

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

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

***Maternal and Child Environmental Health  
Collaborative Improvement and Innovation Network (COLIN)***

Announcement Type: New  
Funding Opportunity Number: HRSA-17-093

Catalog of Federal Domestic Assistance (CFDA) No. 93.110

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2017

**Application Due Date: January 31, 2017**

**MODIFIED on December 08, 2016:  
Changes project period from “September 1, 2017 to August 31, 2020” to  
“August 1, 2017 to July 31, 2020”.**

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

**Issuance Date: October 24, 2016**

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

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB), Division of Services for Children with Special Health Needs is accepting applications for fiscal year (FY) 2017 for the Maternal and Child Environmental Health Collaborative Improvement and Innovation Network (MCEH ColIN). The purpose of this program is to support and improve coordinated systems of care to address the needs of maternal, infant, and child populations that are at risk for or experience exposure to lead. A Collaborative Improvement and Innovation Network (ColIN) will be implemented with 10 state or territorial teams with the goal of decreasing maternal and child morbidity and mortality associated with exposure to lead. By the end of the project period, participating teams will show an increase in the number of infants and children that have access to a system of coordinated care to address their needs as a result of exposures to lead.

Funding Opportunity Title:	Maternal and Child Environmental Health Collaborative Improvement and Innovation Network (ColIN)
Funding Opportunity Number:	HRSA-17-093
Due Date for Applications:	January 31, 2017
Anticipated Total Annual Available Funding:	\$850,000
Estimated Number and Type of Award(s):	Up to one (1) cooperative agreement
Estimated Award Amount:	Up to \$850,000 per year
Cost Sharing/Match Required:	No
Project Period:	August 1, 2017 through July 31, 2020 (three (3) years)
Eligible Applicants:	Per 42 CFR § 51a.3(a), any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b) is eligible to apply.  [See <a href="#">Section III-1</a> 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 webinar will be held on Wednesday, November 16, 2016 to assist you in preparing your application. The purpose of the webinar is to review the funding opportunity announcement (FOA), and to provide clarifying information that may be necessary. There will be a Q & A session to answer any questions.

Date: Wednesday, November 16, 2016

Time: 2:00 PM - 3:00 PM Eastern Time

Webinar Link: <https://hrsa.connectsolutions.com/mcehn-coiin/>

Conference Code: 888-826-9572

Conference Passcode: 77014936

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# I. Program Funding Opportunity Description

## 1. Purpose

This announcement solicits applications for the Maternal and Child Environmental Health Collaborative Improvement and Innovation Network (MCEH CoIIN). The purpose of this program is to support and improve coordinated systems of care within states to address the needs of maternal, infant, and child populations within those states that are at risk for or experience exposure to lead.

### Program Goal

The overall goal of this program is to decrease maternal and child morbidity and mortality associated with exposure to lead. By the end of the project period, states participating in the CoIIN will show an increase in the number of infants and children that have access to a system of coordinated care<sup>1</sup> to address their needs as a result of exposure to lead.

One organization will be funded to implement a Collaborative Improvement and Innovation Network (CoIIN) with 10 state or territorial teams. CoIINs are teams of federal, state, and local leaders working together to tackle a common problem within a specified timeframe. Using technology to remove geographic barriers, participants with a collective vision share ideas, best practices, and lessons learned, and track their progress toward similar benchmarks.<sup>2,3</sup>

To be successful, a CoIIN program develops:

- Straight-forward aims and specific, measurable, action-oriented, realistic, and time-specific objectives – to explain what they are setting out to achieve;
- Evidence-based strategies – to show how these objectives will be accomplished; and
- Clear-cut metrics and real-time data – to show what's working and what isn't in real time, and ultimately determine how successful it was.

The awardee will be expected to demonstrate experience leading high-level state teams in effecting change through collaborative impact and quality improvement strategies. The state/territorial teams that participate in the CoIIN must demonstrate buy-in from decision-makers at the state and community levels and be composed of representatives of the relevant agencies and organizations working in partnerships with communities and families.

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<sup>1</sup> Perrin, J.M., Romm, D., Bloom, S.R., Homer, C.J., Kuhlthau, K.A., Cooley, C., Duncan, P., Roberts, R., Sloyer, P., Wells, N., and Newacheck, P. A Family-Centered, Community-Based System of Services for Children and Youth With Special Health Care Needs. *Archives of Pediatrics and Adolescent Medicine*. 2007; 161(10):933-936.

<sup>2</sup> For more information about CoIINs, please see <http://mchb.hrsa.gov/maternal-child-health-initiatives/collaborative-improvement-innovation-networks-coiins>

<sup>3</sup> The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement. IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement, 2003. (Available on [www.IHI.org](http://www.IHI.org))

## **Program Objectives**

The awardee will be responsible for collecting data on these objectives for the purpose of monitoring and evaluating the overall effectiveness of the program. Baseline values will be established for these measures within the first year after award.

- By August 2018, all participating teams will have identified at least one source of lead exposure that leads to elevated blood lead levels in children.
- By August 2020, all participating teams will develop or update a state action plan to decrease children's exposure to lead from all sources.
- By August 2020, increase by 25 percent, the number of children with elevated blood lead levels who are identified and screened.
- By August 2020, increase by 25 percent, the number of providers who are following the recommendations from the Centers for Disease Control and Prevention (CDC) for treatment and follow-up of children exposed to lead.
- By August 2020, increase by 25 percent, the number of children with elevated blood lead levels who receive care in a medical home.
- By August 2020, decrease by 10 percent, blood lead levels in children aged 1-5 years (Healthy People 2020 Objective EH-8).<sup>4</sup>

**Program Requirements.** The activities described below will be undertaken in consultation/coordination with HRSA as the awarding agency.

## **Planning and Establishing State Teams**

- Facilitate the implementation of practice-based strategies and coordinate ColIN activities using methods that will address the program purpose, objectives, and requirements.
- Identify at least 10 state or territorial teams (teams) that are willing to participate in the MCEH ColIN. Membership on the teams must include, at a minimum, Title V Program representatives, CDC-funded State and Local Healthy Homes and Childhood Lead Poisoning Prevention Programs (CLPPPs) (where applicable within the state) and family representatives/organizations.
- Identify other network partners for participation on the state teams. These partners should include but are not limited to: state health officials; other state lead prevention programs; HRSA-funded Maternal, Infant, and Early Childhood Home Visiting Program; other MCHB-funded programs (e.g., Leadership Education in Neurodevelopmental and Related Disabilities (LEND)); Pediatric Environmental Health Specialty Units (PEHSU); American Academy of Pediatrics (AAP) chapters; American College of Obstetricians and Gynecologists (ACOG) districts and/or sections; state or regional chapters of other relevant medical professional organizations (e.g., social workers, nurses, etc.); state or local teratogen information centers; Federally Qualified Health Centers (FQHC); advocacy and/or family organizations; organizations focused on housing; organizations focused on environmental health; and other organizations that focus on childhood lead prevention.

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<sup>4</sup> Healthy People 2020: Environmental Health. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved on September 30, 2016 from:

<https://www.healthypeople.gov/2020/topics-objectives/topic/environmental-health/objectives>.

- Establish and convene a national steering committee made up of stakeholders and other experts, including, but not limited to: the Association of State and Territorial Health Officials (ASTHO); the National Governors Association; Centers for Disease Control and Prevention; Environmental Protection Agency; national organizations focused on housing; national organizations focused on environmental health policy; national family organizations; and the recipient of the Maternal and Child Environmental Health Network cooperative agreement to inform and advise the state teams on lead exposure and the broader system of coordinated care as it relates to the ColIN activities.
- Develop a charter for the MCEH ColIN, in coordination with HRSA, which includes the roles and expectations for the state/territorial teams.
- Provide funds to the state teams participating in the MCEH ColIN.

### **Coordination and Alignment**

- Annually convene participating state teams in person to advise on innovation, alignment and promotion of local, state and national early childhood system building.
- Conduct environmental health policy assessments on the alignment of state, local and place-based environmental health initiatives with relevant federal programs as further identified by HRSA (e.g., Title V, The Maternal, Infant and Early Childhood Home Visiting (MIECHV) program, Promise Zones, Rural Integration Models for Parents and Children to Thrive (IMPACT), etc.). Inform where alignments could occur to improve cross-system population indicators.
- Teams should focus on medically underserved, disadvantaged, geographically isolated, and special needs populations whenever possible.<sup>5</sup>

### **Training and Facilitation**

- Provide training and guidance to the state/territorial teams on:
  - the ColIN model, processes and activities;
  - collaborative learning practices;
  - effective use of distance learning modalities and management of “cyber” teams;
  - addressing health disparities, ways of promoting health equity through quality improvement (QI) principles;
  - QI innovation practices at state/territory, county, and community levels;
  - QI leadership competencies; and
  - development of financial and programmatic plans for sustaining QI activities and outcome results.
- Support teams in developing a public health approach in reducing children’s exposure to lead. This includes primary, secondary, and tertiary prevention as well as policy development across multiple sectors and levels.
- Facilitate communication across teams, and support the cohort of teams to remain engaged in MCEH ColIN activities.
- Disseminate techniques to spread and adapt best practices across multiple communities.

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<sup>5</sup> Health Resources and Services Administration Strategic Plan FY 2016 – FY 2018. Retrieved on September 15, 2016 from: <http://www.hrsa.gov/about/strategicplan/index.html>.

- Maintain a web-based platform, to facilitate online collaboration and learning activities for team participants.

### **Quality Improvement Processes**

- Design, deliver and facilitate the collaborative learning and QI activities such as rapid cycle testing (i.e., running plan-do-study-act (PDSA) cycles) within the CoIIN that support breakthrough outcomes for the place-based communities;
- Support the “improvement component” of the collaborative, which involves assisting the teams to test adaptations of existing programs and interventions already underway in their own communities.

### **Data Collection and Reporting**

- Facilitate and provide leadership to develop common goals and indicators that are Specific, Measurable, Achievable, Realistic, and Time-bound (SMART) with the state/territorial teams for measuring and tracking progress on the implemented strategies.
- Develop and maintain an information system, regularly collect progress reports, analyze and display data from teams. This production of real-time and graphically displayed data for the teams will help make the technology of qualitative and quantitative data-driven continuous quality improvement (CQI) available to other states/teams and help drive policy change at the state/territory level. As part of developing the information system, identify and specify measures (numerator and denominator), identify available data sources, facilitate the resolution of confidentiality issues among participants, develop and implement necessary data use and sharing agreements, and process, analyze, and display data.

### **Dissemination and Spread**

- Summarize MCEH CoIIN methods and lessons learned into resources such as reports or “playbooks,” including links to data files for potential spread to other sites, in coordination with HRSA (e.g., major changes implemented, barriers resolved, outcomes realized).
- Disseminate MCEH CoIIN training and methodology of best practices and breakthrough learnings achieved through communication to non-participating states/territories.
- Explore new, innovative approaches including engaging future initiatives and partnerships, when feasible, to support improvement in outcomes for children affected by environmental health exposures.
- Develop or update the state action plan that addresses how families, who have infants/children exposed to lead, can access coordinated services to address their needs.

## 2. Background

This program is authorized by the Social Security Act, Title V, § 501(a)(2); (42 U.S.C. 701(a)(2)). This authority directs HRSA (through grants, cooperative agreements, contracts, or otherwise) to provide for special projects of regional and national significance (SPRANS), research, and training with respect to maternal and child health and children with special health care needs (including early intervention training and services development), for genetic disease testing, counseling, and information development and dissemination programs, for awards relating to hemophilia without regard to age, and for the screening of newborns for sickle cell anemia, and other genetic disorders and follow-up services.

Lead is a naturally occurring metal used in the production of fuels, paints, batteries, and other consumer products. Since the 1970s, the use of lead in gasoline and paints has been restricted in the United States, resulting in reduced exposure to lead. However, children continue to be exposed to lead through paint in older homes and drinking water systems.<sup>6</sup>

Exposure to lead in children can affect every organ system. While the immediate health effect of concern is typically neurological, childhood lead exposure can lead to health effects later in life including renal effects, hypertension, reproductive problems, and developmental problems with their offspring. Childhood exposure to lead contributes to diminished intellectual and academic abilities, higher rates of neurobehavioral disorders such as hyperactivity and attention deficits, and lower birth weight in children.<sup>7,8</sup> Young children are particularly vulnerable to lead because of their developing nervous systems and their hand-to-mouth behavior. A blood lead level of five micrograms per deciliter is defined as elevated for the purposes of identifying children for follow-up, but no level of lead exposure is considered safe.<sup>6</sup> Children with nutritional deficiencies or living in poverty or older housing are more likely to have elevated blood lead levels.<sup>7</sup>

Several Title V programs have identified potentially harmful environmental exposures in general, and lead in particular, as a priority issue. Lead exposure can occur through a number of sources including ingesting lead-based paint or water from lead-based pipes, fixtures, or from the solder connecting pipes or inhaling air contaminated with lead. Water is a growing source of childhood lead exposure because of aging infrastructure particularly among those living in disadvantaged neighborhoods.<sup>9</sup>

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<sup>6</sup> U.S. Environmental Protection Agency. 2013. *American's Children and the Environment, third edition* (EPA Report Number 240-R-13-001). Retrieved from: [www.epa.gov/ace](http://www.epa.gov/ace).

<sup>7</sup> American Academy of Pediatrics, Council on Environmental Health. Prevention of Childhood Lead Toxicity. *Pediatrics*. 2016; 138(1):e20161493.

<sup>8</sup> U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Advisory Committee on Childhood Lead Poisoning Prevention. 2012. *Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention*. Retrieved from: [http://www.cdc.gov/nceh/lead/acclpp/blood\\_lead\\_levels.htm](http://www.cdc.gov/nceh/lead/acclpp/blood_lead_levels.htm).

<sup>9</sup> Hanna-Attisha M, LaChance J, Sadler RC, and Champney Schnepf A. Elevated blood levels in children associated with the Flint drinking water crisis: a spatial analysis of risk and public health response. *American Journal of Public Health*. 2016; 106(2):283-90.

State and community response to reduce lead exposure in children and pregnant women requires a comprehensive, coordinated approach across state and local agencies. Plans must identify high risk communities and populations, propose strategies to increase awareness (i.e., accurate information at the appropriate literacy level) and prevention, and provide access to integrated systems of care for diagnosis, treatment, and follow-up services.

A CoIIN is a useful methodology to engage state teams to address the needs of maternal, infant, and child populations that are at risk for or experience exposure to lead. Teams will engage in collaborative learning around a common aim, applying quality improvement methods to accelerate improvement in evidence-based strategies that contribute to desired outcomes. HRSA-supported CoIINs have addressed a range of topics including maternal health, infant mortality, home visiting, child safety, school-based health, children's healthy weight, and adolescent and young adult health.

## **II. Award Information**

### **1. Type of Application and Award**

Type- of applications sought: New.

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

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

- Availability of the services of experienced Maternal and Child Health Bureau (MCHB) personnel as participants in the planning and development of the project;
- Participation in all major areas of MCEH CoIIN activities, including development of teams, approval of the CoIIN charter, coordination and alignment, training and facilitation, quality improvement processes, development of indicators, and dissemination and spread;
- Reviewing topic areas for targeted improvement, planning for the project, facilitating collaboration and involvement of expert faculty and partner organizations;
- Reviewing activities, measures, and tools to be established and implemented to accomplish the goals of the project;
- Participation, as appropriate, in regular conference calls, meetings and webinars to be conducted during the project period;
- Reviewing and editing, as appropriate, written documents developed by the recipient including documentation of pre-work, learning sessions, white papers and evaluation reports; and
- Participation with the recipient in the dissemination of project findings, best practices and lessons learned from the MCEH CoIIN, and in producing and jointly reviewing reports, articles, and/or presentations developed under this FOA.

**The cooperative agreement recipient's responsibilities will include:**

- Adherence to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds;
- Planning and implementing a Collaborative Improvement and Innovation Network among state teams following the Breakthrough Series (BTS) or other established collaborative model for improvement and innovation. Overall activities involve applying and adapting the selected model and other relevant collective impact principles to the MCEH CoIIN as well as anticipating the challenges and complexities of designing, managing, and guiding a successful collaborative;
- Completing activities proposed in response to application review criteria;
- Participating in face-to-face meetings and conference calls with HRSA during the period of the cooperative agreement;
- Collaborating with HRSA on ongoing review of activities, procedures and budget items, information/publication prior to dissemination, contracts and interagency agreements;
- Providing ongoing, timely communication and collaboration with the federal project officer; and
- Providing the federal project officer opportunity to review documents and products prior to dissemination.

**2. Summary of Funding**

Approximately \$850,000 is expected to be available annually to fund one (1) recipient. You may apply for a ceiling amount of up to \$850,000 per year. It is expected that a portion of the funds will be provided to the state teams to support their participation in the MCEH CoIIN. The actual amount available will not be determined until enactment of the final FY 2017 federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is August 1, 2017 through July 31, 2020 (three (3) years). Funding beyond the first year is dependent on the availability of appropriated funds for the MCEH CoIIN 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

Per 42 CFR § 51a.3(a), any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b) is eligible to apply.

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

#### 2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

#### 3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

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

### IV. Application and Submission Information

#### 1. Address to Request Application Package

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

## 2. Content and Form of Application Submission

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

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

### **Application Page Limit**

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

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

### **Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**

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

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

### **Program-Specific Instructions**

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

#### ***i. Project Abstract***

See Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

#### ***ii. Project Narrative***

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

Use the following section headers for the Narrative:

- **INTRODUCTION -- Corresponds to Section V's Review Criterion (1) Need**  
Briefly describe the purpose of the proposed project. Provide a detailed description of your expertise on the CoIIN methodology, principles and practices of collaborative learning, the Breakthrough Series (BTS) Collaborative platform and the Model for Improvement that informs it or another proposed improvement and innovation model, and the application of QI to public health challenges. Applicants should briefly discuss their appropriate expertise in experience leading high-level state teams in effecting change through collaborative impact and quality improvement strategies.
  
- **NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion (1) Need**  
At least ten (10) state teams that are willing to participate in the MCEH CoIIN must be identified at the time of application. Describe the needs of the selected states and how they were chosen to participate in the MCEH CoIIN. Outline how the state teams obtained or will obtain buy-in from decision-makers at the state and community levels and the composition of the relevant agencies and organizations working in partnership with communities and families. The target population and its unmet health needs must be described and documented in this section. Disparities based on race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions should be considered. Include socio-cultural determinants of health and health disparities impacting the population or communities served and unmet. Demographic data should be used and cited whenever possible to support the information provided. Please discuss any relevant barriers in the service area that the project hopes to overcome. This section will help reviewers understand the community and/or organization that will be served by the proposed project. This section should help reviewers understand the extent of lead exposures occurring within the ten states/territories participating in this program.
  
- **METHODOLOGY -- Corresponds to Section V's Review Criterion (2) Response**  
Propose methods that will be used to address the stated needs and meet each of the previously described program goal, purpose, requirements and objectives in this FOA. As appropriate, include development of effective tools and strategies for ongoing staff training, 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 if applicable. If applicable, include a plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences.

You must also propose a plan for project sustainability after the period of federal funding ends. Recipients are expected to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population.

Be sure to describe the following:

- Plans to facilitate the implementation of practice-based strategies and coordinate MCEH ColIN activities using methodology that will address the program aim, requirements and objectives.
- The 10 state or territorial teams to be established. At a minimum, state teams must include: Title V Program representatives, CDC-funded State and Local Healthy Homes and Childhood Lead Poisoning Prevention Programs (CLPPPs) (if applicable) and family representatives/organizations. Other partners should include but are not limited to: state health officials; other state lead prevention programs; HRSA-funded Maternal, Infant, and Early Childhood Home Visiting Program; other MCHB-funded programs (e.g., Leadership Education in Neurodevelopmental and Related Disabilities (LEND)); Pediatric Environmental Health Specialty Units (PEHSU); American Academy of Pediatrics (AAP) chapters; American College of Obstetricians and Gynecologists (ACOG) districts and/or sections; state or regional chapters of other relevant medical professional organizations (e.g., social workers, nurses, etc.); state or local teratogen information centers; Federally Qualified Health Centers (FQHC); advocacy and/or family organizations; organizations focused on housing; organizations focused on environmental health; and other organizations that focus on childhood lead prevention. Include letters of agreement/commitment from each of the states that will participate in the MCEH ColIN in **Attachment 4**.
- Plans to establish and convene a national steering committee made up of stakeholders and other experts, including, but not limited to: the Association of State and Territorial Health Officials (ASTHO); the National Governors Association; Centers for Disease Control and Prevention; Environmental Protection Agency; national organizations focused on housing; national organizations focused on environmental health policy; national family organizations; and the recipient of the Maternal and Child Environmental Health Network cooperative agreement (to be awarded under HRSA-17-081) to inform and advise the state teams on lead exposure and the broader system of coordinated care as it relates to the MCEH ColIN activities. Include letters of agreement/commitment from each of the partners or organizations that will participate on the national steering committee in **Attachment 4**.
- Plans to develop a charter for the MCEH ColIN that includes the roles and expectations for the state teams.
- Annual meetings with participating state teams, to advise on innovation, alignment and promotion of local, state and national early childhood system building.
- Plans for conducting environmental health policy assessments, on the alignment of state, local and place-based environmental health initiatives with relevant federal programs as further identified by HRSA (e.g., Title V, The Maternal, Infant and Early Childhood Home Visiting (MIECHV) program, Promise Zones, Rural IMPACT, etc.). Inform where alignments could occur to improve cross-system population indicators.
- Methodology for providing training and guidance to the State Teams on:
  - the ColIN model, processes and activities;
  - collaborative learning practices;

- effective use of distance learning modalities and management of “cyber” teams;
  - addressing health disparities, ways of promoting health equity through QI principles;
  - QI innovation practices at state/territory, county, and community levels;
  - QI leadership competencies; and
  - developing financial and programmatic plans for sustaining QI activities and outcome results.
- Plans for communicating across teams, and support the cohort of teams to remain engaged in MCEH ColIN activities.
  - Dissemination techniques to spread and adapt best practices across multiple communities.
  - Plans for a web-based platform, to facilitate online collaboration and learning activities for state teams’ participants.
  - Plans for collaborative learning and QI activities such as rapid cycle testing (i.e., running plan-do-study-act (PDSA) cycles) within the MCEH ColIN that support breakthrough outcomes for the place-based communities.
  - Plans for the “improvement component” of the collaborative, which involves assisting the State Teams to test adaptations of existing programs and interventions already underway in their own communities.
  - Plans for synthesizing the MCEH ColIN successes and challenges of participating teams and summarize methods and lessons learned into resources such as reports or a “playbook” including links to data files for potential spread to other sites, in coordination with HRSA (e.g., major changes implemented, barriers resolved, outcomes realized).
  - Dissemination of MCEH ColIN training and methodology of best practices and breakthrough learnings achieved through communication to non-participating states/territories.
  - Plans for innovative approaches including engaging future initiatives and partnerships, when feasible, to support improvement in outcomes for children affected by environmental health exposures.
  - Methodology for developing or updating the state action plan that addresses how families, who have infants/children exposed to lead, can access coordinated services to address their needs.

■ *WORK PLAN -- Corresponds to Section V’s Review Criteria (2) Response and (4) Impact*

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.

You must submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are

many versions of logic models, for the purposes of this announcement the logic model should summarize the connections between the:

- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and its 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); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

▪ *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion (2) Response*

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

▪ *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria (3) Evaluative Measures and (5) Resources/Capabilities*

You must describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. 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. Specifically, describe how the State Team activities will be monitored and coordinated.

You must describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the 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. You must describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

Be sure to describe the following:

- Methodology for developing common SMART goals and indicators with the State Teams

- Plans for the information system to regularly collect progress reports, analyze and display data from State Teams. As part of developing the information system, identify and specify measures (numerator and denominator), identify available data sources, facilitate the resolution of confidentiality issues among participants, develop and implement necessary data use and sharing agreements, and process, analyze, and display data.
- By August, 2018, baseline data must be collected from all participating states on the following:
  1. Number of infants and children that have access to a system of coordinated care to address their needs as a result of exposures to lead.
  2. Number of states that have identified at least one source of lead exposure that results in elevated blood lead levels in children.
  3. Number of states with a state action plan to decrease children's exposure to lead from all sources.
  4. Number children with elevated blood lead levels who are identified.
  5. Number of providers who are following CDC guidelines for treatment and follow-up of children exposed to lead.
  6. Number of children with elevated blood lead levels receiving care in a medical home.
  7. Percent of children aged 1-5 years, with reduced blood lead levels (Healthy People 2020 Objective EH-8)<sup>10</sup>

▪ *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion (5) Resources/Capabilities*

Provide information on your organization's current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health literate services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved. Include expertise on leading high-level State Teams, quality improvement methodology, using real time data to implement change. Describe your experience in leading high-level State Teams in effecting change through collaborative impact and quality improvement strategies. Include letters of agreement/commitment from each of the partners or organizations that will participate on the State Teams and the national steering committee in **Attachment 4**.

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<sup>10</sup> Healthy People 2020: Environmental Health. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved on September 30, 2016 from: <https://www.healthypeople.gov/2020/topics-objectives/topic/environmental-health/objectives>.

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

### **iii. Budget**

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

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

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](#).

**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 Maternal and Child Health Environmental Collaborative Improvement and Innovation Network*

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

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

**vi. Attachments**

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

*Attachment 1: Work Plan*

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

*Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's [SF-424 Application Guide](#))*

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

*Attachment 3: Biographical Sketches of Key Personnel*

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

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

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Include letters of agreement from each of the states that will participate in the MCEH COLLN and the organization that will participate on the national steering committee. 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 5: Project Organizational Chart*

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

*Attachment 6: Tables, Charts, etc.*

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

*Attachment 7: List of State Teams and participating members of each team.*

*Attachments 8 – 15: Other Relevant Documents*

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

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

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

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

basis for making an award to another applicant.

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

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA's [SF-424 Application Guide](#).

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

#### **4. Submission Dates and Times**

##### **Application Due Date**

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

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

#### **5. Intergovernmental Review**

The Maternal and Child Environmental Health Collaborative Improvement and Innovation Network 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 three (3) years, at no more than \$850,000 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.

- Any foreign travel (using federal award dollars or program income) must be submitted to HRSA for approval through the Electronic Hand Books (EHBs) under Prior Approval – Other.

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

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

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

## V. Application Review Information

### 1. Review Criteria

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

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

Review criteria are used to review and rank applications. The Maternal and Child Environmental Health Collaborative Improvement and Innovation Network has six (6) review criteria:

#### *Criterion 1: NEED (5 points) – Corresponds to Section IV's Introduction and Needs Assessment*

- The extent to which the application demonstrates the problem and associated contributing factors to the problem.
- The extent to which the applicant:
  - Details their understanding of the purpose for the project.
  - Demonstrates an understanding of the CoIIN model, principles and practices of collaborative learning, the Breakthrough Series (BTS) Collaborative platform and the Model for Improvement that informs it or another proposed improvement and innovation model, and the application of QI to public health challenges.
  - Discusses experience leading high-level state teams in effecting change through collaborative impact and quality improvement strategies.
  - Describes the needs of the states chosen to participate in the MCEH CoIIN and the rationale for selecting them.
  - Describes the population to be served.

- Uses and cites data whenever possible.

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

- The extent to which the proposed project responds to the “Purpose” included in the program description. The strength of the proposed goals and objectives and their relationship to the identified project.
- The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.
- The extent to which the applicant proposes a plan for project sustainability after the period of federal funding ends.

*Public health strategies (8 points):*

- The extent to which the applicant describes a plan to support state teams in developing a public health approach to reducing children’s exposure to lead, including primary, secondary, and tertiary prevention as well as policy development across multiple sectors and levels.
- Outlines plans for conducting environmental health policy assessments, on the alignment of state, local and place-based environmental health initiatives with relevant federal programs.
- Describes the methodology for developing or updating the state action plan that addresses how families, who have infants/children exposed to lead, can access coordinated services to address their needs.

*QI/CoIIN methodology (12 points)*

The extent to which the applicant:

- Outlines a plan to facilitate implementation of practice-based strategies and coordinate CoIIN activities using methodology that will address the program aim, requirements and objectives.
- Describes the 10 state or territorial teams that will be participating in this project.
- Describes a plan to establish and convene a steering committee made up of stakeholders, family organizations/representatives, and other experts to inform and advise the state teams on lead exposure and the broader system of coordinated care as it relates to the CoIIN activities.
- Outlines a plan to develop a charter for the MCEH CoIIN that includes the roles and expectations for the state teams.
- Describes plans to convene annual meetings with participating state teams.
- Describes the methodology for providing training and guidance to the State Teams on:
  - the CoIIN model, processes, and activities;
  - collaborative learning practices;
  - effective use of distance learning modalities and management of “cyber” teams;
  - addressing health disparities, ways of promoting health equity through QI principles;
  - QI innovation practices at state/territory, county, and community levels;
  - QI leadership competencies; and

- developing financial and programmatic plans for sustaining QI activities and outcome results.
- Describes plans for communicating across and supporting state teams to remain engaged in MCEH CoIIN activities.
- Describes dissemination techniques to spread and adapt best practices across multiple communities, including non-participating states/territories.
- Describes plans for a web-based platform, to facilitate online collaboration and learning activities for State teams.
- Describes plans for the “improvement component” of the collaborative.
- Outlines plans for synthesizing the MCEH CoIIN successes and challenges of participating teams and summarize methods and lessons learned into resources such as reports or a “playbook” including links to data files for potential spread to other sites.
- Describes plans for innovative approaches including engaging future initiatives and partnerships to support improvement in outcomes for children affected by environmental health exposures.

*Work Plan (10 points)*

*The extent to which the applicant:*

- Clearly outlines the proposed goals and activities and their relationship to the project.
- Relates and corresponds to the needs assessment and activities outlined in the Methodology section.
- Clearly written goals, objectives, time-frames, responsible staff, and methods for evaluation.
  - Degree to which the objectives relate to each goal.
  - Extent to which the timeframe is reasonable for achieving project goals.
  - Extent to which the evaluative and performance measures correspond to the goals of the project.
- Includes a logic model that clearly identifies the goals, assumptions, target population, activities, outputs, outcomes, time-frames, objectives, responsible staff, and methods of evaluation.

*Resolution of Challenges (5 points)*

- The extent to which the applicant shows how challenges noted will be resolved.
- The extent to which proposed resolutions are feasible.

*Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV’s Evaluation and Technical Support Capacity*

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

*The extent to which the applicant:*

- Describes how the state team activities will be monitored and coordinated.
- Outlines a strategy to collect, analyze and track data to measure process and impact/outcomes, and explains how the data will be used to inform program development and service delivery.

- Describes any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.
- Outlines a methodology for developing common SMART goals and indicators with the State teams.
- Describes plans for the information system, to collect periodic progress reports, analyze, and display data from State teams.
- Describes plans to collect baseline data from participating states by August 2018.

*Criterion 4: IMPACT (10 points) – Corresponds to Section IV’s Work Plan*

*The extent to which:*

- The plans for dissemination of project results are effective, and the extent to which project results may be national in scope.
- The project activities are replicable and the sustainability of the program beyond the federal funding.
- The application describes the resources, strategy, goals, activities and the impact expected in terms of increased knowledge and use of teratogen information services among the public, providers, and vulnerable and hard-to-reach populations.

*Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV’s Evaluation and Technical Support Capacity and Organizational Information*

- The extent to which project engages national-level partners on the national steering committee, and describes a plan to engage state-level partners to join state teams. (10 points)
- The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. (10 points)

*Criterion 6: SUPPORT REQUESTED (15 points) – Corresponds to Section IV’s Budget and Budget Narrative*

The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the activities, and the anticipated results.

*The extent to which:*

- costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- key personnel have adequate time devoted to the project to achieve project objectives.
- funds are provided to support state teams participating in the MCEH CoIIN and is reasonable given the scope of work.

## 2. Review and Selection Process

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

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

## 3. Assessment of Risk and Other Pre-Award Activities

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

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

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

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

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

#### **4. Anticipated Announcement and Award Dates**

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

### **VI. Award Administration Information**

#### **1. Award Notices**

HRSA will issue the Notice of Award prior to the start date of August 1, 2017. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

#### **2. Administrative and National Policy Requirements**

See Section 2 of HRSA's [SF-424 Application Guide](#).

#### **Human Subjects Protection:**

Federal regulations (45 CFR part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, recipients must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in the Code of Federal Regulations, Title 45 – Public Welfare, Part 46 – Protection of Human Subjects (45 CFR part 46), available online at <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>.

#### **3. Reporting**

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

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

The new reporting package can be reviewed at:

[http://mchb.hrsa.gov/sites/default/files/mchb/Data/Discretionary\\_Grant\\_Information\\_System\\_Performance\\_Measure\\_Update.pdf](http://mchb.hrsa.gov/sites/default/files/mchb/Data/Discretionary_Grant_Information_System_Performance_Measure_Update.pdf).

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

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

- 1) **Progress Report(s).** The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.
- 2) **Final Report Narrative.** The recipient must submit a final report narrative to HRSA after the conclusion of the project.
- 3) **Performance Reports.** HRSA has modified its reporting requirements for SPRANS projects, CISS projects, and other grant/cooperative agreement programs administered by MCHB to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act, MCHB's authorizing legislation.

**a) Performance Measures and Program Data**

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

**b) Performance Reporting Timeline**

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

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

**c) Project Period End Performance Reporting**

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

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

## VII. Agency Contacts

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

Djuana Gibson  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 301-443-3243  
Fax: (301) 443-4293  
E-mail: [djgibson@hrsa.gov](mailto:djgibson@hrsa.gov)

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

Ann Ferrero  
Public Health Analyst  
Division of Services for Children with Special Health Care Needs  
Maternal and Child Health Bureau  
Health Resources and Services Administration  
5600 Fishers Lane, Room 18-100C  
Rockville, MD 20857  
Telephone: (301) 443-3999  
Fax : (301) 594-0878  
E-mail: [aferrero@hrsa.gov](mailto:aferrero@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](mailto:support@grants.gov)

Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

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

HRSA Contact Center

Telephone: (877) 464-4772

TTY: (877) 897-9910

Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

## VIII. Other Information

### Logic Models:

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

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. Information on how to distinguish between a logic model and work plan can be found at the following website:

<http://www.cdc.gov/healthyouth/evaluation/pdf/brief5.pdf>.

### Technical Assistance:

A technical assistance webinar will be held on Wednesday, November 16, 2016 to assist you in preparing your application. The purpose of the webinar is to review the funding opportunity announcement (FOA), and to provide clarifying information that may be necessary. There will be a Q & A session to answer any questions.

Date: Wednesday, November 16, 2016

Time: 2:00 PM - 3:00 PM Eastern Time

Webinar Link: <https://hrsa.connectsolutions.com/mcehn-coiin/>

Conference Code: 888-826-9572

Conference Passcode: 77014936

## **IX. Tips for Writing a Strong Application**

See Section 4.7 of HRSA's [\*SF-424 Application Guide\*](#).