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

Maternal and Child Health Bureau
Division of Maternal and Child Health Workforce Development

Healthy Tomorrows Partnership for Children Program (HTPCP)

Announcement Type: New
Funding Opportunity Number: HRSA-17-008

Catalog of Federal Domestic Assistance (CFDA) No. 93.110

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2017

Application Due Date: August 2, 2016

Ensure SAM.gov andGrants.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: May 19, 2016

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) is accepting applications for fiscal year (FY) 2017 Healthy Tomorrows Partnership for Children Program (HTPCP). The purpose of this grant program is to increase the number of innovative community-initiated programs that promote access to health care for children, youth and their families nationwide, and employ preventive health strategies. This program most closely supports HRSA's goals to improve access to quality health care and services, to build healthy communities, and to improve health equity.   HTPCP funding supports projects that provide clinical or public health services, not research projects.

Funding Opportunity Title:	Healthy Tomorrows Partnership for Children Program (HTPCP)
Funding Opportunity Number:	HRSA-17-008
Due Date for Applications:	August 2, 2016
Anticipated Total Annual Available Funding:	$400,000
Estimated Number and Type of Awards:	Up to eight (8) grants
Estimated Award Amount:	Up to $50,000 per year
Cost Sharing/Match Required:	Yes; in years 2 through 5 of the project period
Project Period:	March 1, 2017 through February 28, 2022 (Five (5) years)
Eligible Applicants:	As cited in 42 CFR § 51a.3(a), any public or private entity, including an Indian tribe or tribal organization (as defined at 25 U.S.C. 450b), is eligible to apply for federal funding under this announcement. Community-based organizations, including faith-based organizations, are eligible to apply. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 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

A technical assistance call will be held on Tuesday, May 31, 2016 from 3:00 – 4:00 PM ET. The MCHB Project Officer will provide an overview of the FOA and be available to answer questions.

Call information is as follows:

- Call number: 1-877-491-4586
- Passcode: 468949
- Web link: https://hrsa.connectsolutions.com/healthy_tomorrows/

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Healthy Tomorrows Partnership for Children Program (HTPCP). The purpose of this program is to promote access to health care for children, youth and their families nationwide, and employ preventive health strategies through innovative community-based programs. This program supports HRSA's goals to improve access to quality health care and services, to build healthy communities, and to improve health equity. HTPCP funding supports projects that provide **clinical or public health services**, **not** research projects. HTPCP applications **MUST** represent either a **new** initiative (i.e., project that was not previously in existence) within the community or an innovative **new component** that builds upon an existing community-based program or initiative.

Developing a successful HTPCP award proposal requires time and planning. The Proposal Development Guide can assist you in planning for the project and help you consider the various components of the application including community assessment, establishing community partnerships, developing an evaluation plan, and putting together a budget. Additional information about the program can be found at the HTPCP web site.

HTPCP awards: 1) support the development of community-based initiatives that plan, implement, and evaluate innovative and cost-effective approaches to promote identified preventive child health and developmental objectives for vulnerable children and their families, especially those children and families with limited access to quality health services; 2) foster/promote collaboration among community organizations, individuals, agencies, businesses, and families; 3) involve pediatricians and other pediatric primary care providers (family physicians, nurse practitioners, physician assistants) in community-based service programs; and 4) build community and statewide partnerships among professionals in health, education, social services, government, including State Title V, Medicaid and Children's Health Insurance Programs, and business to achieve self-sustaining programs.

You are encouraged to propose projects in the following topical areas: early childhood development, school readiness, developmental/behavioral pediatrics, medical home (including enhanced family and youth engagement), care coordination and case management, oral health, behavioral health, mental health, school-based health, and nutrition and physical activities to promote healthy weight. HTPCP encourages the use of innovative health information technology to increase access to a wide variety of stakeholders in communities. HTPCP also supports innovative strategies to support outreach and enrollment efforts to assist families to access, understand and use health insurance, including accessing preventive care services.

The Maternal and Child Health Bureau (MCHB) encourages organizations to develop proposals that incorporate and build upon the goals, objectives, guidelines and materials of the **Bright Futures for Infants, Children and Adolescents** initiative to improve the quality of health promotion and preventive services in the context of family and community. The Bright Futures Guidelines provide theory-based and evidence-driven guidance for all preventive care screenings and well-child visits. Bright Futures content can be incorporated into many public health programs such as home visiting, child care, and school-based health clinics. Materials developed especially for families are also available. Complete information about the Bright Futures initiative and downloadable versions of the *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents, Third Edition* and other Bright Futures materials, can be found at http://brightfutures.aap.org. Bright Futures has been particularly useful to HTPCP recipients in identifying innovative models of care centered on health promotion and prevention, partnering with stakeholders at the state and local levels to share lessons learned from the provision of anticipatory guidance on well-child care from ages 0-21, and fostering improvements in clinical and public health practice.

HTPCP brings innovative services to communities as determined by state and local needs assessments. Projects supported by HTPCP are encouraged to partner with diverse public and private sector stakeholders to test out evidence-based practice at the community level and transform health care from the ground up.

A defining characteristic of HTPCP is to build sustainable projects after federal funding ends that will improve access to care and reduce health care costs. Data indicate that 87 percent of HTPCP grants are partially or fully sustained five or more years after federal funding has ended (American Academy of Pediatrics (AAP), 2015). HTPCP investments have generated visible successes. For example, one recipient created a community asthma initiative, a comprehensive quality improvement program to provide enhanced care to pediatric asthma patients with a history of hospitalizations or emergency department visits. The project has demonstrated improved health outcomes, increased cost-effectiveness, and reduced health disparities among asthma patients. Hospitalizations for asthma have dramatically decreased, saving $1.46 in hospital care for every $1 spent on prevention. After the first year, asthma-related emergency room visits for children in the program plummeted 68 percent compared with emergency room trips in the year before enrollment, and there was an 85 percent drop in hospitalizations. The project is now being replicated in other states.

Over the past 27 years, HTPCP recipients have demonstrated a commitment to serving vulnerable and at-risk populations in underserved communities. Seventy-four percent of former HTPCP recipients reported that there was an enhancement in the cultural/linguistic competence of services in the community as a result of their projects (AAP, 2015). HTPCP will continue to strengthen and extend this commitment to serving vulnerable and at-risk populations by encouraging prospective applicants to propose projects that incorporate preventive health, communication, education, coordination and integration of care, and access to psychosocial supports into their innovative models of

care. Measures that identify and address factors that contribute to poor health outcomes in these populations should be included in project evaluation plans.

HTPCP awardees will be expected to accomplish the following activities during the five-year project period:

1) Develop innovative interventions (e.g., clinical, public health, public policy) to promote identified community-based child health and developmental objectives;
2) Conduct pilots of clinical or public health interventions in community-based settings;
3) Deliver clinical or preventive health services targeted to community needs (e.g., obesity prevention, smoking cessation, behavioral health assessments);
4) Support the development of family-centered, community-based initiatives;
5) Provide technical assistance/resources to professionals, consumers, families, Title V, and other agencies; and
6) Assess the impact of the grant program.

2. Background

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

Health Resources and Services Administration (HRSA):
HRSA is the primary federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable. HRSA has a Strategic Plan for Fiscal Years (FY) 2016-2018 that identifies the following vision for HRSA's work: "Healthy Communities, Healthy People." The full achievement of this vision requires the convergence of many factors involving other sectors and agencies. HRSA is working to implement its mission in support of this vision. The mission is to improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs. The Strategic Plan sets forth five (5) mission-critical strategic goals.

Goal I: Improve Access to Quality Health Care and Services
Goal II: Strengthen the Health Workforce
Goal III: Build Healthy Communities
Goal IV: Improve Health Equity
Goal V: Strengthen HRSA Program Management and Operations

HRSA's Strategic Plan goals are linked to and supportive of the goals and objectives of the Department of Health and Human Services (HHS). For more information on the HRSA Strategic Plan, visit http://www.hrsa.gov/about/strategicplan/index.html.

This program most closely supports HRSA's goals to improve access to quality health care and services, to build healthy communities, and to improve health equity.

Maternal and Child Health Bureau and Title V of the Social Security Act:
In 1935, Congress enacted Title V of the Social Security Act, authorizing the Maternal and Child Health Services Programs. This legislation has provided a foundation and structure for assuring the health of mothers and children in our nation for 81 years. Title V was designed to improve health and assure access to high quality health services for present and future generations of mothers, infants, children and adolescents, including those with disabilities and chronic illnesses, with special attention to those of low income or with limited availability of health services.

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

The mission of MCHB is to provide national leadership and to work, in partnership with states, communities, public-private partners, and families to strengthen the maternal and child health (MCH) infrastructure, assure the availability of medical homes, and build the knowledge and human resources, in order to assure continued improvement in the health, safety, and well-being of the MCH population. The MCH population includes all America's women, infants, children, youth and their families, including fathers and children with special health care needs (CSHCN).

The Healthy Tomorrows Partnership for Children Program (HTPCP):
HTPCP resides within the Division of Maternal and Child Health Workforce Development (DMCHWD) in MCHB. HTPCP is an initiative to stimulate innovative children's health care efforts designed to prevent disease and disability and promote health and access to health services in communities across America. HTPCP assists infants, children, youth, and their families to achieve their developmental potential through a community-based partnership of pediatric resources and community leadership. The HTPCP is designed to improve access to health care for the nation's medically needy children, while improving the quality and reducing the overall long-term costs of health care in America through health promotion, prevention and early intervention. Data indicate that 85 percent of former HTPCP recipients documented that their projects had an impact on children's access to health care (AAP, 2015).

HTPCP utilizes the AAP's network of pediatricians and other pediatric health professionals, including 59 chapters and more than 62,000 child health experts in the United States to provide guidance and direction to HTPCP projects. In keeping with its commitment to attain optimal physical, mental, social and emotional health for all children and their families, the AAP has joined with MCHB to strengthen efforts to

prevent disease, promote health and assure access to health care for the nation's children and their families. Partnership with the AAP's National Center for Medical Home Implementation (NCMHI) provides an additional opportunity for the dissemination of Healthy Tomorrows products and resources related to medical home and care coordination. NCMHI is a national technical assistance center that is focused on ensuring that all children and youth, especially children with special health care needs, receive care within, and have access to, a medical home. A medical home is an approach to providing comprehensive primary care that facilitates partnerships between patients, clinicians, medical staff, and families. Assistance provided by a medical home includes specialty care, educational services, and family support. More information on medical home tools, resources, state specific information, and promising practices can be found on the NCMHI web site. Many Healthy Tomorrows recipients are committed to establishing a medical home or improving access to a medical home for the children, youth, and families they serve. Current products and resources disseminated through the Healthy Tomorrows web site and related listservs include two evaluation guides and a logic model recording; a proposal development guide and related materials; archived webinars for recipients and other pediatric health professionals interested in community pediatrics; and a four-part webinar series and tip sheets on the keys to the long-term sustainability of community-based programs.

The HTPCP award program was developed to support special projects of regional and/or national significance that demonstrate how State Title V programs, Medicaid and CHIP programs, local agencies, organizations, businesses, families, and communities can work together to improve the health status of children, youth, and their families. In some instances, the improvement in health status may be achieved through modifications in the health care system. Examples include: 1) utilizing a team-based approach to care coordination where the care coordinator works with a patient's physicians and other care team members to create a comprehensive care plan; 2) promoting the use of electronic health records among care team members to capture collectively patient demographics, health-related risk factors, pre-existing conditions, and data related to patient encounters, sources of referral, types of enabling services provided, and provider productivity; and 3) joint efforts among care team members to collect, analyze, and report data for quality improvement. With the Affordable Care Act in place, public-private partnerships are poised to succeed if they can leverage resources, provide technical assistance to the pediatric primary care community, link primary and specialty care, minimize duplication of effort, and identify new policy and programmatic approaches to systems change (The Commonwealth Fund. (2012, February). *New Opportunities for Integrating and Improving Health Care for Women, Children, and Their Families* (Issue Brief No. 1580, Vol. 4). Washington, DC: VanLandeghem, K, Schor, EL). Data indicate the percentage of former HTPCP recipients documenting that their projects had an impact on public policy stands at 52 percent (AAP, 2015). By focusing upon the importance of prevention and the benefits of pediatric care, local and corporate leaders and governments, working as partners within their communities, are able to develop creative approaches for improving the health of children, youth, and families in their communities.

Division of MCH Workforce Development (DMCHWD):
HTPCP resides within the Division of Maternal and Child Health Workforce Development (DMCHWD) in MCHB. DMCHWD's vision for the 21st century is that all children, youth, and families will live and thrive in healthy communities served by a quality workforce that helps assure their health and well-being. To achieve this vision, the Division is guided by its strategic plan for 2012/2020. The goals drafted for this strategic plan to date are:

- Goal 1: MCH Workforce and Leadership Development: Address current and emerging MCH workforce needs by engaging, and providing training for and support to MCH leaders in practice, academics and policy.
- Goal 2: Diversity and Health Equity: Prepare and empower MCH leaders to promote health equity, wellness, and reduce disparities in health and health care.
- Goal 3: Interdisciplinary/Interprofessional Training and Practice: Promote interdisciplinary/interprofessional training, practice and inter-organizational collaboration to improve the quality of care by enhancing systems integration for MCH populations.
- Goal 4: Science, Innovation and Quality Improvement: Generate and translate new knowledge for the MCH field in order to advance science-based practice, innovation, and quality improvement in MCH training, policies, and programs.

HTPCP will align itself most closely with Goals 2 and 4 of the DMCHWD strategic plan.

Additional information about HTPCP can be found at the web site:
http://www2.aap.org/commpeds/htpcp/.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New.

Funding will be provided in the form of a grant.

2. Summary of Funding

Approximately $400,000 is expected to be available annually to fund eight (8) recipients. You may apply for a ceiling amount of up to $50,000 per year. The actual amount available will not be determined until Congressional appropriations are made available for this purpose. 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 March 1, 2017 through February 28, 2022 (five (5) years).

Funding beyond the first year is dependent on the availability of appropriated funds for HTPCP 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

As cited in 42 CFR § 51a.3(a), any public or private entity, including an Indian tribe or tribal organization (as defined at 25 U.S.C. 450b), is eligible to apply for federal funding under this announcement. Community-based organizations, including faith-based organizations, are eligible to apply.

An eligible applicant must have both direct fiduciary and administrative responsibility over the project.

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 required for this program, per the following details:

Award recipients of Healthy Tomorrows Partnership for Children Program **must contribute non-federal matching funds and/or in-kind resources in years 2 through 5 of the project period equal to two times the amount of the federal grant award** (i.e., if the federal grant award is for $50,000, then the matching requirement is $100,000, which can include in-kind contributions) or such lesser amount determined by the Secretary for good cause shown. The non-federal matching funds and/or in-kind resources must come from non-federal funds, including, but not limited to, individuals, corporations, foundations in-kind resources, or state and local agencies. Documentation of matching funds is required (i.e., specific sources, funding level, in-kind contributions). Reimbursement for services provided to an individual under a state plan under Title XIX will not be deemed ''non-federal matching funds'' for this purpose. The cost sharing match requirement is described in detail in the *Federal Register, Vol. 72, No. 15, 3079-80*. Effective January 24, 2007, 42 CFR § 51a.8 was amended to add a paragraph detailing the final rule on the match requirement.

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 allowable as long as the applications propose different HTPCP projects.

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

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* 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. *Note: The **project narrative** may not exceed **30** pages. 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.

The project narrative may not exceed 30 pages. The page limit includes any referenced charts or figures but does not include the project abstract (separate page limit is given above), the budget justification, tables, or appendices. Only one-sided pages are acceptable.

Use the following section headers for the Narrative:

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

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1*
  Provide a clear description of the current status, capacity and needs of the disparate population(s) living in the proposed project area. Please include and/or describe the following in the needs assessment section:

  A. Problem and associated contributing factors to the identified problem.
  B. Clear and succinct description of the need(s) of the community and targeted population to be served in the proposed project. An HTPCP project under this competition may focus its efforts and interventions on a particular subpopulation of the community that exhibits unmet health needs and disparities in its maternal and child health. Include socio-cultural determinants of health and health disparities impacting the population or communities served.
  C. Adequate description of the cultural and linguistic needs of the proposed target population(s) for the project. You also must document how your project will address disparities and inequalities through their practice environments (e.g., staff recruitment, training, and professional development), and through recruitment of diverse families and community members to participate in the project Advisory Board(s). A description of the project Advisory Board can be found in section IV.2.ii. Methodology.E.
  D. Other relevant data that justifies a strong need for the interventions/activities proposed in your application. Provide a reference for all data sources. Demographic data should be used and cited whenever possible to support the information provided.

  You are expected to review the 2015 State Title V MCH Block Grant Program Needs Assessment findings for their states to document the need for proposed projects in the communities they intend to serve. In these Needs Assessments, states describe the need for preventive and primary care services for pregnant women, mothers, and infants up to age one; preventive and primary care services for children; and family-centered, community-based coordinated systems of care for children and youth with special health care needs and their families. The Title V MCH Services Block Grant to States legislation requires each state and jurisdiction to conduct a state-wide, comprehensive Needs Assessment every five (5) years.

  You also are expected to review the 2015 Title V State Action Plans for their states to document the need for proposed projects. States develop five-year State Action Plans that document priorty needs. In these plans, states take a further step and identify objectives, strategies, and relevant national performance measures to address needs in six population health domains: Women/Maternal Health; Perintal/Infant Health; Child Health; Children with Special Health Care Needs; Adolescent Health; and Life Course. HTPCP projects and

their public and private partners are well positioned to assist states in accomplishing identified strategies in these domains. For example, the state of Georgia lists the promotion of physical activity among children as a priority need under Child Health. The state proposes to use existing coalitions of community-based programs to promote and implement county-level best practices, identify community-based outlets to cross-promote state-level physical activity initiatives, and create an action plan to reach diverse populations. Hypothetically, HTPCP applicants from the state of Georgia who propose projects related to nutrition and physical activity could suggest partnering with the state to implement these strategies within their target populations; thus, assisting the State in achieving its objectives on physical activity.

You are encouraged to propose projects in the following topical areas: early childhood development, school readiness, developmental/behavioral pediatrics, medical home (including enhanced family and youth engagement), care coordination and case management, oral health, behavioral health, mental health, school-based health, and nutrition and physical activities to promote healthy weight. These focus areas will advance key MCHB priorities, including Bright Futures.

Review community health needs assessment data from your states when conceptualizing your projects. This data is available to assist hospitals, non-profit organizations, state and local health departments, financial institutions, and other organizations to better understand the needs and assets of their communities, and to collaborate with those organizations to make measurable improvements in community health and well-being. You will be able to access data on health indicators in areas such as demographics, social and economic factors, physical environment, clinical care, and health behaviors. Please visit the [Community Health Needs Assessment Toolkit](#) for more information on the community health needs assessment.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria 2 and 4*
  Propose methods that will be used to meet each of the program requirements and expectations in this grant announcement. Please include and/or describe the following within this section:

  Description of the Proposed Project. Describe how the proposed project represents either a new initiative, or a new component that will build upon, expand, and enhance an existing initiative, to address the identified need(s) of the target population. Applications must clearly explain that the proposed intervention is new (i.e., program that has never existed) or a new component of an existing activity (i.e., expanding services by adding a new component, for example, the

addition of a dietician who will implement an obesity program at a school health clinic). The following are some examples of how HTPCP projects have expanded on the types of services provided in one location or expanded services across a metropolitan area: adding mental health services to school based health centers; opening new clinical sites in racially/ethnically diverse urban neighborhoods where services were previously limited or difficult to access; and expanding Reach Out and Read activities within school districts and statewide. **Note**: HTPCP funds must be used to provide clinical or public health services; applications that propose to conduct research will be returned and not be considered for further review or funding.

Projects supported by HTPCP are encouraged to partner with diverse public and private sector stakeholders to test out evidence-based practice at the community level and transform health care for population(s) served. Document the potential to develop and implement new tools and products and the use of social media and other technologies for outreach and marketing of preventive services and education.

A. <u>Project Goals and Objectives</u>. Clearly identify project goals and objectives that are responsive to the identified needs of the target population, and consistent with the purpose and requirements of the HTPCP. Objectives should be **specific, measurable, attainable/achievable, relevant, and time-framed (SMART).**

B. <u>Description of Project Activities</u>. Provide a clear description of the proposed service intervention(s) and other proposed project activities. Proposed project activities should be clearly linked to project goals and objectives and should be feasible and reasonably expected to lead to achievement of those goals and objectives within the project period. Development of effective tools and strategies for ongoing staff training, continuing education for community-based MCH health professionals, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families and communities of culturally, linguistically, socio-economically and geographically diverse backgrounds should be discussed.

You are strongly encouraged to involve families in your proposed projects through activities such as Advisory Board participation, reviewing materials and resources produced by the project for cultural/linguistic competence and health literacy levels, leading family support groups, and participating in the development of staff and student trainings. Existing research shows associations between family involvement and family-centered care with improved transition from pediatric to adult care, fewer unmet needs, better community-based systems, fewer problems with specialty referrals, lower out-of-pocket costs, improved patient function, and increased adoption of a medical home and access to preventive health care (Ngui, 2006; Scal, 2005; Baruffi, 2005; Smaldone, 2005; Young, 2005; Fiks et al., 2012; Fiks et al., 2010; Jassen et al., 2007; Wilson et al., 2010; Smalley et al., 2013). The evidence also establishes that partnerships between families and health professionals, shared decision making, and patient/family-centered care are national quality indicators of health care (IOM, 2001; National Priorities Partnership, 2008).

You are encouraged to engage community health workers to promote health education, behavioral health education, prevention, and health insurance programs with the communities they propose to serve. Applicants interested in utilizing community health workers in their projects should review evidence-based practice models that are most appropriate for the unique needs of their communities. Over the years, HTPCP projects have utilized community health workers to: a) conduct home visits using an evidence-based curriculum in Northern Louisiana; b) test and launch plain language education materials and techniques on medication adherence and understanding provider instructions in New York City; c) perform case management and provide asthma education and home assessment in Boston that is culturally/linguistically competent; and d) work as doulas during pregnancy, labor and delivery and assist with infant care, breastfeeding, and family planning issues in a culturally/linguistically competent manner.

HTPCP is interested in funding projects that take an active role in strengthening their surrounding communities and requiring community involvement. You are strongly encouraged to review the Community-Centered Health Homes model where health care organizations are integrally involved in advocating for community and policy changes that will improve health and well-being in your communities. Key aspects of the model include health care organizations reviewing health and safety trends among the target population and identifying links between health concerns and community conditions; collecting and analyzing data from patient intake forms, patient/family interviews, and family/community focus groups on social, economic,

and community conditions; sharing data with community partners to decide upon mutually critical health and community conditions; identifying strategies with community partners and coordinating action; advocating for improvements to community conditions impacting patients' health; mobilizing the target population to improve community conditions; building and strengthening community partnerships; and establishing organizational practices that support community involvement (Prevention Institute, 2014). With this community-based approach to health and health care, projects are better able to recognize the impact that social and built environments (i.e. childhood trauma/stress, inadequate/unsafe housing, food insecurity) have on the health and well-being of vulnerable and underserved populations, and to improve the lives of childen, youth, and families served.

In terms of information sharing/dissemination, address the feasibility and effectiveness of plans for dissemination of project results and/or the extent to which project results may be national in scope and/or the degree to which the project activities are replicable. Provide a detailed plan describing how you will measure the effectiveness of the project, including penetration of the project within and possibly beyond the identified target population, with respect to both dissemination of project results, and engagement with the communities served. You should describe the method that will be used to disseminate the project's results and findings in a timely manner and in easily understandable formats to the target population, the general public, and other stakeholders who might be interested in using the results of the project. Propose other innovative approaches to informing partners and the public about project results that may facilitate changes in practice, service delivery, program development, and/or policy-making, especially to those stakeholders who would be interested in replicating the project. Successful applicants will be asked to provide information to MCHB in annual progress and performance reports about program activities, products, and lessons learned to facilitate knowledge dissemination.

Collaboration with other HTPCP projects is expected. Award recipients will be encouraged to participate in focus groups, workgroups, technical assistance sessions, meetings, and webinars to share technical assistance needs, best practices, and lessons learned. Each award recipient will be asked to send up to two (2) project members to a recipient meeting which will be held in Rockville, MD at least once during the five-year project period. This recipient meeting will be designed to promote collaboration and assist in the development of joint HTPCP projects. You must include travel to this

meeting in their budgets, in the event the meeting is held, as proposed.

C. <u>Development and Maintenance of Collaborative Relationships</u>. You **must** discuss how you will develop, and/or maintain collaborative relationships between the proposed project, the State Title V MCH Program, city/county MCH agencies, and the AAP State Chapter. To further the goals and objectives of the project, HTPCP recipients are strongly encouraged to partner with State Title V agencies to serve as innovation or pilot sites in communities for projects to advance the key priorities of the MCHB, test models, and help build the evidence-base for community-based MCH programs. State Title V Directors have a strong understanding of children's health needs because they conduct statewide, comprehensive needs assessments. Collaboration with the State Title V MCH Program can include technical assistance with the grant application and, subsequently, with program implementation, membership on a project's Advisory Board, and participation in technical assistance visits.

State Title V programs also can serve as a resource to projects and families in areas such as preventive health services, screening, care coordination, Medicaid/CHIP eligibility, and the transition from pediatric to adult services for youth with special health needs. You should be aware that most state programs pay for support services such as translation, transportation, respite care, family support, case management and care coordination (Kennedy, K., 2014). Often, leveraging partnerships with State Title V programs have enabled HTPCP awards to sustain their projects after federal funding ends. Improved coordination of services at the state and community levels drives change in the organization and financing of services and enhances preventive services delivery. You can locate information on how to contact their State Title V MCH Program by visiting the [MCHB](#) web site.

The AAP has 59 local AAP chapters in the United States. Local AAP Chapters provide pediatric resources to HTPCP projects. Chapter staff are available to work with you during the planning process. Chapters may already be engaging in activities related to your health topic, or they may want to initiate a new program and are looking for partners. You can locate information on how to contact their Chapter by visiting the AAP [web site](#).

D. <u>Plan for Pediatrician/Pediatric Primary Care Provider Involvement</u>. You **must** discuss how pediatricians/pediatric primary care providers will be substantively involved in the proposed project. An important objective of HTPCP is to involve pediatricians and other pediatric primary care providers (family physicians, nurse practitioners, physician assistants) in community-based service programs. Pediatricians and pediatric primary care providers are involved in projects in many capacities encompassing the planning, implementation and evaluation of the project. Some projects have pediatricians and pediatric primary care providers as project directors, while others serve as advisors or providers of services.

HTPCP projects often are the community-based training sites for pediatric residents, and, on occasion, medical students, and graduate level students in nursing, social work, nutrition, and public health, who are interested in community pediatrics/community health and working with vulnerable and underserved populations. Projects proposing to host short-term rotations of pediatric residents, medical students, and/or graduate level students should indicate how these residents and/or students will be involved in the project. Residents and students often provide clinical and public health services, under the supervision of project staff, in pediatric continuity clinics and home visits. Graduate students in public health often provide critical assistance in data collection and evaluation activities.

The following are some examples of pediatrician/pediatric primary care provider involvement in HTPCP projects:

- Family physicians and nurses recruited for training on the screening and identification of behavioral health issues in the primary care setting and referral of identified children to a mental health professional;
- Family physicians, physician assistants, and nurse practitioners trained on early childhood caries, risk assessment, and detection of oral health problems and set up a referral network between primary care and oral health providers that proved quite successful;
- Pediatrician served as the primary care medical home for project patients. The local AAP chapter helped identify the pediatrician and featured the project in the statewide chapter newsletter and at a chapter meeting;
- Pediatricians volunteered his or her services for one evening per week every two months, resulting in an additional 15 patients seen per week;
- A nurse practitioner and a pediatrician did targeted outreach to educate and train pediatricians and office staff to screen for oral

health issues during primary care visits; and
- Pediatrician/pediatric primary care providers served on the project Advisory Board.

E. <u>Project Advisory Board</u>. You **must** discuss your plans for an Advisory Board to oversee the HTPCP project. The HTPCP recipient **must** establish and maintain an Advisory Board specific to the HTPCP award; alternatively, the recipient may utilize an existing board as the project Advisory Board if it meets the criteria discussed above. HTPCP projects must have a community-based Advisory Board for the life of the project.

Delineate the anticipated role(s) the Advisory Board will play in implementation of this HTPCP project. Discuss activities they will implement that are specifically related to the proposed project, including the frequency of meetings, public forums, and training/conferences.

In **Attachment 9** of the application, describe the membership of the Advisory Board, providing a complete list of members and the agencies/organizations they represent. If a membership roster is not available, please explain.

The Advisory Board is expected to: contribute to the development of the application; provide advice and oversight regarding program direction; participate in discussions related to allocation and management of project resources; establish conflict of interest policies governing all activities; and share responsibility for the identification and maximization of resources and community ownership to sustain project services after federal funding ends. For more resources on establishing and maintaining a sound Advisory Board, please visit the Proposal Development Guide.

F. The Advisory Board should include key individuals and representatives of organizations and institutions relevant to the success of the project and of the community served by the project. Healthy Tomorrows recipients are strongly encouraged to ensure Advisory Board representation that reflects a partnership of families, community members, the local pediatric provider community, and community organizations and groups, both public and private, with a working interest, skills, or resources that can be brought to bear on the problem outlined by the proposed project. The individual members should have sensitivity to and an understanding of the needs of the project area. The members should feel they have a significant advisory role and commitment to the plan for project implementation. Those members selected to represent an agency or

group should have the authority to make decisions for the entity they represent.

Discuss plans for securing resources (cash and/or in-kind) to fulfill the 2:1 non-federal program matching requirement in years 2 through 5 of the project period that was discussed on Page 7 of the FOA. The match requirement has encouraged recipients to form effective partnerships with State Title V programs, city/county MCH agencies, Medicaid and CHIP programs, foundations, school systems, universities, and local businesses.

G. Discuss how the proposed project will address the goals and objectives of the **Bright Futures for Infants, Children and Adolescents** initiative and incorporate the *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents, Third Edition* and other Bright Futures materials in project activities, i.e. providing anticipatory guidance during well-child, well-adolescent, and preventive health visits. Discuss the methods by which the project will assess the effectiveness of utilizing the Bright Futures materials and/or guidelines on health promotion and prevention efforts. Materials can be accessed at the Bright Futures web site.

I. You are strongly encouraged to discuss specific strategies that will be employed to assess the health insurance status of children and families and connect them with available health insurance programs (e.g., developing training materials for project staff, developing culturally/linguistically competent outreach and educational materials for children, youth, and families that are written at an appropriate health literacy level), utilizing Electronic Health Records to keep track of health insurance coverage, and coordinating outreach and enrollment activities with communities and collaborative partners. The efforts of trained project staff to reach out and engage uninsured children and families, enroll them in health coverage, and keep those who remain eligible continuously covered can financially sustain projects as well as ensure that children and families have access to coverage and quality care.

- *WORK PLAN -- Corresponds to Section V's Review Criteria 2 and 4*
  Describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology section. Use a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served.

Include the work plan in **Attachment 1**.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion 2*
  Discuss 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 and 5*
  You must describe and <u>submit</u> a preliminary project evaluation plan that will contribute to continuous quality improvement. The plan should link the goals and objectives of the project to data collection activities. You are strongly encouraged to review the evaluation plan resources on the HTPCP web site. The evaluation plan should monitor ongoing processes and the progress towards achieving the goals and objectives of the project.

  You must submit a logic model for designing and managing your project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this announcement, the logic model should summarize the connections between the:
  - Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
  - Assumptions (e.g., beliefs about how the program will work and is supporting resources. Assumptions should be based on research, best practices, and experience.);
  - Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
  - Target population (e.g., the individuals to be served);
  - Activities (e.g., approach, listing key intervention, if applicable);
  - Outputs (i.e., the direct products or deliverables of program activities);
  - Outcomes (i.e., the results of a program, typically describing a change in people or systems, or the innovations produced by the intervention);
  - Impact (i.e., what is being improved because of the intervention); and
  - Possible measures of success with a projected timeline.

  Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.

  Evaluation plans and logic models often evolve as a project progresses through a five-year project period. Successful applicants of this FOA will be asked to provide updates to their evaluation plans and logic models in their annual progress reports.

  The Appendix provides the overall logic model for HTPCP.

HTPCP projects are expected to have at least one (1) measurable outcome by the end of the five-year project period. Outcomes from HTPCP projects have clustered primarily in the following areas: knowledge increase, behavior change, physiological change, health care utilization, program enhancement or expansion, lessons learned, community impacts, partnerships, and cost savings. A closer look at past projects indicates family/youth involvement is critical for program acceptance and awareness and utilization of services.

HTPCP projects have achieved significant outcomes for their program participants and have been able to document impacts on child health and health care access in their communities. Recipients have documented that they were able to enhance or improve their relationships/partnerships with public officials, advocacy efforts, the community's ability and capacity to identify child health problems, access to a medical home and other health care services for children, and the recognition of child health issues. Recipients also have documented that they have used information gathered from their evaluation plans to improve services, replicate models of care, and secure additional funding for their projects. Additional information on HTPCP project outcomes can be found in the recently updated HTPCP infographic.

NOTE: please refer to Section VIII of this FOA for more guidance on logic models.

Please include the proposed project's logic model in **Attachment 2**.

You must describe the systems and processes that will support the 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.

The measurements of progress toward goals should include both process and outcome measures. Process evaluation is a type of evaluation that examines what goes on while a program is in progress. It assesses what the program is doing and how the program is being implemented or carried out. Outcome evaluation is a type of evaluation that attempts to determine a program's results. Outcome evaluation is often used to determine the extent to which a program achieves its outcome-oriented objectives.

You must describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection 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. Also, please explain how data will be used to make changes to a project based on evaluation findings. You must describe any

potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

Successful applicants will be required to participate in an overall evaluation of HTPCP one and five years after federal funding ends. More information regarding the HTPCP outcome evaluation will be provided to successful applicants by MCHB and AAP Healthy Tomorrows program staff members.

With advances in health care delivery system reform, there is an increased emphasis on prevention and health promotion, as well as increased coverage for those previously uninsured. As a result, maternal and child health outcomes will change. Performance measures also will change in order to adapt to the evolving MCH landscape. Of particular relevance to HTPCP applicants will be new MCHB discretionary grant performance measures in the following seven domains: women's/maternal health; perinatal infant health; child health; children and youth with special health care needs; adolescent health; life course; and capacity building. Performance measures related to promoting/facilitating well-child visits, sustainability, product development, grant impact, quality improvement, health equity, family member/youth/community member participation, cultural/linguistic competence, and State Title V collaboration may be part of the new HTPCP performance measure package. Details regarding the new MCHB discretionary grant performance measures can be found in *Federal Register, Vol. 80, No. 215, 68871*.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 5*
  Provide information on your organization's current mission and structure, its history, past experiences, 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 an organizational chart in **Attachment 6** of the organization or agency, including how the administration and the fiscal management of the proposed project will be integrated into the current administration. 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.

  Applicant organizations are expected to have sound systems, policies, and procedures in place for managing funds, equipment, and personnel to receive grant support. Applicants who propose subcontracting these administrative or fiduciary responsibilities for the project **will <u>not</u>** be approved for funding. All successful applicants must perform a substantive role in carrying out project activities and not merely serve as a conduit for an award to another party or to provide funds to an ineligible party.

Describe the staffing plan (excluding contractor's staff) which identifies positions that will provide personnel for essential programmatic, fiscal and evaluation activities. Key personnel should have adequate qualifications, appropriate experience and allocated time (%/percent FTE) to fulfill their proposed responsibilities. Position descriptions of Key Personnel for the project should be placed in **Attachment 3**. Biographical sketches and curriculum vitae of Key Personnel for the project should be placed in **Attachment 4**.

Describe your history of management and oversight involving other grant or contractual funds. If deficiencies have been noted in the most recent internal/external audit, review or reports on your organization's financial management system and management capacity or its implementation of these systems, policies and procedures, identify the corrective action taken to remedy the deficiencies.

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

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iii. *Budget*

See Section 4.1.iv of HRSA's *SF-424 Application Guide*. Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. 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, HTPCP requires the following:

The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 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*.

Budget Considerations

Awards are subject to adjustment after program and peer review. If this occurs, project components and/or activities will be negotiated to reflect the final award. Reviewers will deduct points from applications for which budgets are not thoroughly justified.The budget and budget narrative correspond to Section V's Review Criterion 6.

Projects must fully justify their requests by describing and identifying goals, objectives, activities, and outcomes that will be achieved by the project during the project period.

HTPCP Award Recipient Meeting
You must include funds in the proposed budget for one trip for up to two project members to attend a grant recipient meeting in Rockville, MD at least once during the five-year project period.

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 **HTPCP** and Submission of Administrative Data*

To inform successful applicants of their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H17_2.html.

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. However, this information would be due to HRSA within 120 days after the Notice of Award.

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.

Attachment 2: Logic Model
Attach the required logic model for the project that includes all information detailed in Section IV. ii. Project Narrative.

Attachment 3: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of the 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 4: Biographical Sketches of Key Personnel
Include biographical sketches for persons occupying the key positions described in Attachment 3, 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 5: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)
Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

Attachment 6: Organizational Chart
Provide a one-page figure that depicts the organizational structure of the organization or agency.

Attachment 7: Tables, Charts, etc.
Include further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.), as needed.

Attachment 8: For Multi-Year Budgets--Fifth Year Budget
After using columns (1) through (4) of the SF-424A Section B for a five-year project period, you will need to submit the budgets for the fifth year as an attachment. Use the SF-424A Section B.

Attachment 9: Advisory Board Membership Roster

Attachments 10 – 15: Other Relevant Documents
Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) List all other support letters on one page.

You are **strongly encouraged** to include letters of support from your State Title V MCH program, city/county MCH agencies, and from your State AAP Chapter.

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

Applicant organizations must obtain a valid DUNS number, also known as the Unique Entity Identifier, and provide that number in their application. Your organization 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://fedgov.dnb.com/webform/pages/CCRSearch.jsp)
- 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 funding opportunity announcement is *August 2, 2016 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

HTPCP 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 five (5) years, at no more than $50,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

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

V. Application Review Information

1. Review Criteria

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

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

Review criteria are used to review and rank applications. HTPCP has six (6) review criteria:

Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction and Needs Assessment
  A. The extent to which the application demonstrates a comprehensive understanding of the problem and associated contributing factors to the problem.

  B. The extent to which the demonstrated needs of the targeted population to be served are adequately described and supported in the needs assessment.

  C. The extent to which cultural and linguistic needs of the proposed target population are adequately described.

  D. The extent to which relevant data, with appropriate references, documents/justifies a need for the proposed intervention and is included in the needs assessment (e.g., State Title V MCH Block Grant Program Needs Assessment and Action Plan, Community Health Needs Assessment).

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

Methodology and Work Plan (20 points)

A. The extent to which the application adequately describes an innovative new community-based initiative, or a new component that will build upon, expand, and enhance an existing initiative, that employs prevention strategies and promotes access to health care for infants, children, youth and their families.

B. The extent to which the application discusses partnerships with diverse public and private sector stakeholders to test out evidence-based practice at the community level and transform health care for the population(s) served by the project.

C. The strength of the proposed goals and objectives and their relationship to the identified need.

D. The extent to which objectives are specific, measurable, attainable/achievable, relevant, and time-framed with the purpose and requirements of the proposed project.

E. The extent to which the proposed service intervention(s) and other proposed project activities are clearly described, are capable of addressing the problem, are clearly linked to project goals and objectives, are feasible and are expected to lead to the achievement of the goals and objectives within the project period.

Family/Community/Professional Partnerships (15 points)

A. The extent to which the applicant proposes to involve families in project activities, i.e. Advisory Board participation, reviewing materials and resources produced by the project for cultural/linguistic competence and health literacy levels, and participating in the development of staff and student trainings.

B. The extent to which the applicant proposes to take an active role in strengthening surrounding communities and requiring community involvement in project activities.

C. The extent to which the applicant demonstrates the ability to collaborate with the State Title V MCH Program, city/county MCH agencies, and the State AAP Chapter to achieve the goals and objectives of the project (e.g., the inclusion of letters of support from the State Title V MCH Program, city/county MCH agencies, and the State AAP Chapter).

D. The extent to which pediatricians and other pediatric primary care providers are substantively involved in the community-based project being proposed.

E. The extent to which the makeup of the Advisory Board and its role in the implementation of the proposed project plan are adequately described, including the extent to which the Advisory Board includes, or plans to include, appropriate representation of individuals served by the project, families, representatives from the local pediatric provider community, and other key stakeholders.

Health Promotion (5 points)

A. The extent to which the application discusses how the proposed project will address the goals and objectives of the **Bright Futures for Infants, Children and Adolescents** initiative and incorporate the *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents, Third Edition* and other Bright Futures materials in project activities.

B. The extent to which the application discusses specific strategies that the project will employ to assess the health insurance status of children and families receiving services through the project and connect them with available health insurance programs.

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

A. The strength, feasibility, and effectiveness of the evaluation plan to measure project objectives and proposed performance measures, including the logic model demonstrating the relationship among resources, target population, activities, outputs, short and long-term outcomes, impact, and possible measures of success for the project. 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.

B. The extent to which data and evaluation informs changes to the project based on evaluation findings.

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

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

B. The effectiveness of plans for dissemination, including penetration within and possibly beyond the identified target population, with respect to both dissemination of project results, and engagement with the communities served.

C. The extent to which the applicant demonstrates how the project has regional and/or national significance.

D. The extent to which clear plans for meeting the budget matching requirement in years 2 through 5 of the project are included in the application.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's Organizational Information The extent to which the project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

A. The extent to which the project demonstrates collaboration with key stakeholders in all activities. The extent to which contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served.

B. The quality of approaches proposed to be used to resolve challenges that are likely to be encountered during the project.

Criterion 6: SUPPORT REQUESTED (15 points) – Corresponds to Section IV's Budget, and Budget Narrative
A. The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the activities, and the anticipated results.

B. The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.

C. The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

D. The extent to which the applicant has budgeted for travel to a grant recipient meeting that will be held in Rockville, MD at least once during the five-year project period.

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. HRSA approving officials also may apply other factors, e.g., geographical distribution, if specified below in this FOA.

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

This program does not have any funding priorities, preferences or special considerations.

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 an OPDIV 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. The applicant may be asked to submit additional information (such as an updated budget or "other support" information or verification of IACUC review) 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 OPDIV 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 HHS Operating Division 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 March 1, 2017.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of March 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*.

3. Reporting

MCHB intends to update the Discretionary Grant Information System with new Discretionary Grant Performance Measures. As announced in the Federal Register on November 6, 2015 (https://www.gpo.gov/fdsys/pkg/FR-2015-11-06/pdf/2015-28264.pdf), the DRAFT Performance measures introduce a new performance measure framework and structure that will better measure the various models of MCHB grant/cooperative agreement programs and the services each funded program provides. The performance data will 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. This revision 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 is currently used. The proposed performance measures can be reviewed at http://mchb.hrsa.gov/dgis.pdf. In addition to the reporting on the new performance measures, recipients will continue to provide financial and program data, if assigned.

Pending approval from the Office of Management and Budget (OMB), the new package will apply to all MCHB discretionary grant/cooperative agreement recipients. New and existing awards issued on or after October 1, 2016, will be required to report on measures assigned by their Project Officer. Additional instructions will be provided on how to access the new DGIS once it becomes available for recipient reporting. For award activities funded prior to October 2016, recipients will continue to report on their currently assigned measures in DGIS.

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 awardee must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.

2) **Performance Report(s).** The Health Resources and Services Administration (HRSA) has modified its reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by the Maternal and Child

Health Bureau (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, the MCHB's authorizing legislation. Performance measures for other MCHB-funded grant 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.

a) Performance Measures and Program Data

To prepare successful applicants for their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H17_2.html.

b) Performance Reporting

Successful applicants receiving grant 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 appear for this program at https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H17_2.html. This requirement entails the provision of budget breakdowns in the financial forms based on the grant award amount, the project abstract and other grant summary data as well as providing objectives for the performance measures.

Performance reporting is conducted for each grant year of the project period. Grantees 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 summary data as well as finalizing indicators/scores for the performance measures.

c) Project Period End Performance Reporting

Successful applicants receiving grant 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 at https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H17_2.html. The requirement includes providing expenditure data for the final year of the project period, the project abstract and grant summary data as well as final indicators/scores for the performance measures.

VII. Agency Contacts

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

Djuana Gibson or LaShawna Smith
Grants Management Specialists
Maternal, Child, and Health Systems Branch
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-3243/4241
Fax: (301) 594-4073
E-mail: dgibson@hrsa.gov; lsmith3@hrsa.gov

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

Madhavi M. Reddy, MSPH
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18W54
Rockville, MD 20857
Telephone: (301) 443-0754
Fax: (301) 443-1797
E-Mail: mreddy@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 websites:

- http://www2.aap.org/commpeds/htpcp/logicmodelrecording/

- http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm

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

Evaluation Guides:
http://www2.aap.org/commpeds/htpcp/resources.html#eval

Proposal Development Guide:
http://www2.aap.org/commpeds/htpcp/developing-proposals.html

Technical Assistance:

A technical assistance call will be held on Tuesday, May 31, 2016 from 3:00 – 4:00 PM ET. The MCHB Project Officer will provide an overview of the FOA and be available to answer questions.

Call information is as follows:

- Call number: 1-877-491-4586
- Passcode: 468949
- Web link: https://hrsa.connectsolutions.com/healthy_tomorrows/

IX. Tips for Writing a Strong Application

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

Appendix: HTPCP Logic Model

INPUTS	OUTPUTS		OUTCOMES	IMPACT
	ACTIVITIES	PRODUCT/SYSTEMS		
Partners & resources (Who? With whom? With what?)	Activities to create/improve health/service systems and infrastructure (What will they do?)	Health/service systems and infrastructure created to support desirable systems behaviors (What's created?)	Health/service systems behaviors that lead to improved health outcomes (What's changed because of what's created?)	Improved health & wellness outcomes for population/ sub-population (What's improved because of the change?)
Recipient Org. • Medical centers • Schools • Local foundations • Nonprofit agencies • Community-based clinics • Community health centers • Hospitals • Local and state health departments Other Key Stakeholders • AAP • Title V Existing infrastructure and systems • AAP Technical Assistance Resource Center • AAP National Center for Medical	• Develop innovative interventions (e.g., clinical, public health, public policy) to promote community-identified child health and developmental objectives • Conduct pilots of clinical or public health interventions in community-based settings • Deliver clinical or preventive health services targeted to community needs (e.g., obesity prevention, smoking cessation, behavioral health assessments) • Support the development of family-centered, community-based initiatives • Provide technical assistance/resourc	• Increased awareness, knowledge, and skills of communities and stakeholders in receiving/providing targeted education and care to children, youth, and families • Increased number of communities receiving targeted interventions and public health messages • Increased number of patients/clients receiving clinical services (e.g., referrals and screenings for disorders) • Achievement of program goals and objectives are monitored	• Communities demonstrate positive behavioral changes (e.g., diet/nutrition, smoking cessation) • Services are integrated and supported by communities and stakeholders • Improved public health messages, services, and delivery of care • Increased usage of Bright Futures anticipatory guidelines in programs • Increased number of community-based/initiated programs that serve	• Improved health and quality of life in children, youth, and families in underserved and vulnerable populations • Improved access to comprehensive, community-based care • Reduction in health and health care disparities • Reduction in health care costs

INPUTS	OUTPUTS		OUTCOMES	IMPACT
Home Implementation Key Tools, guidelines • Guides (e.g., proposal development, evaluation) • Webinars (e.g., logic models, economic analyses) • Workbooks and tip sheets (e.g., sustainability)	es to professionals, consumers, families, Title V, and other agencies • Assess the impact of the awardprogram		vulnerable and underserved populations whose needs were not being met by existing systems of care • Improved public policies at local, community, and state levels • Programs are sustained over time after federal funding ends • Program impact is evaluated	
Measures of success with timeline		• % change in awareness, knowledge and skills in communities and stakeholders • % change in awardee's visibility in the community • # of communities receiving interventions • # of patients/clients served and their demographics (e.g., race/ethnicity) • # of referrals provided	• % change of family participation in services (e.g., well child visits, home visits) • % change in access to care for vulnerable and underserved communities (e.g., access to medical home) • # of new/revised local, community, and state policies resulting from grant activities • Sustainability	• % change in disease incidence in target communities (e.g., obesity, diabetes, asthma oral cavities) • % change in access to comprehensive, community-based care • % change in disparities in target communities • % change in health care costs

INPUTS	OUTPUTS	OUTCOMES	IMPACT
		of programs one year and five years after federal funding ends	