative agreement in order to achieve the Program's objectives

Logic Model
You must also submit a draft logic model with your application. By the end of Year 1, you must submit to the HRSA Project Officer a complete and comprehensive logic model that designs and manages the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections among the:
- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products or deliverables of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

▪ *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion(a) 2*
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 Criterion(a) 3 and 5*
A project lacking a complete and well-conceived evaluation protocol may not be funded. You will submit, with the application, an evaluation outline and if you are awarded the cooperative agreement, by the end of Year 1, a comprehensive evaluation plan that addresses how success will be determined and measured. Please include how you will assess the impact of the Program on the MCH population.

Monitoring and evaluation activities must be ongoing, and should describe the processes and progress towards the goals and objectives of the project. To the extent possible, this evaluation must be structured to gain information which is quantifiable and which permits objective rather than subjective judgements. 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.

You must conduct a qualitative and/or quantitative evaluation to assess if the policy initiatives have resulted in policy change. Questions to be answered include:

- What is the policy change being targeted?
- What activities (from your implementation plan) have been conducted to achieve this policy change?
- What is the status of the policy change being targeted?
- If the policy change has been implemented, what short-term and long-term impacts have been seen? Include impacts on the MCH populations' access to quality health care and their health outcomes.

You must establish a data collection mechanism to track the above questions in order to report on them in the yearly Progress Reports. Explain how the data will be used to inform program development. You must describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

When describing the data collection mechanism, you must include how your organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion (a) 5*
  Succinctly describe your organization's current mission and structure, scope of current activities, including an organizational chart as Attachment 5, 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 work plan, as outlined in the application, properly account for the federal funds, and document all costs so as to avoid audit findings.

  Detail your reach at the national level with MCH policy stakeholders and demonstrate whether you have prior experience working with a range of federal, state and local public health entities, safety net provider organizations, and other state and national organizations. Describe the role your organization and your organization's key stakeholders play in affecting state policies that impact the MCH population's access to quality health care. Discuss how you will use this

relationship to disseminate products and materials in order to achieve the Program's objectives.

Highlight your experience working with, educating, and/or representing groups such as State Medicaid Directors, State/Territorial Health Officials, Local County and State Health Officials, state governors, and state legislators. Discuss how you will leverage resources internally and externally to maximize the program's impact and foster collaboration across stakeholders.

Include a brief, specific description of the available resources (staff, space, equipment, etc.) and any other related services that are available and will be used to carry out the Program. Include biographical sketches of key staff, including how they are qualified to work on this Program (Attachment 3).

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

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

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iii. *Budget*

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

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to

the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

The Consolidated Appropriations Act, 2017 (P.L. 115-31), Division H, § 202, states "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in FY 2018, as required by law.

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

The Supporting State MCH Policy Innovation Program will convene all award recipients once a year for an in-person meeting in Washington, D.C. Therefore, you must include this in-person meeting in your budget narrative.

Each award recipient is expected to convene key state health policymakers once a year. Therefore, you must include this in-person meeting in your budget narrative.

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. This attachment also includes the required logic model. If you will make subawards or expend funds on contracts, describe how your organization will ensure the funds are properly documented.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's *SF-424 Application Guide)*
Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Biographical Sketches of Key Personnel
Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)
Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be signed and dated.

Attachment 5: Project Organizational Chart
Provide a one-page figure that depicts the organizational structure of the project.

Attachment 6: Tables, Charts, etc.
To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachments 7 – 15: Other Relevant Documents
Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

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

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

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

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

The Grants.gov registration process requires information in three separate systems:
- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA's *SF-424 Application Guide*.

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 *February 16, 2018 at 11:59 p.m. Eastern Time*.

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

5. Intergovernmental Review

The Supporting State MCH Policy Innovation Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

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

The General Provisions in Division H of the Consolidated Appropriations Act, 2017 (P.L. 115-31) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in FY 2018, 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 addition. Post-award requirements for program income can be found 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.

The Supporting State MCH Policy Innovation Program has six review criteria:

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

The extent to which the application:
- Describes the purpose of the proposed project.
- Describes the national need to improve access to quality health care for the MCH population and implications at the state level. This should provide the context and rationale for the proposed Work Plan.
- Demonstrates understanding of the historical barriers to coverage faced by women and children, potential challenges in expanding access to quality care for the MCH population, and opportunities that exist for award recipients to address potential challenges.
- Provides data that are reflective of the problem statement and will address the needs of the MCH population at the state level.
- Describes how state-level policies affect the MCH population's access to quality health care and the role your organization and your organization's stakeholders play in affecting state policies that impact the MCH population's access to quality health care.
- Demonstrates an understanding of the need for state level, cross-agency collaboration between health and social programs and their state-level stakeholders (including Medicaid/CHIP, insurance payers, state legislators, governors, etc.) to meet the Program's goals.
- Includes a summary needs assessment and shows how your proposed project will meet that need.

Criterion 2: RESPONSE (35 points) – Corresponds to Section IV's Methodology, Work Plan, Resolution of Challenges, and Section I's Purpose

The extent to which the application:
Methodology (15 points)
- Responds to Section I's "Purpose" and subsequent headings.
- Proposes goals and objectives that are specific, measurable, attainable/achievable, relevant, and time-bound (i.e., SMART objectives) and will meet the purpose and requirements of the proposed project.
- Describes activities that are capable of addressing the problem and attaining the project objectives, including effective tools for ongoing outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve key state health policymakers.
- Describes monitoring the engagement of states and key state health policymakers and how inputs and activities will be linked to outcomes related to improving access to quality health care for the MCH population.
- Measures the improvements in state-level, cross-agency, public-private partnerships and improvements in programming focused on MCH access to quality health care.
- Explains how policy initiatives will lead to, where feasible, a nationwide impact that will improve access to quality health care for MCH populations.
- Describes a plan for sustainability beyond the life of the project period.

Work Plan (15 points)
- Provides a plan to develop a multi-year project (or one project per year) work plan matrix and project work plan narrative with sufficient and appropriate detail, as described in Section IV's "Work Plan." A complete and comprehensive work plan matrix and work plan narrative are due to the HRSA Project Officer by the end of Year 1.
- Develops a draft logic model that designs and manages the project, with a complete and comprehensive logic model due to the HRSA Project Officer by the end of Year 1.
- Describes the expertise, roles, and makeup of partners or potential sub-recipients who are intended to be involved in completing specific tasks. If joint projects with other applicants are proposed, a letter of support and commitment is required from each proposed partner (Attachment 4).
- Specifies expected outcomes and potential barriers for all anticipated years of the project period.

For a complete list of activities to include, refer to Section I's "Purpose" and Section IV's "Work Plan." The extent to which the following are addressed:

- Priority selection and project development, including seriously considering selecting one or more of the following clinical priorities as the focus of the project: mental health, substance abuse, and childhood obesity,
- Development of policy initiatives,
- Creation of TA and evaluation plans, and
- Engagement of states and their key policy stakeholders.

Resolution of Challenges (5 points)

- Describes the challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

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

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 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 application:

- Describes an evaluation plan that addresses how the major goals and objectives of the project will be achieved and that will assess the effectiveness of the dissemination methods and the impact of the program on the MCH population's access to quality health care.
- Describes a qualitative and/or quantitative evaluation plan that assesses if the policy initiatives have resulted in policy change. Questions to be answered include:
  - What is the policy change being targeted?
  - What activities (from your implementation plan) have been conducted to achieve this policy change?
  - What is the status of the policy change being targeted?
  - If the policy change has been implemented, what short-term and long-term impacts have been seen? Include impacts on the MCH populations' access to quality health care and their health outcomes.
- Describes a plan to establish a data collection mechanism to track the above evaluation questions in order report on them yearly in the Progress Reports.
- Describes a plan to assess, where feasible, the impact of the project on enhancing state-level, cross-agency, and public-private partnerships.
- Describes a plan to assess, where feasible, the impact of the Program on improving level programming focused on MCH access to and quality of health care.
- Describes a plan to assess, where feasible, the national impact of the Program on MCH access to quality health care.
- Assures data collection quality.

- Describes how data will be analyzed and reported and how the data will be disseminated to key state health policymakers.
- Articulates who on the project will be responsible for refining, collecting, and analyzing data for evaluation and their current experience, skills and knowledge, materials published, and previous work of a similar nature.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's Methodology and Work Plan

The feasibility and effectiveness of plans for dissemination of project results, and the extent to which the project results may be national in scope but applicable at the state-level. The potential impact of project results on enhancing state-level, cross-agency, and public-private partnerships; and improving programming focused on MCH access to quality health care.

The extent to which:
- There is an effective plan for education of and communication with, as well as dissemination of reports, and/or project outputs to key state health policymakers.
- There is an effective plan for the sustainability of aspects of the policy initiatives that will last beyond the federal funding period.
- The project results in policy change(s) that improves access to quality health care for MCH populations nationwide (where feasible).
- The past accomplishments of the applicant and experiences working with MCH stakeholders from the public and private sectors would strongly impact the success of the Program moving forward and lead to improved collaboration, improved communication, and development of a shared work strategy among key state health policymakers.
- The project will improve programming focused on MCH access to quality health care; enhance state-level, cross-agency and public-private partnerships; and will improve access to quality health care for the MCH population.

All applicants in this section will be scored on the completeness and clarity of the Work Plan Matrix in addressing the scope of the proposed activities of the program during the project period, including program goals, objectives, and outcomes.

Criterion 5: RESOURCES/CAPABILITIES (10 points) – Corresponds to Section IV's Organizational Information

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

The extent to which the application:
Organizational Structure and Expertise
- Describes the administrative and organizational structure within which the project will function, including a clear and complete Program organizational chart (Attachment 5).

- Describes available resources (i.e., staff, equipment, space, etc.) and the capabilities to evaluate the project's impact on enhancing state-level, cross-agency, and public-private partnerships; and improving programming focused on MCH access to quality health care.
- Describes leveraging resources internally and externally to maximize the program's impact and foster collaboration across stakeholders. Demonstrates expertise in educating, training, and representing groups such as State Medicaid Directors, State/Territorial Health Officials, Local County and State Health Officials, state governors, and state legislators.
- Describes experience engaging MCH stakeholders at the state-level by providing TA, creating TA deliverables, and engaging with state policymakers.
- Describes how the organization and the organization's key stakeholders affect state policies that impact the MCH population's access to quality health care.
- Demonstrates success in working with states to develop and implement policy initiatives to improve the health needs of their MCH population.
- Highlights the resources, skills, experience, and infrastructural capacity to respond to emerging issues and requests from HRSA, the states, and their key health policymakers.
- Demonstrates the ability to communicate effectively with key state health policymakers, partners, etc., including the use of a variety of media channels for internal and external communication activities.

Staffing Plan and Personnel Requirements
- Biographical sketches of staff indicate expertise required to carry out the Program, including leadership and experience in instituting change, leading engagement, and collaborating with health care and public health leaders in both the public and private sectors.
- Key personnel have adequate time devoted to the project to achieve project objectives and carry out project activities (as described in Section 1's "Purpose").
- Job descriptions for key personnel are included as Attachment 2.

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

The reasonableness of the proposed budget for each year of the project period in relation to the objectives and the anticipated results.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which budget line items are well described and justified in the budget justification.

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. In addition to the ranking based on merit criteria, HRSA approving officials may also apply other factors in award

selection, (e.g., geographical distribution), if specified below in this NOFO. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

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

3. Assessment of Risk and Other Pre-Award Activities

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

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

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

Effective January 1, 2016, HRSA is required to review and consider any information about 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 May 1, 2018.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of May 1, 2018. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.2 of HRSA's *SF-424 Application Guide*.

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 TA 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 (OMB Number: 0915-0298 Expiration Date: 06/30/2019):

https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection.

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

1) **Progress Report(s)**. The recipient must submit a progress report to HRSA on an **annual** basis, which should address progress against program outcomes, including any expected outcomes in the first year of the program. Further information will be available in the award notice.

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

3) **Performance Reports.** HRSA has modified its reporting requirements for Special Projects of Regional and National Significance projects, Community Integrated Service Systems projects, and other grant/cooperative agreement programs administered by HRSA 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/U1X_1.HTML.

Administrative 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

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 1	New	N/A	State Capacity for Advancing the Health of MCH Populations
CB 2	New	N/A	Technical Assistance
CB 3	New	N/A	Impact Measurement
CB 6	New	N/A	Products

b) Performance Reporting Timeline

Successful applicants receiving HRSA funds will be required, within 120 days of the project 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 project period. 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) Project Period End Performance Reporting

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

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

VII. Agency Contacts

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

Mary Worrell
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-5181
Fax: (301) 443-6343
Email: MWorrell@hrsa.gov

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

Sarah Sisaye
Public Health Analyst, Office of Policy and Planning
Attn: Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18W-17A
Rockville, MD 20857
Telephone: (301) 443-1943
Email: SSisaye@hrsa.gov

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

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

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

Additional information on developing logic models can be found 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. Information on how to distinguish between a logic model and work plan can be found at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf.

Technical Assistance

HRSA has scheduled the following technical assistance (TA) webinar:

Webinar

Day and Date: Monday, January 8, 2018
Time: 2 – 3 p.m. ET
Call-In Number: 877-917-5789
Participant Code: 9342640
Web link: https://hrsa.connectsolutions.com/supporting_state_nofo/

Playback Number: 800-839-2290
Passcode: 1943

IX. Tips for Writing a Strong Application

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