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

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

Sickle Cell Disease Treatment Demonstration Regional Collaboratives Program

Announcement Type: New, Competing Continuation
Funding Opportunity Number: HRSA- 17-078

Catalog of Federal Domestic Assistance (CFDA) No. 93.365

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2017

Letter of Intent Due Date: November 30, 2016

Application Due Date: February 9, 2017

MODIFIED on January 13, 2017 to include:

- **The link to a new *FREQUENTLY ASKED QUESTIONS* document**
- **An additional Technical Assistance conference call**
  - **Date: Monday, January 23, 2017**
  - **Time: 3:00 pm ET to 4:00 pm ET**
  - **Dial-in: 877-918-2508; Passcode: 3430898**
  - **Web link: https://hrsa.connectsolutions.com/scdtdp/**

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

Issuance Date: January 13, 2017

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Authority: American Jobs Creation Act of 2004, Title VII, § 712(c), P.L. 108-357, Title VII, § 712(c)(42 U.S.C. 300b–1 NOTE)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB), Division of Services for Children with Special Health Needs (DSCSHN), Genetic Services Branch is accepting applications for fiscal year (FY) 2017 for the Sickle Cell Disease Treatment Demonstration Regional Collaborative Program. The purpose of the program is to improve health outcomes in individuals with sickle cell disease, reduce morbidity and mortality caused by sickle cell disease, reduce the number of individuals with sickle cell receiving care only in emergency departments, and improve the quality of coordinated and comprehensive services to individuals with sickle cell and their families.

One application per region will be funded. A total of five (5) regional coordinating centers (RCC) will be funded that will cover the entire United States.

- **Northeast Region:** Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont, District of Columbia, Delaware, Maryland, New York, New Jersey, Pennsylvania, Virginia, and West Virginia.
- **Southeast Region:** Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee.
- **Midwest Region:** Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, North Dakota, and South Dakota.
- **Heartland and Southwest Region:** Iowa, Missouri, Arkansas, Louisiana, Nebraska, Kansas, Oklahoma, and Texas.
- **Pacific Region:** New Mexico, Montana, Utah, Wyoming, Colorado, Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, and Washington.

Funding Opportunity Title:	Sickle Cell Disease Treatment Demonstration Program Regional Collaborative
Funding Opportunity Number:	HRSA- 17-078
Due Date for Applications:	February 9, 2017
Anticipated Total Annual Available Funding:	$3,575,000
Estimated Number and Type of Award(s):	Up to five (5) cooperative agreements
Estimated Award Amount:	Per year: Northeast - $1,072,500 Southeast - $1,072,500 Midwest - $536,250 Heartland and Southwest - $536,250 Pacific - $357,500
Cost Sharing/Match Required:	No
Project Period:	September 1 2017 through August 31, 2021(4 years)

Eligible Applicants:	Eligible entities for this cooperative agreement program are any federally-qualified health center, nonprofit hospital or clinic, or university health center that provides primary health care that: (1) has a collaborative agreement with a community-based sickle cell disease organization or a nonprofit entity with experience in working with individuals with sickle cell disease; and (2) demonstrates that it, the collaborative entity, or the experts described in section 712(c)(2)(C) of the American Jobs Creation Act of 2004, has at least five (5) years of experience working with individuals who have sickle cell disease. Faith-based and community-based organizations that meet these qualifications are eligible. [See Section III-1of this funding opportunity announcement (FOA) for complete eligibility information.]

Application Guide

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

Technical Assistance

MCHB will host a pre-submission technical assistance conference call for all prospective applicants on January 23, 2017. Call details are as follows:

Date: Monday, January 23, 2017
Time: 3:00 pm ET to 4:00 pm ET
Dial-in: 877-918-2508; Passcode: 3430898
Web link: https://hrsa.connectsolutions.com/scdtdp/

Frequently Asked Questions (FAQs):

HTTPS://MCHB.HRSA.GOV/FUNDINGOPPORTUNITIES/?ID=C6084989-3725-4B51-B309-206698402829

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Sickle Cell Treatment Demonstration Regional Collaboratives Program. The purpose of this funding opportunity is to fund Regional Coordinating Centers (RCC) that will establish regional networks and provide leadership and support for regional and statewide activities that will develop and establish systemic mechanisms to improve the prevention and treatment of Sickle Cell Disease, by: (1) increasing the number of providers treating individuals with sickle cell disease using the National Heart, Lung and Blood Institute (NHLBI) Evidence-Based Management of Sickle Cell Disease Expert Panel Report;[1] (2) using telementoring, telemedicine[2] and other provider support strategies to increase the number of providers administering evidence-based sickle cell care; and 3) developing and implementing strategies to improve access to quality care with emphasis on individual and family engagement/partnership, adolescent transitions to adult life, and care in a medical home.

Program Goals

Each Regional Coordinating Center (RCC) will establish partnerships and connections to improve health outcomes in individuals with sickle cell disease, reduce morbidity and mortality caused by sickle cell disease, reduce the number of individuals with sickle cell receiving care only in emergency departments, and improve the quality of coordinated and comprehensive services to individuals with sickle cell disease and their families. A regional approach will be used for implementing this program in which one (1) RCC is funded in each region. The RCC is responsible for identifying state-level partners in each state in the region and implementing a written subaward agreement, consistent with the requirements of 45 CFR Part 75, with at least five (5) state partners in the region. A Regional Action Plan and State Actions Plans will also be developed to support the goals, purpose, and requirements of this program. To develop the regional collaborative, the RCC will employ a Collective Impact strategy[3] using five principles to develop alignment between regions and stakeholders to make changes. They are: (1) backbone support structure; (2) common agenda; (3) continuous communication; (4) mutually reinforcing activities; and (5) shared measurement system. For the purposes of this FOA, a state-level partner is an organization (i.e., university, medical center, etc.) that provides services to individuals with sickle cell disease and/or has expertise on the

[1] National Heart, Lung and Blood Institute (NHLBI) Evidence-Based Management of Sickle Cell Disease Expert Panel Report can be found online. A quick guide of the recommendations can be found at: http://www.nhlbi.nih.gov/sites/www.nhlbi.nih.gov/files/Evd-Bsd_SickleCellDis_Rep2014.pdf

[2] According to the American Telemedicine Association, telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status. Telemedicine includes a growing variety of applications and services using two-way video, email, smart phones, wireless tools and other forms of telecommunications technology. (http://www.americantelemed.org/main/about/telehealth-faqs-)

[3] Collective Impact is a framework to tackle deeply entrenched and complex social problems. It uses five principles: 1)Backbone Organization, 2) Common Agenda, 3)Mutually-reinforcing Activities, 4) Communication Strategy and Shared Measurement System, (http://www.fsg.org/ideas-in-action/collective-impact)

sickle cell community and demonstrates readiness to implement the activities outlined within this funding opportunity announcement within their state. State-level partners will be responsible for coordinating statewide activities.

Regional Framework

Only one (1) application per region will be funded. The regions are:

- **Northeast Region:** Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont, District of Columbia, Delaware, Maryland, New York, New Jersey, Pennsylvania, Virginia, and West Virginia.
- **Southeast Region:** Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee.
- **Midwest Region:** Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, North Dakota, and South Dakota.
- **Heartland and Southwest Region:** Iowa, Missouri, Arkansas, Louisiana, Nebraska, Kansas, Oklahoma, and Texas.
- **Pacific Region:** New Mexico, Montana, Utah, Wyoming, Colorado, Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, and Washington.

Per year, each region will receive the following amounts:

Northeast	$1,072,500
Southeast	$1,072,500
Midwest	$536,250
Heartland and Southwest	$536,250
Pacific	$357,500

Funding for each region was determined based on the distribution of patients with sickle cell disease. Although there is no national data source, calculations were based on the best available data from a 2010 population estimate.[4] For the purposes of the SCDTDP, the general distribution of patients, by percentage, is considered to be approximately:

Northeast	30%
Southeast	30%
Midwest	15%
Heartland and Southwest	15%
Pacific	10%

*Estimates have been rounded to the nearest 5 percent.

[4]Hassell, Kathy, Population Estimates of Sickle Cell Disease in the U.S., American Journal of Preventative Medicine, April 2010, Volume 38, Issue 4, Supplement, Pages S512–S521 (https://www.ncbi.nlm.nih.gov/pubmed/20331952)

Program Objectives
Each awardee will report annually on the following Program Objectives:

- By 2021, each region and at least five (5) funded states participating in the award will have a Sickle Cell Action Plan to increase access to evidence-based care for all individuals with sickle cell disease. The action plans will be submitted annually to MCHB through the Electronic Handbook (EHB) beginning in Year 2 of the award and updated as appropriate.
- By 2021, increase by 10 percent from baseline (see Program Requirements 8 and 11) the total number of providers, including primary care providers, participating in telementoring and telemedicine activities.
- By 2021, increase by 10 percent from baseline (see Program Requirements 8 and 11) the number of providers treating individuals with sickle cell disease in each state using the NHLBI Expert Panel Report recommended treatments and prevention.
- By 2021, increase by 10 percent form baseline (see Program Requirements 8 and 11) the number of eligible individuals with sickle cell disease receiving a hydroxyurea prescription at least twice in the past year among patients seen by participating providers.
- By 2021, increase by 10 percent from baseline (see Program Requirements 8 and 11) the number of individuals with sickle cell disease seen at participating institutions that have documented recommended pneumococcal vaccinations at least annually.
- By 2021, increase by 10 percent from baseline (see Program Requirements 8 and 11) the number of eligible individuals with sickle cell disease seen at participating institutions that have documented Transcranial Doppler Ultrasound (TCDs) at least annually.
- By 2021, increase by 10 percent from baseline (see Program Requirements 8 and 11) the number of eligible adolescents with sickle cell disease seen at participating institutions that have a documented transition plan.
- By 2021, each recipient will have the ability to report on the number of individuals with sickle cell disease served by the program in the past year. (see Program Requirements 8 and 11)

Program Requirements

Each recipient will be required to perform the following activities using collective impact strategies:

1. Establish a regional infrastructure to achieve the goals, purpose, objectives, and requirements of the program. This includes identifying a state-level partner in each state in the region. The awardee will be responsible for providing funding to at least five (5) state-level partners in the region through subaward agreements and must demonstrate that at least 40 percent of the total budget is provided to state-level partners. Partnerships/agreements should be in place within one (1) year of the start date of the award.

2. Serve as the lead organization for a region with the responsibility to evaluate existing resources, identify gaps in the delivery of care, develop strategies to meet the needs of individuals with sickle cell disease, and obtain buy-in from other stakeholders and organizations within the region that can assist with efforts to improve sickle cell care. This includes identifying and initiating formal and informal partnerships with stakeholders, and networking with primary care associations and organizations to increase the number of providers treating sickle cell patients using evidence-based sickle cell care. Stakeholders may include: state government, federally funded entities, Primary Care Associations (PCA), insurance organizations, regional practice groups and health systems, medical centers and Federally-Qualified Health Centers (FQHC's).

3. Develop a Regional Sickle Cell Action Plan and state-specific Sickle Cell Action Plans for funded states that: 1) identify resources in each region and state to improve sickle cell care for all individuals with sickle cell in the region and 2) describe the overall infrastructure that will address the goals and requirements listed in this FOA. Action Plans must be provided to MCHB within one (1) year of award date and updated annually, as appropriate. The state action plans will describe how states will develop a network of providers using evidence-based sickle cell care in the state; how telemedicine/telehealth and provider support strategies[5] will be used; how access to quality care (with an emphasis on family engagement, adolescent transition to adult life, and care in a medical home) will be supported; and how to increase the number of individuals with sickle cell disease being treated by providers using evidence-based sickle cell care.

4. Use telementoring, telemedicine and provider support strategies to increase the number of providers using the NHLBI Evidence Based Management of Sickle Cell Disease Expert Panel Report to provide evidence-based care to individuals with sickle cell disease. You must propose models that use strategies such as the Extension of Community Healthcare Outcomes (ECHO) model or similar models to provide education and mentoring to providers. A focus should be on providers serving in rural and remote areas where patients may have difficulty accessing care and using primary care providers to serve as medical homes. Each state is encouraged to implement a statewide telementoring and telemedicine program. However, in states that do not have the resources or the patient population sufficient to support a statewide telementoring program, the applicant is responsible for ensuring that the states within the region have access to telementoring.

[5] For this FOA, "provider support strategies" include any strategy that assist providers in self-directed education, such as web-based education tools, decision support aides and education modules. This will differ from telementoring in which education opportunities are conducted at set times.

5. Provide technical assistance to state-level partners and stakeholders throughout the region. Technical assistance should include how to implement provider support strategies such as phone assistance lines or develop web-based decision support tools for providers.

6. Actively engage with and incorporate input from persons with sickle cell disease and their families, sickle cell disease community-based organizations (CBOs), and nonprofit organizations working with individuals who have sickle cell disease into program activities and evaluation.

7. The Sickle Cell Disease Treatment Demonstration Regional Collaboratives Program and the HRSA-funded Sickle Cell Disease Newborn Screening Follow-up Program are part of MCHB's efforts to use the Chronic Care Model. Therefore, the applicant must demonstrate how the region and state-level partners will actively engage with CBOs either funded by Sickle Cell Disease Newborn Screening Follow-Up Program or other CBOs located within the region.

8. Develop a data collection strategy to measure progress and evaluate the program. Award recipients will be required to submit data from all funded states on a quarterly basis to the Sickle Cell Disease National Coordinating Center (NCC). Each region will be required to work with state-level partners as well as other RCCs within this program to develop and collect standardized data elements. Each region should develop a strategy to implement and maintain data use agreements (DUA) and centralized Internal Review Board (IRB) approvals for data submission for the region. This program will have a contractor, the National Coordinating Center, which will assist the RCCs and MCHB with data collection and a final report for Congress. The RCC will be required to work with the NCC and MCHB on data strategies that are developed for the program. Each RCC will be required to have approved IRB protocols from each of the funded state-level partners within one (1) year of the start date of the award. Regions should include activities that collect data from unfunded state partners within the region to the extent possible. Regions are required to maintain and update (as needed) the data strategy and DUAs that allow for additional measures to be added in subsequent years for the entire project period. The data must include the ability to report on the number of individuals with sickle cell disease served by the program in the previous year.

9. In conjunction with the NCC, provide oversight and participate in quality improvement projects that focus on increasing:

- Use of evidence-based sickle cell diagnosis and treatment methods:
  - Hydroxyurea
  - Pneumococcal vaccinations
  - Transcranial Doppler Ultrasound (TCD) screening
  - Transition Plan
- Access to quality care with specific emphasis on:
  - Transition to adult life (e.g., from pediatric care to adult care, education to employment, etc.).
  - Engagement of individuals with sickle cell disease and their families as partners in their sickle cell care.
  - Access to medical home

10. Partner and collaborate with stakeholders addressing sickle cell disease services including but not limited to: the HRSA-funded Sickle Cell Disease Newborn Screening Follow-up Program, the Sickle Cell National Coordinating Center, Regional Genetics Networks, and Regional Hemophilia Networks; Primary Care Associations (PCA), state newborn screening programs; other community based organizations; state government; other federally funded entities; insurance organizations, regional practice groups and health systems, larger medical centers and Federally-Qualified Health Centers (FQHC's).

11. Baseline data will be collected by the end of Year 1. The regions will be expected to provide data (overall and by state) on how they are achieving the goals of the program, including collecting information on the following:
    - Number of individuals with sickle cell disease served by the program in the previous year.
    - Number of eligible individuals with sickle cell disease receiving a hydroxyurea prescription at least twice in the past year that are seen at participating providers. *(Eligibility for hydroxyurea as determined by the NHLBI Expert Panel Report).*
    - Number of individuals with sickle cell disease seen at participating institutions that have documented recommended pneumococcal vaccinations at least annually. (Refer to NHLBI Expert Panel Report for Pneumococcal vaccination recommendations in sickle cell disease).
    - Number of eligible individuals with sickle cell disease seen at participating institutions that have documented Transcranial Doppler Ultrasound (TCDs) at least annually *(eligibility for TCD as determined by the NHLBI Expert Panel Report)*.
    - Number of eligible adolescents with sickle cell disease seen at participating institutions that have a documented transition plan.
    - Number of providers in the region who participate in telementoring/telemedicine.

- Number of providers by state who participate in telementoring/telemedicine.
- Number of states in each region that have the required Sickle Cell Action Plans.
- Collaboratively developed and defined measures to track improvements in family engagement/partnership and access to a medical home.
- Number of providers (collated by region and state) who participate in provider support strategies (list out the strategies).

2. Background

This program is authorized by Title VII, § 712(c) of the American Jobs Creation Act of 2004, Public Law 108-357, as amended.

Sickle Cell Disease

Sickle cell disease is an inherited red blood cell condition. In affected individuals, the abnormal red blood cells break easily and clog blood vessels to block blood flow to organs and tissues. This process results in anemia, periodic pain episodes (at times severe), and ultimately can damage tissues and vital organs and lead to increased infections and early death. In the United States, most cases of sickle cell disease occur among people of African ancestry (one in 400 African American births) but can also occur in individuals of Mediterranean, Middle Eastern, and Indian background. It is estimated that more than two million Americans are carriers or heterozygotes for sickle cell disease and over 100,000 have the disorder. Annually, approximately 1,000 newborns are identified with sickle cell disease through state newborn screening programs.

Early diagnosis of sickle cell disease is critical so that children who have the disorder can receive proper interventions. Newborn screening for sickle cell disease followed by health education, enrollment in comprehensive care, initiation of penicillin prophylaxis and anti-pneumococcal vaccination within the first two months of life can prevent death from severe infections.[6]

Today, access to care for individuals with sickle cell disease is uneven.[7] Comprehensive care for children with sickle cell disease is generally more available than for adults because there are relatively fewer clinicians with expertise and willingness to care for adults with sickle cell disease. Even for children, geographic, economic, and cultural barriers may prevent them from accessing the care that's required to prevent morbidity and mortality. Further, while there have been advances and new developments in sickle cell disease treatment, such as therapies to increase fetal hemoglobin that result in increased survival and decreased morbidity, access to such treatments has not been universal. A panel report of the NIH Consensus

[6] Gaston, Marilyn, et al; Prophylaxis with Oral Penicillin in Children with Sickle Cell Anemia; New England Journal of Medicine 1986; 314:1593-1599June 19, 1986

[7] DeBaun, Michael, Telfair, Joseph; Transition and Sickle Cell Disease; Pediatrics; November 2012, VOLUME 130 / ISSUE 5

Development Conference on Hydroxyurea Treatment in Sickle Cell Disease stated that a number of barriers exist for hydroxyurea therapy and that only 10percent of the sickle cell population that could benefit from hydroxyurea take the medication.[8] There is an expressed need for increased access to comprehensive treatment, continued education for health professionals, and improved or expanded educational efforts for individuals with sickle cell disease and their families to address the disparity between standard of care and actual care delivery and to increase understanding of sickle cell disease.

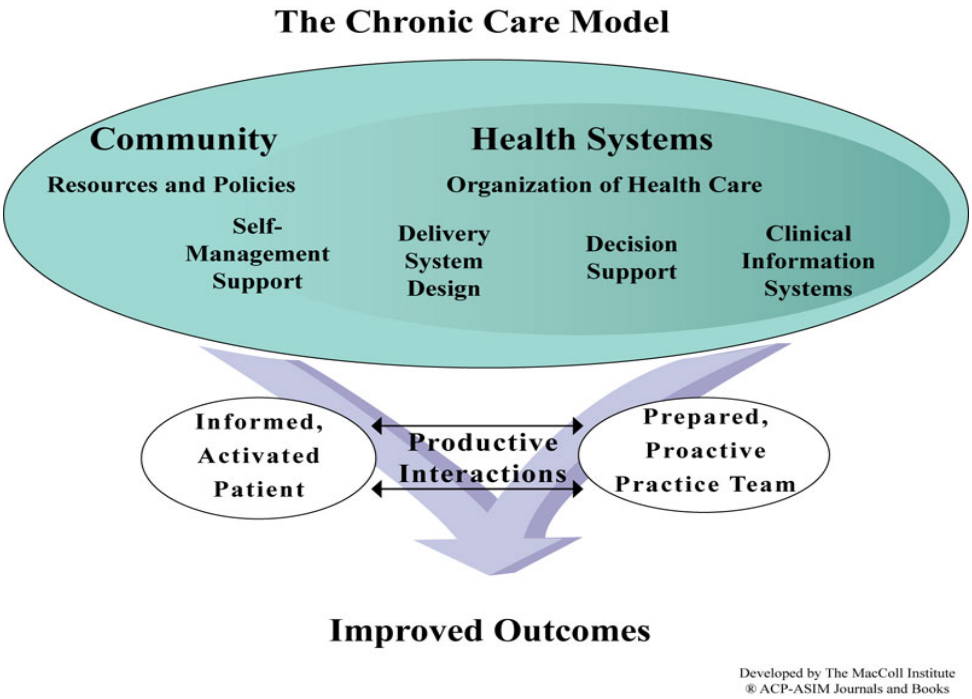
In 2004, Congress enacted and the President signed into law P.L. 108-357, the American Jobs Creation Act of 2004. Section 712(c) of P.L. 108-357 authorized the Sickle Cell Disease Treatment Demonstration Program (SCDTDP), designed to improve and expand patient and provider education and the continuity and coordination of service delivery for individuals with sickle cell disease through cooperative agreements to eligible entities as specified in the legislation. It aims to improve access to services for individuals with sickle cell disease by providing an opportunity for primary care clinics to partner with comprehensive sickle cell disease centers and community-based sickle cell disease organizations to deliver high quality clinical services. Because primary care providers traditionally have not served a large number of individuals with sickle cell disease, there is a general lack of knowledge regarding sickle cell care. The SCDTDP provides an opportunity to address the knowledge gap as well as promote the adoption of new developments in care.

In 2002, MCHB funded 15 community-based grants and one (1) cooperative agreement through its Sickle Cell Disease and Newborn Screening Program. By 2017, the program evolved into the Sickle Cell Disease Newborn Screening Follow-Up Program (HRSA-17-079).

Chronic Care Model

If awarded this funding opportunity, you will be required to work closely with the HRSA-funded Sickle Cell Disease Newborn Screening Follow-Up Program (HRSA-17-079). The focus of this program is to provide education and referrals to individuals with sickle cell disease and trait, identified through newborn screening, and their families. As demonstrated by the Chronic Care Model in the figure below, improved outcomes are achieved when informed patients actively establish productive relationships with knowledgeable providers in proactive clinical practice teams in a supportive health care system. By using the Chronic Care Model, SCDTDP award recipients will be able to increase the number of knowledgeable providers treating patients with sickle cell and the SCDNBSP (through CBOs) will provide the tools to patients and families so that they are empowered to be active partners in their care.

[8] https://consensus.nih.gov/2008/sicklecellstatement.htm



Maternal and Child Health Bureau

MCHB is a component of the HRSA within the U.S. Department of Health and Human Services (HHS). Since its inception, maternal and child health (MCH) services awards have provided a foundation for ensuring the health of our nation's mothers and children. The mission of MCHB is to provide national leadership in partnership with key stakeholders, to reduce disparities, assure availability of quality care, and strengthen the nation's MCH/public health infrastructure in order to improve the physical and mental health, safety and well-being of the MCH population.

The Division of Services for Children with Special Health Needs (DSCSHN)

With the Omnibus Budget Reconciliation Act of 1989, Public Law 101-239 amended Title V of the Social Security Act to extend the authority and responsibility of MCHB to address the core elements of community-based systems of services for children and youth with special health care needs (CYSHCN) and their families. With this amendment, State Title V programs under the MCH Services Block Grant program were given the responsibility to provide and promote family-centered, community-based, coordinated care for CYSHCN and facilitate the development of community-based systems of services for such children and their families. CYSHCN are defined as "those children and youth who have or are at increased risk for chronic physical, developmental, behavioral or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally." According to the National Survey of Children with Special Health Care Needs (2009/2010), 15.1 percent of children under 18 years of age in the United States, or approximately 11.2 million children, are estimated to have special health care needs. Overall, 23 percent of U.S. households with children have at least one child with special health care needs.

Through funding initiatives, DSCSHN works to achieve the following six critical systems outcomes:

1) Family/professional partnership at all levels of decision-making.
2) Access to coordinated ongoing comprehensive care within a medical home.
3) Access to adequate private and/or public insurance and financing to pay for needed services.
4) Early and continuous screening for special health needs.
5) Organization of community services for easy use.
6) Youth transition to adult health care, work, and independence.

Regional Development

The regional structure for this round of the SCDTDP is being altered from the previous regional structure that was developed for the program in 2014. The Maternal and Child Health Bureau, in consultation with other Health Resources and Services Administration staff, determined that the sickle cell community would be best served by a program that addressed the needs of the entire sickle cell population throughout the United States. Other MCHB programs have a national reach, and improvement in sickle cell care would benefit from a national infrastructure that improves coordination of efforts for all states. MCHB currently funds and collaborates with a national Regional Hemophilia Network (RHN) Program. In determining the revised structure of the SCDTDP regions, MCHB considered the existing structure of the Regional Hemophilia Network Program and the fact that the sickle cell population and the hemophilia population are both served by benign hematologists. Accordingly, a decision was made to model the revised SCDTDP regions to conform geographically to the existing Hemophilia Treatment Center regions, altering the regions for the RHN to reflect the sickle cell population while retaining as much of the previous SCDTDP structure as possible.

II. Award Information

1. Type of Application and Award

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

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

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

- Participation, as appropriate, in meetings conducted during the period of the cooperative agreement.
- Ongoing review of activities and procedures established and implemented for accomplishing the proposed project.
- Review of project information prior to dissemination.
- Review of information on project activities.

- Assistance with the establishment of contacts with federal and state agencies, MCHB grant projects, and other community-based organizations that may be relevant to the project's mission.
- Assistance in the establishment of state, federal, and community partnerships, collaborations, and cooperation that may be necessary for carrying out the project.
- Assistance in developing strategies to monitor progress on the program.

The cooperative agreement recipient's responsibilities shall include:

- Adherence to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds.
- Conducting all tasks identified in this funding opportunity announcement.
- Reviewing, on a continuous basis, activities and procedures established and implemented for accomplishing the scope of work.
- Ongoing and timely communication and collaboration with HRSA's MCHB, i.e., the MCHB Project Officer.
- Cooperating and coordinating with a national coordinating center and other regions funded under this program.
- Providing the MCHB Project Officer the opportunity to review project information prior to dissemination.
- Working with the MCHB Project Officer to review information on project activities.
- Establishing contacts that may be relevant to the project's mission.
- Facilitating partnerships with federal and state agencies, MCHB grant projects including the Sickle Cell Disease Newborn Screening Follow-Up Program, Regional Genetics Networks, the Clearinghouse of Newborn Screening Information, the Newborn Screening Data Repository and Technical Assistance Center, as well as other stakeholders, such as the Sickle Cell Disease Association of America (SCDAA) and the American Society of Hematology (ASH) that may be relevant to the project's mission.
- Meeting deadlines for information and reports as required by the cooperative agreement.

2. Summary of Funding

Approximately $3,575,000 is expected to be available annually to fund five (5) recipients. You may apply for a ceiling amount predetermined using sickle cell prevalence estimates for your region. Use the table below to determine the amount of funding you are allowed to apply for in your region:

Region	Estimated Award Amount
Northeast	$1,072,500
Southeast	$1,072,500
Midwest	$536,250
Heartland and Southwest	$536,250
Pacific	$357,500

Funding for each region was determined based on the distribution of patients with sickle cell disease. Although there is no national data source, calculations were based on the best available data from a 2010 population estimate. For the purposes of the SCDTDP, the general distribution of patients, by percentage, is considered to be approximately:

Northeast	30%
Southeast	30%
Midwest	15%
Heartland and Southwest	15%
Pacific	10%

You must demonstrate within the application that there is capacity to give support to all states in the region and the budget must allocate financial support to at least five states in the region through subaward agreements. You must also show that at least 40 percent of the total award funding is provided to state partners through subaward agreements.

The actual amount available will not be determined until enactment of the final FY 2017 federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is September 1, 2017 through August 31, 2021 (four (4) years). Funding beyond the first year is dependent on the availability of appropriated funds for Sickle Cell Disease Treatment Demonstration Regional Collaboratives Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Eligible entities for this cooperative agreement program are any federally-qualified health center, nonprofit hospital or clinic, or university health center that provides primary health care that: (1) has a collaborative agreement with a community-based sickle cell disease organization or a nonprofit entity with experience in working with individuals with sickle cell disease; and (2) demonstrates that it, the collaborative entity, or the experts described in section 712(c)(2)(C) of the American Jobs Creation Act of 2004, has at least five (5) years of experience working with individuals who have sickle cell disease. Faith-based and community-based organizations that meet these qualifications are eligible to apply.

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

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization **are not** allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will 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*** applicants for this FOA to apply electronically through Grants.gov. You must download the SF-424 application package associated with this FOA following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 Application Guide* provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the FOA to do otherwise.

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 FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

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

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

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

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

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

Use the following section headers for the Narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion #1 Need*
  Briefly describe the purpose of the proposed project. Include a discussion that demonstrates an expert understanding of the goals of the Sickle Cell Disease Treatment Demonstration Regional Collaboratives Program.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 Need*
  Outline the needs of the sickle cell disease population and the needs within the region. The target population and its unmet health needs must be described and documented in this section. Disparities based on race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions should be considered. You should also consider people with disabilities; non-English speaking populations; lesbian, gay, bisexual, and transgender populations; people with limited health literacy; or populations that may otherwise be overlooked when identifying your target population. Include socio-cultural determinants of health and health disparities impacting the population or communities served and unmet. Demographic data should be used and cited whenever possible to support the information provided.

  Please discuss any relevant barriers in the service area that the project hopes to overcome. Describe how individuals with sickle cell disease gain access to hematology care and primary care services within the region including where services are provided (i.e., university hospitals and medical centers with hematologists that treat sickle cell, large federally-qualified health centers, networks and/or large primary care provider networks). Provide a description of areas within your region that have the highest needs in terms of sickle cell disease services and other related resources. This section will help reviewers understand the community and/or organization that will be served by the proposed project.

  You should also discuss any existing partnerships at the state or regional level that could be used to help implement the program. This could include partnerships with state Medicaid offices, State Newborn Screening Programs or Primary Care Associations.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria #2 Response, #4 Impact and #6 Support Requested*
  You must document strategies that will be used to meet each of the previously described program goals, purpose, and requirements as described under Section I. Program Funding Opportunity Description of this funding opportunity announcement. Be sure to describe the following:

  1. Plans for establishing a regional infrastructure and providing guidance and technical assistance to state-level partners and stakeholders. Include plans for establishing subaward agreements with at least five state-level partners within your region and the level of financial and technical support you will provide to ensure the state-level partners are sufficiently supportive of the Collaborative efforts. You must also describe your plans for including unfunded states into the activities of the program and strategies for providing assistance to unfunded states. Also describe how you will provide ongoing communication within the region and across state partners, both funded and unfunded.

2. Serve as a lead organization and how you will evaluate existing resources, identify gaps in the delivery of care, develop strategies to meet the needs of individuals with sickle cell disease, and obtain buy-in from other stakeholders and organizations within the region that can assist with efforts to improve sickle cell care. Include strategies for providing resources and services to areas with highest needs.

3. Plans for developing a Regional Sickle Cell Action Plan and state-specific Sickle Cell Action Plans for funded states that 1) identifies resources in each region and state to improve sickle cell care for all individuals with sickle cell in the region and 2) describes the overall infrastructure that will address the goals and requirements listed in this FOA. The state action plan should describe how each state will develop a network of providers using evidence-based sickle cell care in the state, how telemedicine/telehealth strategies and other provider support will be used, how access to quality care (with an emphasis on family engagement, adolescent transition to adult life, and care in a medical home) will be supported, and how to increase the number of individuals with sickle cell disease being treated by providers using evidence-based sickle cell care.

4. Methodology for implementing telementoring, telemedicine strategies to increase the number of providers using the NHLBI Evidence Based Management of Sickle Cell Disease Expert Panel Report and provide evidence-based care to individuals with sickle cell disease. Include models such as the Extension of Community Healthcare Outcomes (ECHO) model or similar models, telemedicine models to recruit, educate, and mentor providers. Providers that serve in rural and remote areas where patients may have difficulty accessing care at larger medical centers or with hematologists should be a focus. Describe which states within the region can implement a statewide telementoring and telemedicine program and which states will require the region to implement a program for them.

5. Plans for providing technical assistance to state-level partners and stakeholders throughout the region. Technical assistance should include how to implement provider support strategies such as phone assistance lines or developing web-based decision support tools for providers.

6. Plans for actively engaging with and incorporating input from persons with sickle cell disease and their families. Describe mechanisms in place that allow you to receive feedback from individuals with sickle cell disease, their families, and patient groups.

7. Plans for how you and the state-level partners will work with the HRSA funded Sickle Cell Disease Newborn Screening Program if there are CBOs funded through this program that are located with your region. If there are no CBOs funded through this program located within your region, then you must work with other CBO partners.

8. Methodology for developing a data collection strategy to measure progress and evaluate the program and how you will work with funded state-level partners as well as other regional award recipients within this program to develop and collect standardized data elements. Describe how data from all funded states will be submitted on a quarterly basis to the Sickle Cell Disease NCC. The data collection strategy must support the program requirements and objectives as stated above. Describe how you will implement and maintain data use agreements (DUA) and Centralized Internal Review Board if applicable for multiple organizations/partners in multiple states. Each region will be required to have approved IRB protocols from each of the funded state-level partners within one year of the start date of the award. Regions are required to maintain the data strategy that allows for additional measures to be added in subsequent years for the entire project period. Also describe activities that support data collection from unfunded state partners within the region.

9. Plans for working with the NCC to participate and implement quality improvement projects that focus on quality indicators for the treatment of sickle cell disease (hydroxyurea utilization, pneumococcal vaccination, Transcranial Doppler Ultrasound (TCD) screening) and indicators of access to quality care (e.g., transition to adult life, individual or family engagement/partnership, and access to a medical home). Specify how you will identify partners and staff to participate on the quality improvement team to ensure that all necessary contributors are identified as part of the quality improvement process to help ensure success of the project and buy-in with stakeholders.

10. Plans to collaborate with stakeholders addressing sickle cell disease services including but not limited to: the HRSA-funded Sickle Cell Disease Newborn Screening Follow-up Program, the Sickle Cell National Coordinating Center, State Maternal and Child Health Title V Programs, Regional Genetics Networks, and Regional Hemophilia Networks; state newborn screening programs; other community based organizations; State government; other federally funded entities; insurance organizations, regional practice groups and health systems, larger medical centers and Federally-Qualified Health Centers (FQHC's).

11. Plans for project sustainability after the period of federal funding ends. Include how you will collaborate with efforts at the state level on health system delivery reform. Award recipients are expected to sustain key elements of their funding projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population.

- *WORK PLAN -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact*

  Describe the steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology section. Each activity or step must be linked to the program goal of increasing access to evidence-based, quality care for individuals with sickle cell disease. Use a timeline that includes each activity, identifies responsible staff, and projected time (month/year) it will take to complete the activities. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served.

  Applicants must submit a logic model for designing and managing their project. For the purposes of this announcement the logic model must summarize the connections between the following:

  - Goals of the project (e.g., objectives, reasons for proposing the intervention);
  - Assumptions (e.g., beliefs about how the program will work and its supporting resources. Assumptions must be based on research, best practices, and experience.);
  - Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
  - Target population (e.g., the individuals to be served);
  - Activities (e.g., approach, listing key intervention);
  - 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 #2 Response*

  Discuss all 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.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 Evaluative Measures and #5 Resources/Capacity*

  You must describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Provide information on how you will work with the NCC other regional award recipients to develop and implement an evaluation strategy and how you propose to develop and implement data collection throughout the project period. 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 describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the strategy to collect, analyze and track data to measure process and impact/outcomes with different cultural groups (e.g., race, ethnicity, language) and explain how the data will be used to inform program development and service delivery. You must describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

Each awardee will be required to work with state partners and other awardees in this program to develop and collect standardized data elements to meet the goals, requirements, and objectives of the program. Data will be collected on the following measures:

- Number of individuals with sickle cell disease served by the program in the previous year.
- Number of eligible individuals with sickle cell disease receiving a hydroxyurea prescription at least twice in the past year that are seen at participating providers
- Number of individuals with sickle cell disease seen at participating institutions that have documented recommended pneumococcal vaccinations at least annually
- Number of eligible individuals with sickle cell disease seen at participating institutions that have documented Transcranial Doppler Ultrasound (TCDs) at least annually
- Number of eligible adolescents with sickle cell disease seen at participating institutions that have a documented transition plan
- Number of providers in the region who participate in telementoring/telemedicine
- Number of providers by state who participate in telementoring/telemedicine
- Number of states in each region that have the required Sickle Cell Action Plans
- Collaboratively developed and defined measures to track improvements in family engagement/partnership and access to a medical home.

Data collection and submission on individuals with sickle cell disease, clinical outcomes, and executing quality improvement activities will be a significant task of this program. You must address Health Information Portability and Accountability Act (HIPAA) requirements for privacy and security concerns related to information collection and sharing. You will be required to maintain the data strategy for the entire funding period and must propose strategies for adding measures in subsequent years.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 Resources/Capacity*
  Provide information on your organization's current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health literate services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

  Summarize the coordination among key program, fiscal, and evaluation staff. Identify to what extent staff members will work jointly on monitoring and technical assistance activities planned for the project.

  Describe present or past role in child health, blood disorders and sickle cell disease management and/or primary health. Include information on collaborative efforts with: individuals with sickle cell disease and their families, community-based sickle cell disease organizations (CBOs), comprehensive sickle cell disease treatment centers, sickle cell provider groups, Primary Care Associations (PCA), federally qualified health centers and primary care provider groups.

  Describe any currently utilized practices and protocols for sickle cell disease treatment; transitioning activities across the lifespan; improving access to the medical home approach to care models; and application of Family/Patient-Centered Care or Chronic Care Models. Provide information of how you have at least five (5) years of experience working with individuals who have sickle cell disease.

  Identify which activities and services your agency will conduct in-house and those activities and services that will be accomplished through contracts. Outline the methodologies for soliciting, awarding, and fiscal and program monitoring for contracts and subcontracts.

  You must describe your organization's experience in implementing quality improvement strategies and provide details on the staff members that will be responsible for the implementation and execution of quality improvement activities. Describe knowledge and experience with quality improvement, including forming teams and implementing quality improvement methodology, developing aim statements, using a step-wise approach to improve quality, and measuring and reporting progress.

NARRATIVE GUIDANCE

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

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

iii. Budget

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

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

In addition, the Sickle Cell Disease Treatment Demonstration Program requires the following:

This program requires that funded organizations identify state-level partners in each state of the funded region and provide funding for at least five state-level partners through subaward agreements. At least 40 percent of the total awarded funding must be allocated to support the state level partners. The partnerships are to provide technical assistance to the state-level partners to support the activities of the program.

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

iv. Budget Narrative

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.
In addition, the Sickle Cell Disease Treatment Demonstration Regional Collaboratives Program requires the following:

The awardees will be responsible for providing funding to at least five (5) state-level partners in the region through subaward agreements and must demonstrate that at least 40 percent of the total budget is provided to state-level partners.

v. Program-Specific Forms

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

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

2) *Performance Measures for the Sickle Cell Disease Treatment Demonstration Program*

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

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

vi. Attachments

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

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative. Also include the required logic model in this attachment.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (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.

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 who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

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

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. The awardee is required to provide technical assistance to state-level entities within the region. The applicant must provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements must clearly describe the roles of the contractors and any deliverable. Letters of agreement must be 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.).

Attachment 7: Request for Funding Priority

Include a statement that you are eligible for a funding priority and identify the priority. Provide a description of how the priority is met. See Section V.2 for additional details.

Attachment 8: Summary Progress Report

ACCOMPLISHMENT SUMMARY (FOR COMPETING CONTINUATIONS ONLY)

A well-planned accomplishment summary can be of great value. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered during the review process; therefore, you are advised to include previously stated goals and objectives in your application and emphasize the progress made in attaining these goals and objectives. Because the Accomplishment Summary is considered when applications are reviewed and scored, **competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do.** The Accomplishment Summary will be evaluated as part of Review Criterion 4: IMPACT.

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

(1) The period covered (dates).

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

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

Attachments 9-14: 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.). List all other support letters on one page. The letter of support must address the quality and strength of the relationship between the applicant organization and the letter writer.

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*.

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this FOA is *February 9, 2017 at 11:59 P.M. Eastern Time*.

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

5. Intergovernmental Review

The Sickle Cell Disease Treatment Demonstration Regional Collaboratives 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 four (4) years, at no more than the funding limits set for each region per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this announcement may not be used for the following purposes:

Shared Staffing: Applicants proposing to utilize the same director or contractual staff across multiple grants/programs (e.g., CISS, SPRANS, HS, State Title V Block Grant, WIC) must assure that the combined funding for each position does not exceed 100 percent FTE. If such an irregularity is found, funding will be reduced accordingly.

Shared Equipment: Applicants proposing to purchase equipment which will be used across multiple grants/programs (e.g., CISS, SPRANS, HS, State Title V block grant, WIC) must pro-rate the costs of the equipment across programs and show the calculation of this pro-ration in their justification. If an irregularity is found where HS equipment is being used by other programs without reimbursement, HS funding will be reduced accordingly.

Cash Stipends/Incentives: Funds cannot be utilized for cash stipends/monetary incentives given to clients to enroll in project services. However, funds can be used to facilitate participation in project activities (e.g. day care/transportation costs/tokens to attend prenatal/well child clinic visits), as well as for services rendered to the project (e.g., adolescent peer mentors).

Purchase of Vehicles: Projects must not allocate funds to buy vehicles for the transportation of clients, but rather lease vehicles or contract for these services.

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

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

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

7. **Other Submission Requirements**

Notification of Intent to Apply
You are eligible to apply even if no letter of intent is submitted. The letter should identify your organization and its intent to apply, and briefly describe the proposal to be submitted. Receipt of Letters of Intent will ***not*** be acknowledged.

This letter should be sent via e-mail by *November 30, 2016,* to:

HRSA Digital Services Operation (DSO)
Please use HRSA opportunity number as e-mail subject (HRSA-17-078)
HRSADSO@hrsa.gov

V. Application Review Information

1. Review Criteria

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

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

Review criteria are used to review and rank applications. The Sickle Cell Disease Treatment Demonstration Regional Collaboratives Program has six (6) review criteria:

Criterion 1: NEED (9 points) – Corresponds to Section IV's Introduction and Needs Assessment
The extent to which the application demonstrates the problem and associated contributing factors to the problem. The extent to which the proposed plan defines problems in relationship to the needs of the sickle cell population in the region. The extent to which the applicant describes the size, demographic characteristics, assets and resources to address problems in the target population. (9 points)

Criterion 2: RESPONSE (27 points) – Corresponds to Section IV's Methodology and Work Plan
The extent to which the proposed project responds to the "Purpose" included in the program description. The strength of the proposed activities to address the 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. The extent to which the applicant describes an effective regional collaborative approach to:

1. Establishing a regional infrastructure and the ability to provide guidance and technical assistance to state-level partners and stakeholders. Include plans for establishing subaward agreements with at least five state-level partners within the applicant's region and the level of financial and technical support that will be provide to ensure the state-level partners are sufficiently supported to carry out the goals, purpose, and requirements of the program. Also provides detail on how the ongoing communication among the region and partners will occur. Discuss all 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. (3 points)
2. Serving as a lead organization and evaluating existing resources, identify gaps in the delivery of care, develop strategies to meet the needs of individuals with sickle cell disease, and obtaining buy-in from other stakeholders and organizations within the region that can assist with efforts to improve sickle cell

care. Include strategies for providing resources and services to areas with highest needs. (3 points)

3. Developing a Regional Sickle Cell Action Plan and state-specific Sickle Cell Action Plans for funded states that: 1) identify resources in each region and state to improve sickle cell care for all individuals with sickle cell in the region; and 2) describe the overall infrastructure that will address the goals and requirements listed in this FOA. The state action plan should describe how each state will develop a network of providers using evidence-based sickle cell care in the state, how telemedicine/telehealth strategies and other provider support strategies will be used, how access to quality care (with an emphasis on family engagement, adolescent transition to adult life, and care in a medical home) will be supported, and how to increase the number of individuals with sickle cell disease being treated by providers using evidence-based sickle cell care. (3 points)
4. Implementing telementoring, telemedicine strategies to increase the number of providers using the NHLBI Evidence Based Management of Sickle Cell Disease Expert Panel Report to provide evidence-based care to individuals with sickle cell disease. Include models such as the Extension of Community Healthcare Outcomes (ECHO) model or similar models and telemedicine to recruit providers and provide education and mentoring to providers. Providers that serve in rural and remote areas where patients may have difficulty accessing care at larger medical centers or with hematologists should be a focus. Describe which states within the region can implement a statewide telementoring and telemedicine program and which states will require the Region to implement a program for them. (3 points)
5. Providing technical assistance to state level partners and other stakeholders throughout the region, including how to implement provider support strategies such as phone assistance lines or develop web-based decision support tools for providers. (3 points)
6. Actively engaging with and incorporating input from persons with sickle cell disease and their families. Describe mechanisms in place that allows the applicant to receive feedback from individuals with sickle cell disease, their families, and patient groups. Actively engaging with the HRSA funded Sickle Cell Disease Newborn Screening Program if there are CBOs funded through this program that are located within the region. If there are no CBOs funded, then the applicant should describe working with other CBO partners. (3 points)
7. Developing a data collection strategy to measure progress and evaluate the program and how the applicant will work with all state-level partners (funded and unfunded) as well as other Regions within this program to develop and collect standardized data elements. A description of the required to data from all funded states and how it will be submitted on a quarterly basis to the NCC. The data collection strategy must support the program requirements and objectives. The applicant must all describe how they will implement and maintain data use agreements (DUA) and Centralized Internal Review Board (IRB). Each Region will be required to have approved IRB protocols from each of the funded state-level partners within one year of the start date of the award. Regions are required to maintain the data strategy that allows for additional measures to be added in subsequent years for the entire project period. (3 points)

8. Working with the NCC to participate and implement quality improvement projects that focus on quality indicators for the treatment of sickle cell disease (i.e., hydroxyurea utilization, pneumococcal vaccination, Transcranial Doppler Ultrasound (TCD) screening) and indicators of access to quality care (i.e., transition to adult life, individual or family engagement/partnership, and access to a medical home. Specify how they will identify partners and staff to participate on the quality improvement team to ensure that all necessary contributors are identified as part of the quality improvement process to help ensure success of the project and buy-in with stakeholders. (3 points)
9. Collaborating with stakeholders addressing sickle cell disease services including but not limited to: the HRSA-funded Sickle Cell Disease Newborn Screening Follow-up Program, the Sickle Cell National Coordinating Center, State Maternal and Child Health Title V Programs, Regional Genetics Networks, and Regional Hemophilia Networks; state newborn screening programs; other community based organizations; state government; other federally funded entities; insurance organizations, regional practice groups and health systems, larger medical centers and Federally-Qualified Health Centers (FQHC's). (3 points)

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's Evaluation Capacity

The strength and effectiveness of the method proposed to monitor, improve, 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.

1. The extent to which you propose the implementation of a regional evaluation plan that is designed to measure program performance on a quarterly basis, and is well organized, adequately described, and utilizes sound evaluation methodologies. (7 points)

2. The extent to which a data strategy is proposed that collects data from all funded states and is housed in a central regional location. The extent to which you are able to work with the NCC other regional award recipients to evaluate data, develop standardized data definitions across all regions, and use the definitions to collect data for the program. This includes initiating and maintaining Data Use Agreements and Central Internal Review Board (IRB) for the region. The extent to which you address Health Information Portability and Accountability Act (HIPAA) requirements for privacy and security concerns related to information collection and sharing. (8 Points)

Criterion 4: IMPACT (9 points) – Corresponds to Section IV's Work Plan

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

- The extent to which the application describes the resources, strategy, goals, activities and the impact expected in terms of increased knowledge and use of teratogen information services among the public, providers, and vulnerable and hard-to-reach populations.
- For Competing Continuing Applications only (Attachment 8 – Accomplishment Summary): the extent to which a competing continuation applicant met the goals and objectives of the previous grant.
- For New Competing Applications only: the extent to which the program specific accomplishments, successful outcomes and other relevant information demonstrate a history of achieving requirements similar to the Sickle Cell Disease Treatment Demonstration Regional Collaborative Program

Criterion 5: RESOURCES/CAPABILITIES (21 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and 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. The extent to which you demonstrate the following:

1. Appropriate infrastructure available for the regional structure and processes necessary for the applicant to serve as an effective RCC and demonstrate sufficient capability of key personnel to carry-out the proposed project, including administrative, evaluation, award and fiscal management. (3 points)

2. The regional collaborative and the roles, responsibilities, and relationships between your organization and funded and non-funded state-level partners. (4 points)

3. An understanding of implementing quality improvement activities and the capacity to lead quality improvement activities within the region. (3 points)

4. Sufficient involvement of families and individuals affected by sickle cell disease in the development, implementation and evaluation of proposed project goals, objectivities and activities. (3 points)

5. Ability to identify and connect with partners within the region and develop robust partnerships that will allow you to n to reach underserved patient populations within the region. The extent to which the proposed budget demonstrates that you will use resources from the cooperative agreement to assist funded and non-funded state-level partners in implementing programs at the state level in each state. Applicants must propose that 40 percent of the total budget is provided to at least five state-level partners in subaward agreements. (4 points)

6. The extent to which you engage the state-level partners (both funded and unfunded) in the decision making process and proposes strategies to ensure that state-level partners are involved in every aspect of developing the regional collaborative and implementing the program. (4 points)

Criterion 6: SUPPORT REQUESTED (19 points) – Corresponds to Section IV's Methodology and Budget and Budget Narrative
The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research activities, 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; key personnel have adequate time devoted to the project to achieve project objectives.

1. The extent to which the applicant demonstrate sufficient infrastructure available for the organizational structure and processes necessary for the applicant to serve as an effective regional center. (5 points)

2. The extent to which the applicant demonstrates sufficient support and funding is allotted to at least five state-level partners so that activities are adequately funded. Applicants are required to provide at least 40percent of the total award funding to subaward agreements to state-level partners. (14 points)

2. Review and Selection Process

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

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

For this program, HRSA will use funding priorities.

Funding Priorities
This program includes a funding priority as authorized by P.L. 108-357, Title VII, § 712(c). A funding priority is defined as the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. An adjustment is made by a set, pre-determined number of points. The funding priority will be determined by HRSA Staff. To be considered for the funding priorities described below, the applicant must specifically describe how it satisfies either priority in Attachment 8: Summary of Progress Report of the Project Narrative.

Per P.L. 108-357, Title VII, § 712(c), the Sickle Cell Disease Treatment Demonstration Program has two (2) funding priorities. Priority will be given to eligible entities that are:

1. Federally-qualified health centers that have a partnership or other arrangement with a comprehensive Sickle Cell Disease treatment center that does not receive funds from the National Institutes of Health (5 points); or
2. Federally-qualified health centers that intend to develop a partnership or other arrangement with a comprehensive Sickle Cell Disease treatment center that does not receive funds from the National Institutes of Health (2 points)

Funding Special Considerations and Other Factors
This program includes special consideration as authorized by American Jobs Creation Act of 2004, Title VII, § 712(c), P.L. 108-357, Title VII, § 712(c)(42 U.S.C. 300b–1 NOTE). A special consideration is defined as the favorable consideration of an application by HRSA funding officials, based on the extent to which the application addresses the specific area of special consideration. Applications that do not receive special consideration will be given full and equitable consideration during the review process. As indicated in the authorizing legislation, geographic distribution will be considered in making funding decisions. Up to five (5) Regional Sickle Cell Disease Collaboratives will be funded for a period of four (4) years, subject to the availability of funding, satisfactory awardee performance; however, no more than one (1) application will be funded in any one region.

HRSA Sickle Cell Regional Collaborative regions are as follows:

- **Northeast Region:** Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont, District of Columbia, Delaware, Maryland, New York, New Jersey, Pennsylvania, Virginia, and West Virginia.
- **Southeast Region:** Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee.
- **Midwest Region:** Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, North Dakota, and South Dakota.
- **Heartland and Southwest Region:** Iowa, Missouri, Arkansas, Louisiana, Nebraska, Kansas, Oklahoma, and Texas.
- **Pacific Region:** New Mexico, Montana, Utah, Wyoming, Colorado, Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, and Washington.

3. Assessment of Risk and Other Pre-Award Activities

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

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

determine whether an award can be made, if special conditions are required, and what level of funding is appropriate.

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

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

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

4. Anticipated Announcement and Award Dates

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

VI. Award Administration Information

1. Award Notices

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

2. Administrative and National Policy Requirements

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

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 research involving human subjects is anticipated, recipients must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in the Code of Federal Regulations, Title 45 – Public Welfare, Part 46 – Protection of Human Subjects (45 CFR part 46), available online at http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html.

3. Reporting

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

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

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

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

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

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

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

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

a) Performance Measures and Program Data
After the Notice of Awards (NoA) is released, the Project Officer will inform recipients of the administrative forms and performances measures they must report.

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

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

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

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

VII. Agency Contacts

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

David Colwander
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Room 10N124C
Rockville, MD 20857
Telephone: (301) 443-7858
E-mail: Dcolwander@hrsa.gov

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

Edward Donnell Ivy, MD, MPH
Medical Officer, Genetic Services Branch
Attn: SCDTDRCP
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-9775
Fax: (301) 480-1312
Email: eivy@hrsa.gov

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

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

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

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

VIII. Other Information

Logic Models:

Additional information on developing logic models can be found at the following website: http://www.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:
MCHB will host a pre-submission technical assistance conference call for all prospective applicants on January 23, 2017. Call details are as follows:

Date: Monday, January 23, 2017
Time: 3:00 pm ET to 4:00 pm ET
Dial-in: 877-918-2508; Passcode: 3430898
Web link: https://hrsa.connectsolutions.com/scdtdp/

Frequently Asked Questions (FAQs):

HTTPS://MCHB.HRSA.GOV/FUNDINGOPPORTUNITIES/?ID=C6084989-3725-4B51-B309-206698402829

IX. Tips for Writing a Strong Application

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