

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



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

Vision Screening in Young Children

Funding Opportunity Number: HRSA-18-064
Funding Opportunity Types: New, Competing Continuation
Catalog of Federal Domestic Assistance (CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Application Due Date: March 26, 2018

*Ensure your 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 1 month to complete.*

Issuance Date: January 25, 2018

January 25, 2018: Modification made to the CFDA Number on the cover page.

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau is accepting applications for fiscal year (FY) 2018 Vision Screening in Young Children Program. The purpose of this program is to fund a national entity to support state efforts to implement evidence-based and promising early childhood vision screening, follow-up, and surveillance protocols by providing technical assistance, tools, training, and opportunities for information sharing and learning.

Funding Opportunity Title:	Vision Screening in Young Children
Funding Opportunity Number:	HRSA-18-064
Due Date for Applications:	March 26, 2018
Anticipated Total Annual Available FY18 Funding:	\$300,000
Estimated Number and Type of Award:	One (1) Grant
Estimated Award Amount:	Up to \$300,000 per year
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	September 1, 2018 through August 31, 2021 (3 years)
Eligible Applicants:	<p>Eligible applicants include any public or private entities. Faith-based and community based organizations, tribes and tribal organizations are eligible to apply.</p> <p>See Section III-1 of this notice of funding opportunity (NOFO), formerly known as the funding opportunity announcement (FOA), for complete eligibility information.</p>

Application Guide

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

Technical Assistance

HRSA has scheduled the following technical assistance webinar:

Day and Date: Wednesday, January 31, 2018

Time: 3 p.m. – 4 p.m. ET

Call-In Number: 1-866-658-7216

Participant Code: 65335555

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

To access the archived webinar recording, please visit the HRSA MCHB Funding Opportunities Webpage: <https://mchb.hrsa.gov/fundingopportunities/Default.aspx>

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I. Program Funding Opportunity Description

1. Purpose

This notice solicits applications for Vision Screening in Young Children.

The purpose of this program is to fund a national entity to support state efforts to implement evidence-based and promising early childhood vision screening, follow-up, and surveillance protocols by providing technical assistance, tools, training, and opportunities for information sharing and learning. Recipients will, in partnership with families and caregivers, provide state entities expert and peer guidance to support the development and replication of strategies that are adapted to meet the unique needs of underserved communities, and address systemic barriers to implementing comprehensive systems for delivering vision screening services to young children.

Program Goals:

The goal of this program is to improve vision screening and eye health in young children by providing technical assistance and education to state public health entities in implementing evidence-based recommendations for coordinated education, screening, follow-up, and surveillance of vision problems in young children.

Program Objectives:

The awardee will collect and report on the following program objectives (please note that baseline data should be collected and identified as such to HRSA within the first year of the program):

- By 2021, at least 75 percent of the states participating in the community of practice have preschool age vision screening programs aligned with evidence based and expert informed guidelines.
- By 2021, increase from baseline by 25 percent the number of families and caregivers participating as advisors and partners in state efforts to increase vision screening in young children. Of the 25 percent, a minimum of 10 percent should be from underserved or rural populations who traditionally have lower screening rates.
- By 2021, increase from baseline by 10 percent the number of children 5 years and younger for whom receipt of a vision screening in the National Survey of Children's Health is reported for those states working with the awardee.

Program Requirements:

To accomplish the program goal and objectives, the awardee will:

1. Synthesize best practices and evidence on screening and vision health in young children, and identify and disseminate educational materials, toolkits and other resources targeting diverse stakeholders, including parents, caregivers, early childhood educators, primary care providers, and state and local public health entities that improve vision screening in young children.

- Compile best practices and evidence and make available on a publicly accessible website maintained by the awardee.
 - Develop a plan to disseminate toolkits and other resources on best practices, evidence and educational materials to key stakeholders, which may include via hard copy distribution and through the publicly accessible website.
2. Establish a multi-disciplinary project advisory committee, including members of underserved populations or communities and family representatives that will provide advice/input to the awardee on the implementation of evidence-based vision screening, follow-up, and surveillance guidelines in populations of children from birth to 5 years old.
 3. Within the first 6 months of the program, develop and implement a plan to engage a minimum of five state teams, comprised of stakeholders such as state public health and Title V agencies, families of young children, pediatric clinicians, early care providers, and/or community support organizations to participate in a community of practice.
 - Facilitate a community of practice of, at a minimum, five state teams interested and/or engaged in implementing state plans to build on evidence-based and promising practices for increasing vision screening, follow-up, and surveillance in young children.
 - Maintain a listserv and convene regular teleconferences and webinars for states and communities to support communication, knowledge exchange, peer-to-peer mentoring and sharing of best practices.
 4. Promote a comprehensive approach to young children's vision screening and eye health by providing relevant education and training to state public health and Title V agencies, families of young children, pediatric clinicians, early care and education providers, insurers and policy makers.
 5. Track and monitor available national data on vision screening of young children, including data from the National Survey of Children's Health as well as state and community-specific sources.
 6. Identify and develop messages that will engage and inform families and caregivers of young children on the importance of vision screening and eye care. Efforts should focus particularly on populations who traditionally have lower screening rates, such as rural, low-income, underserved populations. Examples of common vision problems to include in messaging campaigns are untreated refractive error, strabismus (misaligned eyes) and amblyopia (sometimes called "lazy eye").
 7. Implement a plan to conduct outreach to families and caregivers of young children, particularly those who traditionally are medically underserved, about the importance of vision screening and eye care.
 8. Build partnerships and collaborations among key stakeholders, including families and caregivers from underserved populations or communities, to facilitate implementation of vision screening and eye health recommendations and increase access to vision screening services for young children.
 9. Develop and implement an evaluation plan to measure program impact.

2. Background

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

Vision is a critical component for optimal early childhood brain development. In the U.S. up to 6 percent of children, under 6 years of age have a vision problem.¹ Between 1 and 4 percent have amblyopia (or “lazy eye”), and an estimated 5 to 7 percent have refractive errors (e.g., nearsightedness and farsightedness).² Although it is well documented that uncorrected vision problems can impair child development, interfere with learning, and even lead to permanent vision loss, less than 40 percent of children 5 years and younger have ever had their vision tested.^{3,4} Disparities in access to vision screening and treatment are prevalent across the country. Many rural communities have insufficient numbers of eye health professionals.⁵ Children with special health care needs, African American, Hispanic and low-income children are more likely than normally developing, affluent or non-Hispanic white children to have unmet vision care needs.^{6,7}

It is estimated that of preschool-aged children who experience poor vision, nearly 70 percent could have their vision immediately improved by correcting refractive errors with spectacles.⁸ The U.S. Preventive Services Task Force recommended in 2017 that all children receive screening to detect amblyopia at least once between the ages of 3 to 5 years. The 2017 American Academy of Pediatrics Bright Futures Guidelines also indicate, “Children should have an assessment for eye problems in the newborn period and at all subsequent routine health supervision visits.”⁹

Although vision screening for children under 5 years of age may occur in a variety of settings, including early education centers, public schools and primary care practices, states and communities experience challenges implementing coordinated systems of eye health care that ensure equitable and consistent delivery of services across the population. Compounding these barriers, parents and caregivers often lack knowledge about the importance of taking a proactive approach to young children’s eye health and can face financial, linguistic or other challenges in linking children with the appropriate screenings and follow-up.

¹ McKean-Cowdin R et al. *Ophthalmology*.2013 Oct;120(10):2117-24

² Final Update Summary: *Vision in Children Ages 6 Months to 5 Years: Screening*. U.S. Preventive Service Task Force. September 2017.

[https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/vision-in-children-ages-6-months-to-5-years-screening?ds=1&s=Vision Screening](https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/vision-in-children-ages-6-months-to-5-years-screening?ds=1&s=Vision%20Screening)

³ National Health Interview Survey, CDC/NCHS.2008

⁴ National Survey of Children’s Health. NSCH 2016

⁵ Welp A et al. National Academies of Sciences, Engineering, and Medicine Division; Board on Population Health and Public Health Practice; Committee on Public Health Approaches to Reduce Vision Impairment and Promote Eye Health; 2016 Sep 15.

⁶ Ganz M et al. *Journal of the American Association of Ophthalmology and Strabismus*. 2007;11(5):480-487

⁷ Dotan G et al. *JAMA Ophthalmol*.2015;133(5):527-532 Published online February 12, 2015

⁸ Varma R et al. *JAMA Ophthalmol*. Published online May 4, 2017

⁹ Hagan JF et al. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017

In September 2016, the National Academy of Sciences, Engineering and Medicine released a consensus report, “Making Eye Health a Population Health Imperative: Vision for Tomorrow” that advanced a population health approach to promote eye and vision health.¹⁰

HRSA has invested in programs that aim to improve access to vision screening and eye health services since the 2000s. These efforts include the development of evidence-based recommendations for state-based mechanisms to improve young children’s access to screening, diagnosis, and follow-up care; improve the rate and reporting of screening results and coordination of eye care services; and strengthen family education and engagement.¹¹

This funding opportunity will build on that work, and continue to support state public health agencies’ efforts to improve vision screening and eye care for young children within the health care delivery system, at key points in their development. A successful program will result in the implementation of strategies that lead to sustainable increases in the percentage of young children receiving vision screening as indicated by data from the National Survey of Children’s Health; as well as increases in the percentage of families involved with state efforts to expand access to eye health services for young children.

Definition:

The awardee of the Vision Screening in Young Children Program will support the implementation of promising practices and evidence-based vision screening recommendations by facilitating a community of practice. A community of practice is:

A group of individuals with shared interest in a specific domain who utilize ongoing communication to broaden their understanding of a topic and identify solutions to common challenges. In a community of practice, subject matter experts provide resources and information to group participants and group leaders use their expertise to support shared learning by facilitating discussion and collaboration. This strategy results in a dynamic learning environment leading to innovative approaches to solve complex public health issues.¹²

¹⁰ Teutsch SM et al. Making Eye Health a Population Health Imperative: Vision for Tomorrow. The National Academies Press, Washington DC (2016).

¹¹ Cotter SA, et al. *Optometry and Vision Science*. 2015;92(1):6-1636

¹² Public Health Information Network Communities of Practice, (2015, March 2). Retrieved from: <https://www.cdc.gov/phcommunities/resourcekit/intro/index.html>

II. Award Information

1. Type of Application and Award

Types of applications sought: New, Competing Continuation

HRSA will provide funding of its Vision Screening in Young Children Program in the form of a grant.

2. Summary of Funding

Approximately \$300,000 is expected to be available annually to fund one recipient. You may apply for a ceiling amount of up to \$300,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The actual amount available will not be determined until enactment of the final FY 2018 federal appropriation. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds awarded in a timely manner. The project period is September 1, 2018 through August 31, 2021 (3 years). Funding beyond the first year is dependent on the availability of appropriated funds for Vision Screening in Young Children in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include public or private entities. Faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply.

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 notice.

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 notice.

NOTE: Multiple applications from an organization are not allowable. Applications from foreign (non-domestic) entities also are not allowable.

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

IV. Application and Submission Information

1. Address to Request Application Package

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

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

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing the notice of funding opportunity (NOFO) (also known as “Instructions” on Grants.gov) or application package. This allows Grants.gov to email organizations that supply an email address in the event the NOFO is changed and/or republished on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the [Find Grant Opportunities](#) page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

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

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

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the application package do not count in the page limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) 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 this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
- 3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachment 8: Other Relevant Documents.

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

Program-Specific Instructions

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

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

- ***INTRODUCTION -- Corresponds to Section V's Review Criterion (1) Need***
 - Describe the purpose of the proposed project including the target populations and their needs regarding access to early childhood vision screening services.
- ***NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion (1) Need***

Use and cite demographic data whenever possible to support the information provided.

 - Describe the target populations and their unmet needs relative to access to early childhood vision screening services. Include socio-cultural

- determinants of health and health disparities impacting the population or communities to be served.
 - Describe the current state of vision screening activities in young children in the United States, particularly in underserved communities. Include information on promising practices related to the integration of vision screening and outcome data into state health surveillance and information systems. Discuss barriers at the state and community level that impede the implementation of a comprehensive approach to vision screening, follow-up and surveillance in young children.
 - Describe the various needs of underserved populations, and specific barriers that prevent them from obtaining vision screening and follow-up care. A focus of this award is to reach underserved populations who, by nature of their geographic location, socioeconomic status, race, ethnicity and/or language barriers, may not have access to early childhood vision screening and eye health services.
 - Describe the public health framework required to achieve increased vision screening in young children.
- *METHODOLOGY -- Corresponds to Section V's Review Criteria (2) Response and (4) Impact*
 - Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO.
 - Describe the tools and strategies for training, outreach, collaborations, clear communication and information sharing/dissemination with efforts to involve families, caregivers and communities.
 - Include a plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences.
 - Propose a plan for sustainability of the activities proposed under this NOFO beyond the federal funding period.

In addition to the items above, be sure to include how you will achieve the following activities:

- Synthesize best practice and evidence on screening and vision health in young children, and identify and disseminate educational materials, toolkits and other resources targeting diverse stakeholders, including parents, caregivers, early childhood educators, primary care providers, and state and local public health entities that improve vision screening in young children.
 - Compile best practices and evidence and make available on a publicly available website, maintained by the awardee.
 - Develop a plan to disseminate toolkits, educational materials, and other resources to key stakeholders, which may include hard copy distribution and through the publicly accessible website.
- Establish a multi-disciplinary project advisory committee, including members of underserved populations or communities and family representatives that will provide advice/input to the awardee on the

- implementation of evidence-based vision screening, follow-up, and surveillance guidelines in populations of children from birth to 5 years old.
- Within the first 6 months of the program, develop and implement a plan to engage a minimum of five state teams that will participate in a community of practice.
 - Facilitate a community of practice of, at a minimum, five state teams interested and/or engaged in implementing state plans to build on evidence-based and promising practices for increasing vision screening, follow-up and surveillance in young children.
 - Maintain a listserv and convene regular teleconferences and webinars for states and communities to support communication, knowledge exchange, peer-to-peer mentoring and sharing of best practices across state and community teams.
 - Promote a comprehensive approach to young children's vision screening and eye health by providing relevant education and training to state public health and Title V agencies, families of young children, pediatric clinicians, early care and education providers, insurers, policy makers.
 - Track and monitor available national data on vision screening of children age five and younger, including data from the National Survey of Children's Health as well as state and community-specific sources.
 - Identify and develop messages that will engage and inform families and caregivers of young children on the importance of vision screening and eye care. Efforts should focus particularly on populations who traditionally have lower screening rates such as rural, low-income, underserved populations. Examples of common vision problems to include in messaging campaigns are untreated refractive error, strabismus (misaligned eyes) and amblyopia (sometimes called "lazy eye").
 - Conduct outreach to families and caregivers of young children, particularly those who are traditionally medically underserved, about the importance of eye health and vision screening.
 - Build partnerships and collaborations among key stakeholders and partners, including families and caregivers from underserved populations or communities, to facilitate implementation of vision screening and eye health recommendations and increase access to screening services for young children.
- *WORK PLAN -- Corresponds to Section V's Review Criterion(a) (2) Response and (4) Impact*
- Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire project period in the Methodology section. Use a time line that includes each activity and identifies responsible staff, which should be included as **Attachment 1**.
 - Identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application.

Logic Model: Each applicant must submit a logic model, also included with **Attachment 1**.

Logic Model: 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 notice, 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 support resources. Base assumptions on research, best practices, and experience.);
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products or deliverables of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

See **Section VIII. Other Information** of this NOFO for more information on logic models.

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

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

- Developing trainings that support the unique needs of diverse states and communities.
- Engaging state teams in a community of practice.
- Supporting states to develop strategies that link young children in underserved communities with the appropriate follow-up eye care.
- Supporting states to build partnerships and collaborations among key stakeholders.
- Supporting states to implement sustainable early childhood vision screening protocols.
- Supporting states to develop coordinated systems of surveillance.
- Measuring the impact of program activities on expanding access to vision screening and eye health in populations of young children.
- Implementing the performance evaluation and collecting data from participating states.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria (3) Evaluative Measures and (5) Resources/Capabilities*
 - Describe 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 the plan for the program performance evaluation that establishes baseline measures in the first year of the program and monitors 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. The program objectives are:
 - By 2021, at least 75 percent of states participating in the community of practice have preschool age vision screening programs aligned with evidence based and expert informed guidelines.
 - By 2021, increase from baseline by 25 percent the number of families and caregivers participating as advisors and partners in state efforts to increase vision screening in young children. Of the 25 percent, a minimum of 10 percent should be from underserved or rural populations who traditionally have lower screening rates.
 - By 2021, increase from baseline by 10 percent the number of children 5 years and younger for whom report receipt of a vision screen in the National Survey of Children's Health in those states working with the awardee.
 - The program performance evaluation should also include the collection and monitoring of process measures that assess if the program is on target for meeting requirements and goals:
 - Evidence and best practices compiled and available on the awardee's website;
 - Toolkit developed;
 - Number of educational and training sessions implemented;
 - Number of states and communities assisted in the implementation of evidence based and expert informed guidelines;
 - Community of practice convened;
 - Number of individuals reached through web-based communications and webinars;
 - Number of resources accessed;
 - Number of participants at training sessions;
 - Number of community of practice participants;
 - Number of new or enhanced state-wide partnerships among key stakeholders in young children vision and eye health, and;
 - Number of states and communities applying evidence-based and best practices to implementing a comprehensive approach to young children's vision screening and eye health.

- **ORGANIZATIONAL INFORMATION** -- Corresponds to Section V's Review Criterion(a)(5) Resources/Capabilities
 - Succinctly describe your organization's current mission and structure, scope of current activities, including a chart of the organization, and describe how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations.
 - Describe the organization's current or past role in supporting the implementation of evidence-based strategies for improving vision screening, follow-up, and surveillance in populations of young children. Include a list of relevant publications.
 - Describe the organization's expertise in leading multi-state interventions to implement evidence-based and promising early childhood vision screening protocols.
 - Describe previous or current work on expanding access to children's eye health specifically in underserved populations.
 - Describe the organization's expertise working with a variety of stakeholders including families and caregivers, medical professionals, state public health departments and Title V entities to support the development and implementation of protocols addressing young children's eye health at the systems level.

NARRATIVE GUIDANCE	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response (4) Impact
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative (below)	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

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 the additional budget instructions provided below. A budget that follows the Application Guide will

ensure that, if the application is selected for funding, you will have a well-organized plan and by carefully following the approved plan can avoid audit issues during the implementation phase.

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

The Consolidated Appropriations Act, 2017, (P.L. 115-31), Division H, § 202, states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” 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 2018, as required by law.

iv. Budget Narrative

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

v. 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. If applicable, also include the required logic model in this attachment. If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly documented.

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

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization’s time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Biographical Sketches of Key Personnel

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

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

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

Attachment 5: Project Organizational Chart

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

Attachment 6: Tables, Charts, etc.

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

Attachment 7: Progress Report

(FOR COMPETING CONTINUATIONS-ONLY)

A well-documented progress report is a required and important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered; therefore, you are advised to include previously stated goals and objectives in your application and emphasize the progress made in attaining these goals and objectives. HRSA program staff reviews the progress report after the competing continuation applications are reviewed by the objective review committee. See Section V.2 Review and Selection Process for a full explanation of funding priorities and priority points. (5 points)

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

(1) The period covered (dates).

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

(3) Results - Describe the program activities conducted for each objective.

Include both positive and negative results or technical problems that may be important.

Attachments 8 – 15: Other Relevant Documents [15 attachments is the maximum]

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

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

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

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

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

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

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

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

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is March 26, 2018 at 11:59 p.m. Eastern Time.

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

5. Intergovernmental Review

The Vision Screening in Young Children Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's [SF-424 Application Guide](#) for additional information.

6. Funding Restrictions

You may request funding for a project period of up to 3 years, at no more than \$300,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

Shared Staffing: If you are proposing to utilize the same director or contractual staff across multiple grants/programs (e.g., Community Integrated Service Systems (CISS), Special Projects of Regional and National Significance (SPRANS), State Title V block grant, Healthy Start (HS)), you must assure that the combined funding for each position does not exceed 100 percent FTE. If such an irregularity is found, HRSA funding will be reduced accordingly.

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

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

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

The General Provisions in Division H of the Consolidated Appropriations Act, 2017 (P.L. 115-31) apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2018, as required by law.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative(s) applied to the award(s) under the program will be addition. Post-award requirements for program income can be found at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

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 and score the merit of the application. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. The Vision Screening in Young Children program has six review criteria:

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

The extent to which the application demonstrates the problem and associated contributing factors to the problem.

- Describes the purpose of the proposed project including the target populations, and their unmet needs relative to access to early childhood vision screening services. Includes a description of socio-cultural determinants of health and health disparities impacting the population or communities to be served. Describe the various needs of underserved populations, and specific barriers that prevent them from obtaining vision screening and follow-up care.
- Describes the current state of vision screening activities in young children in the United States, particularly in underserved communities. Includes information on promising practices related to the integration of vision screening and outcome data into state health surveillance and information systems. Includes information about the barriers at the state and community level that impede the implementation of a comprehensive approach to vision screening, follow-up and surveillance in young children. Describes the public health framework required to achieve increased vision screening in young children.

Criterion 2: RESPONSE (30 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 describes an effective approach to:

Sub-criterion: Methodology (25 points)

Partnerships (15 points)

- Establish a multi-disciplinary project advisory committee, including members of underserved populations or communities and family representatives that will provide input on the implementation of evidence-based vision screening, follow-up and surveillance guidelines in populations of children from birth to five years old.
- Within the first 6 months of the program, develop and implement a plan to engage a minimum of five state teams that will participate in a community of practice;
- Facilitate a community of practice of, at a minimum, five state teams interested and/or engaged in implementing state plans to build on evidence-based and promising practices for increasing vision screening, follow-up, and surveillance in young children.
- Promote a comprehensive approach to young children's vision screening and eye health by providing education and training to state public health and Title V agencies, families of young children, pediatric clinicians, early care and education providers, insurers, policy makers.
- Build partnerships and collaborations among key stakeholders and partners including parents and caregivers from underserved communities to facilitate implementation of vision screening and eye health recommendations and increase access to screening services for young children.

Data (3 points)

- Track and monitor available national data on vision screening of young children. This includes data from the National Survey of Children's Health as well as state or community-specific sources.

Outreach and Information Dissemination (7 points)

- Identify, synthesize and disseminate best practices and evidence on screening and vision health in young children. Develop a plan to disseminate toolkits and other resources on best practices and evidence to key stakeholders. Part of the dissemination strategy should include posting on your organization's publicly available website; and targeting diverse stakeholders including parents, caregivers, early childhood educators, primary care providers, state, and local public health entities that improve vision screening in young children.

- Conduct outreach to families and caregivers of young children, particularly those who traditionally are medically underserved, about the importance of vision screening and eye care. Identify and develop messages that will engage and inform these families and caregivers. Efforts should focus particularly on populations with lower screening rates such as rural, low-income, underserved populations. Examples of common vision problems to include in messaging campaigns are untreated refractive error, strabismus (misaligned eyes) and amblyopia (sometimes called “lazy eye”).

Sub-criteria: Resolution of challenges and Work plan (5 points)

- Resolve challenges that are likely to be encountered in designing and implementing the activities described in the work plan. Specifically address the following:
 - Developing trainings that support the unique needs of diverse states and communities.
 - Engaging state teams in a community of practice.
 - Supporting states to develop strategies that link young children in underserved communities with the appropriate follow-up eye care.
 - Supporting states to build partnerships and collaborations among key stakeholders.
 - Supporting states to implement sustainable early childhood vision screening protocols.
 - Supporting states to develop coordinated systems of surveillance.
 - Measuring the impact of program activities on expanding access to vision screening and eye health in populations of young children.
 - Implementing the performance evaluation and collecting data from participating states.

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

The extent to which the applicant:

- Describes the plan, including methods, for the Vision Screening in Young Children performance evaluation that monitors 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.
- Describes the strategy to collect, analyze and track data to measure process and impact/outcomes, and explain how the data will be used to inform the trainings, technical assistance and other supports provided to state teams.

Criterion 4: IMPACT (20 points) – Corresponds to Section IV's Work Plan and Methodology

The extent to which the proposed project:

Sub-criterion: Work Plan (5 points)

- Includes a work plan and logic model that are likely to achieve the stated goals of the program within each budget period.

Sub-criterion: Methodology (15 points)

- Expands access to evidence-informed vision screening, follow-up, and surveillance for traditionally underserved communities and populations of young children with unmet eye health needs.
- Describes the impact that including families and caregivers into the project advisory committee and state teams will have on increasing access to eye-health services for young children.
- Strengthens statewide partnerships and collaboration among key stakeholders, including families from underserved communities, Title V agencies, pediatric clinicians, early childhood and education programs.
- Describes the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable and sustainable beyond federal funding.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information

The extent to which the project:

Sub-criterion: Organizational Information (20 points)

- Describes the organization's current mission and structure, scope of current activities, including an organizational chart, and describes how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations. Describes current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of similar nature; describes the organization's capacity to develop high quality trainings, customized technical assistance, and shared learning opportunities.
- Describes the organization's current and past role in supporting the implementation of evidence-based strategies for improving vision screening, follow-up, and surveillance in populations of young children in underserved communities.
- Describes the organization's expertise in leading multi-state interventions to implement evidence-based and promising vision screening protocols.
- Describes the organization's expertise working with a variety of stakeholders including families and caregivers, medical professionals, state public health departments and Title V entities to support the development and implementation of protocols addressing young children's eye health at the systems level.

Sub criterion: Evaluation and Technical Support Capacity (5 points)

- Describe the plan for the program performance evaluation that establishes baseline measures in the first year of the program and monitors ongoing processes and the progress towards the goals and objectives of the project. Includes 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; describes 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.

Criterion 6: SUPPORT REQUESTED (5 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 research activities, and the anticipated results.

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work; the extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

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

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

Funding Priorities

The Vision Screening in Young Children Program has one (1) funding priority. A funding priority is defined as the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. An adjustment is made by a set, pre-determined number of points. The funding factor will be determined by HRSA staff. Prior to final funding decisions, HRSA will assess all applications within the fundable range for eligibility to receive priority points. You do not need to request a funding priority. To minimize potential grant activity disruptions and maximize the effective use of federal dollars, HRSA will award priority points to competing continuation applicants according to the criteria below.

Program Compliance (5 points):

HRSA will award a funding priority if you are a competing continuation applicant and if you have successfully achieved the previous grant goals and objectives based on progress reports submitted during the project period and a detailed accomplishment summary (submitted with this application) describing how the objectives were implemented and achieved.

3. Assessment of Risk and Other Pre-Award Activities

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

Applications receiving a favorable objective review are reviewed for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. You may be asked to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that an award will be made. Following review of all applicable information, HRSA's 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 your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

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

4. Anticipated Announcement and Award Dates

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

VI. Award Administration Information

1. Award Notices

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

2. Administrative and National Policy Requirements

See Section 2.2 of HRSA's [SF-424 Application Guide](#).

3. Reporting

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

The updated and final reporting package incorporating all OMB-accepted changes can be reviewed at (OMB Number: 0915-0298 Expiration Date: 06/30/2019):

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

Award recipients must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Progress Report(s).** The recipient must submit a progress report to HRSA on an **annual** basis, which should address progress against program outcomes, including any expected outcomes in the first year of the program. Further information will be provided in the award notice.
- 2) **Final Report Narrative.** The recipient must submit a final report narrative to HRSA after the conclusion of the project.
- 3) **Performance Reports.** HRSA has modified its reporting requirements for Special Projects of Regional and National Significance projects, Community Integrated Service Systems projects, and other grant/cooperative agreement programs to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). GPRA requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act.

a) Performance Measures and Program Data

To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program can be found at https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H7M_3.HTML.

Forms			
Form 1, Project Budget Details Form 2, Project Funding Profile Form 4, Project Budget and Expenditures Form 6, Maternal & Child Health Discretionary Grant TA/Collaboration Form Products, Publications and Submissions Data Collection Form			
Updated DGIS Performance Measures, Numbering by Domain <i>(All Performance Measures are revised from the previous OMB package)</i>			
Performance Measure	New/Revised Measure	Prior PM Number (if applicable)	Topic
Core			
Core 1	New	N/A	Grant Impact
Core 2	New	N/A	Quality Improvement
Core 3	New	N/A	Health Equity – MCH Outcomes
Capacity Building			
CB 1	New	N/A	State Capacity for Advancing the Health of MCH Populations
CB 2	New	N/A	Technical Assistance
CB 3	New	N/A	Impact Measurement
CB 4	Revised	5	Sustainability
CB 5	Revised	3, 4	Scientific Publications
CB 6	New	N/A	Products
Children and Youth with Special Health Care Needs			
CSHCN 1	Revised	7	Family Engagement

b) Performance Reporting Timeline

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

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

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

VII. Agency Contacts

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

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

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

Julia Kibunja
Project Officer, Division of Services for Children with Special Health Needs
Attn: Vision Screening in Young Children
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18W 09C
Rockville, MD 20857
Telephone: (301) 443-1330
Fax: (301) 594-0878
Email: jkibunja@hrsa.gov

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

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

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

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

VIII. Other Information

Logic Models

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

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

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

Technical Assistance

HRSA has scheduled the following technical assistance webinar:

Day and Date: Wednesday, January 31, 2018

Time: 3:00 p.m. – 4:00 p.m. ET

Call-In Number: 1-866-658-7216

Participant Code: 65335555

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

To access the archived webinar recording, please visit the HRSA MCHB Funding Opportunities Webpage: <https://mchb.hrsa.gov/fundingopportunities/Default.aspx>

IX. Tips for Writing a Strong Application

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