

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA

Health Resources & Services Administration

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

***Leadership Education in Neurodevelopmental and Other Related Disabilities
(LEND)***

Funding Opportunity Number: HRSA-21-041
Funding Opportunity Type(s): Competing Continuation, New
Assistance Listings (CFDA) Number: 93.877

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: February 16, 2021

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

Issuance Date: November 16, 2020

MODIFIED on December 8, 2020: See Executive Summary page for details.

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Authority: 42 U.S.C. § 280i-1 (Title III, § 399BB of the Public Health Service Act)

NOFO Modifications from Original Publication

1. Page 11 – [Table 1: Long-Term Trainee Criteria](#)
 - Added Psychology as a discipline in the top left quadrant with the other specific disciplines.
2. Page 28 – [Faculty Discipline Chart](#)
 - Removed the word “core” from the sentence preceding the chart.
 - Added Disability Studies and Adult Dentistry as disciplines.
 - Next to Self-Advocacy, added “(required by year 3).”

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Leadership Education in Neurodevelopmental and Other Related Disabilities (LEND) Training Program. The purpose of the LEND program is to improve the health of individuals who have, or are at risk for developing, autism spectrum disorder and other developmental disabilities by providing graduate-level training in maternal and child health interdisciplinary leadership education in neurodevelopmental and related disabilities programs. LEND trainees should:

- (i) receive an appropriate balance of academic, clinical, and community opportunities;
- (ii) be culturally competent;
- (iii) be ethnically diverse;
- (iv) demonstrate a capacity to evaluate, diagnose or rule out, develop, and provide evidence-based interventions to individuals with autism spectrum disorder and other developmental disabilities across their lifespan; and
- (v) demonstrate an ability to use a family-centered approach.

You may apply for the LEND Program alone (base award) or for the LEND Program with the possibility of a single 1-year, one-time supplement over the course of the period of performance for this award. Such supplemental funds, awarded at HRSA’s discretion and based on availability of funds and successful performance of the recipient, will enhance LEND training programs’ ability to focus on emerging issues and innovative practices to improve the lives of individuals with ASD/DD ([See Attachment 6: Optional LEND Supplement](#)).

The FY 2021 President’s Budget does not request funding for this program. This notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. You should note that this program may be cancelled prior to award.

Funding Opportunity Title:	Leadership Education in Neurodevelopmental and Other Related Disabilities (LEND)
Funding Opportunity Number:	HRSA-21-041
Due Date for Applications:	February 16, 2021
Anticipated Total Annual Available FY 2021 Funding:	LEND Training Program: \$35,245,000 LEND Supplement (optional): up to \$550,000 may be available each year
Estimated Number and Type of Award(s):	LEND Training Program: Up to 55 grants LEND Supplement (optional): up to 11 supplements per year, pending availability of funds
Estimated Award Amount:	LEND Training Program: Up to \$738,000 per year based on listed criteria subject to the availability of appropriated funds. For more information, see Table 2: Allowable Funding Levels . LEND Supplement (optional): one-time supplement per LEND program, up to \$50,000, dependent on the availability of funds each year. May be awarded in any of the 5 budget years for a funding period of 1 year.
Cost Sharing/Match Required:	No
Period of Performance:	LEND Training Program: July 1, 2021 through June 30, 2026 (5 years) LEND Supplement (optional): 1-year, one-time supplement within the July 1, 2021 through June 30, 2026 period of performance
Eligible Applicants:	Domestic public or nonprofit agencies, including institutions of higher education. See Title III, § 399BB(e)(1)(A) of the Public Health Service Act. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply.

	See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.
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Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf>, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Friday, December 11, 2020

Time: 1–3 p.m. EST

2-hour TA webinar agenda:

- 1–2 p.m. EST: General NOFO overview
- 2–3 p.m. EST: Attachment 6 **Optional** LEND Supplement and Attachment 7: Funding Tier Calculation Instructions

Call-In Number: 1-888-913-9966

Participant Code: 6137293

Weblink: <https://hrsa.connectsolutions.com/hrsa-21-041-ta/>

HRSA will record the webinar and make it available at:

<https://mchb.hrsa.gov/fundingopportunities/default.aspx>.

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I. Program Funding Opportunity Description

1. Purpose

This notice solicits applications for the Leadership Education in Neurodevelopmental and Other Related Disabilities (LEND) training program, and the option of a single, 1-year LEND supplement when funds are available, to expand or develop programs able to diagnose or rule out individuals with autism spectrum disorder (ASD) or other developmental disabilities (DD) across their lifespan.

The purpose of the LEND program is to improve the health of individuals who have, or are at risk for developing, ASD/DD by providing graduate-level training in maternal and child health interdisciplinary leadership education in neurodevelopmental and related disabilities programs. LEND trainees should:

- (i) receive an appropriate balance of academic, clinical, and community opportunities;
- (ii) be culturally competent;
- (iii) be ethnically diverse;
- (iv) demonstrate a capacity to evaluate, diagnose or rule out, develop, and provide evidence-based interventions to individuals with ASD/DD across their lifespan; and
- (v) demonstrate an ability to use a family-centered approach.

LEND provides interdisciplinary opportunities for trainees to access content and experiences beyond the scope of their respective academic disciplines. The goal of the program is to increase the capacity of the workforce trained to meet the complex needs of individuals with ASD/DD by enhancing the expertise and leadership skills of practicing professionals, families, and self-advocates dedicated to working with and improving the system of care for individuals with ASD/DD.

LEND programs meet these goals through a range of activities. Specific objectives are to:

- 1) Train graduate and post-graduate students, family members, people with disabilities, and community professionals.
- 2) Deliver training that includes a balance of academic, clinical, leadership, and community-based learning opportunities framed in an interdisciplinary, and person-/family-centered manner.
- 3) Engage trainees at varying levels of intensity through long-, medium-, and short-term training opportunities.
- 4) Engage diverse cohorts of trainees and faculty, including those from underrepresented racial and ethnic groups, geographic regions, and other factors reflecting the broader population.
- 5) Increase the number of interdisciplinary diagnostic evaluations provided by LEND faculty and trainees.
- 6) Provide continuing education opportunities for practicing professionals.

- 7) Provide technical assistance to local, state, and national programs and agencies to improve the system of care for people with disabilities.

The purpose of the optional LEND Supplement is to enhance LEND training program capacity to respond to emerging needs and support innovative training practices.

2. Background

This program is authorized by 42 U.S.C. § 280i-1 (Title III, § 399BB of the Public Health Service Act, as amended by the Autism Collaboration, Accountability, Research, Education, and Support (CARES) Act of 2019 (Pub. L. 116-60)). In carrying out these provisions, HRSA supports training programs, research, and state systems grants to:

- Improve access to early screening, diagnosis and intervention for children with ASD or other DDs;
- Increase the number of professionals able to diagnose ASD and other DDs;
- Promote the use of evidence-based interventions for individuals at higher risk for ASD and other DDs as early as possible;
- Increase the number of professionals able to provide evidence-based interventions for individuals diagnosed with ASD or other DDs;
- Provide information and education on ASD and other DDs to increase public awareness;
- Promote research and information distribution on the development and validation of reliable screening tools and interventions for ASD and other DDs; and
- Promote early screening of individuals at higher risk for ASD and other DDs.

The Autism CARES Act of 2019 emphasizes improving health outcomes and the well-being of individuals with ASD/DD across the lifespan.

A comprehensive picture of ASD among children in the United States is best understood by examining two key estimates of ASD prevalence.¹ According to the Centers for Disease Control and Prevention, approximately 1 in 54 children have ASD based on an in-depth examination of 11 local areas,² while parent-reported data from the 2016 National Survey of Children's Health documented that 1 in 40 children aged 3–17 years have a diagnosis of ASD.³ Furthermore, even though children can be diagnosed as early as age 2, on average, children identified with ASD were not diagnosed until after age 4.⁴ Although 2016 Autism and Developmental Disabilities Monitoring Network (ADDM) data suggest no overall difference in ASD prevalence between 8-year-old Black and White children, there were disparities for Black children in early evaluation and diagnosis of ASD. Hispanic children were identified as having ASD less frequently than White or Black children.⁵

¹ Kogan, et al. (2018) The Prevalence of Parent-Reported Autism Spectrum Disorder Among US Children. *Pediatrics* 142(6).

² Autism and Developmental Disabilities Monitoring Network (2016 data) (<http://www.cdc.gov/ncbddd/autism/data.html>)

³ Kogan, et al. (2018) The Prevalence of Parent-Reported Autism Spectrum Disorder Among US Children. *Pediatrics* 142(6).

⁴ National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention. (2019) Spotlight On: Delay Between First Concern to Accessing Services <https://www.cdc.gov/ncbddd/autism/addm-community-report/delay-to-accessing-services.html>

⁵ Maenner et al. (2020) Prevalence of Autism Spectrum Disorder Among Children Aged 8 Years — Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2016. *MMWR Surveillance Summary*, 69(4).

The LEND Program focuses on the need for more providers to care for children with, or at risk for, ASD/DD. It is well established that a lack of trained providers limits access to care for children/youth with complex disabilities like ASD and their families. Access to adequate health care is a significant problem for children with special health care needs, and is even more pronounced for those with ASD. Many needs remain unmet for these children and families, particularly pertaining to adequate service provision for their complex needs.⁶ Since racial and ethnic disparities exist in the early evaluation and diagnosis of ASD, it can be inferred that additional professional training is needed in the field to mitigate these differences, particularly in underserved populations.

The impact of these disparities on health outcomes may be compounded by other social determinants of health (SDOH) across the lifespan. SDOH are conditions in which people are born, grow, live, work, and age. SDOH include factors like socioeconomic status, education, neighborhood and physical environment, community violence, employment, and social support networks, as well as access to health care. Addressing SDOH, which affect a wide range of health, functioning, and quality-of-life outcomes and risks, is in line with HRSA's objective to improve the health and well-being of individuals and the communities in which they reside.

Both the public health and health care systems lack sufficient numbers of providers trained in systems of care and exposed to interprofessional education and interdisciplinary practices to meet the needs of children with ASD who often have multiple co-occurring conditions. Adults with ASD are also vulnerable to health care disparities because services and medical treatments for individuals with ASD are largely child-focused. As such, a significant barrier to care for adults with ASD is a lack of training for medical providers in treating adults with ASD.⁷ LEND programs can reduce these health disparities by supporting providers from diverse disciplines that may provide care to individuals with ASD/DD across the lifespan.

Since its inception in 1967, the LEND program has trained tens of thousands of health professionals from a wide variety of disciplines to provide the best possible services and supports for children with developmental disabilities and their families. The Division of MCH Workforce Development at the Maternal and Child Health Bureau at HRSA supports the training of a pipeline of well-trained health professionals and leaders equipped to address the special health needs of MCH populations.⁸

LEND programs train providers to screen for ASD/DD using the most widely accepted tools in the field. Developmental screening is a priority at the national and state levels and has increased over time. According to 2016 data from the National Survey of Children's Health, the proportion of children who received a developmental screening varied substantially by income, and uninsured children were less likely than those with either public or private insurance to receive a screening.⁹ LEND programs collaborate with early screening and early intervention programs in the state to reach as many

⁶ Cheak-Zamora and Farmer (2015) The Impact of the Medical Home on Access to Care for Children with Autism Spectrum Disorders. *Journal of Autism and Developmental Disorders*, 45(3).

⁷ Gerber et al. (2017) Brief Report: Factors Influencing Healthcare Satisfaction in Adults with Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders*, 47(6).

⁸ Kavanagh et al. (2015) The MCH training program: developing MCH leaders that are equipped for the changing health care landscape. *Maternal and Child Health Journal*, 19(2).

⁹ Hirai et al. (2018) Prevalence and Variation of Developmental Screening and Surveillance in Early Childhood. *JAMA Pediatrics*, 172(9).

children as possible. Developmental screening is also one of the 15 National Performance Measures for State Title V programs, which may increase the focus on screening at the state level.

In fiscal year (FY) 2018, the [52 LEND programs](#) collectively trained 1,495 long-term trainees (300+ hours of training); 5,436 medium-term trainees (40–299 hours of training); and 13,323 short-term trainees (less than 40 hours of training). Eighty-two percent of the 658 LEND program graduates who completed a survey 5 years following program completion indicated that they are engaged in work related to MCH populations. Further, 90 percent of respondents indicated that they participate in leadership activities in academic, clinical, public health practice, and/or public policy and advocacy activities after completing the training program. In FY 2018, LEND training programs reported collaborating with State Title V (MCH) agencies or other MCH-related programs to provide 3,113 technical assistance activities to almost 101,856 recipients.¹⁰

The LEND programs have made a unique contribution to the field by providing comprehensive, interdisciplinary leadership training to providers and students who screen, diagnose, and treat those with ASD/DD. In FY 2016–2018, the LEND programs provided interdisciplinary diagnostic services to 316,518 children to confirm or rule out ASD/DD.¹¹ LEND programs train a wide range of disciplines including, but not limited to, psychology, speech-language pathology, audiology, physical therapy, as well as family members and individuals with disabilities. In FY 2018, 93 percent of former long-term trainees were working in an interdisciplinary manner 5 years after training (n=718) and 97 percent 10 years after training (n=330).¹⁰ LEND programs also promote innovative practice models that enhance cultural/linguistic responsiveness, partnerships among disciplines, and person-/family-centered approaches to care.

This training opportunity empowers both clinical providers and non-clinicians to further develop and impact the state and national systems of care, and to become leaders in the field. LEND programs have a long history of including family faculty and trainees in order to enhance family participation at all levels of program design, implementation, and evaluation. The intent is to fully integrate within maternal and child health leadership training programs the family voice, promote family centeredness, and offer development opportunities to family leaders in the field.¹² LEND programs have increasingly included self-advocates as trainees, providing these trainees the opportunity to build on their own lived experiences to develop advocacy, leadership, and other relevant skills.¹³ One study found that other trainees in the program state that the inclusion of self-advocate trainees strengthened their own leadership skills.¹⁴

¹⁰ Discretionary Grant Information System (DGIS). (2018)

¹¹ National Information and Reporting System (NIRS), 2016–2018 (not publically available)

¹² Goldfarb et al. (2019) *Fabric not Fringe: Weaving Family Involvement throughout Training and Practice for Professionals and Advocates Working with Individuals with Disabilities and Special Health Care Needs*. Association of University Centers on Disability. https://www.aucd.org/docs/publications/2019_family_fabric.pdf

¹³ Kaufman and Baer. (2015). *The Purposeful Inclusion and Support of People with Disabilities in LEND Training Challenges, Strategies, and Guidance*. Association of University Centers on Disability.

https://www.aucd.org/docs/publications/purposeful_inclusion_support_pwd_in_lend_2015.pdf

¹⁴ Rosenberg et al. (2018) Reflections on the contributions of self-advocates to an interdisciplinary leadership development program for graduate students in health affairs. *Disability and Health Journal*, 11.

MCHB places emphasis on improving service delivery to women, children, adolescents, and families from communities with limited access to comprehensive care including those from underserved populations and rural areas. This same emphasis applies to improving service delivery to children with special health care needs, including those with ASD/DD. LEND recipients are strongly encouraged to work collaboratively with State Title V agencies and other MCH training programs to maximize access to MCH services, with emphasis on ASD/DD.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought:

LEND Training Program: Competing Continuation, New
LEND Supplement: Optional Supplement

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately \$35,245,000 to be available annually to fund up to 55 LEND training program recipients. The actual amount available will not be determined until enactment of the final FY 2021 federal appropriation. You may apply for a ceiling amount according to [Table 2: Allowable Funding Levels](#). The total cost amount includes both direct and indirect, facilities and administrative costs per year. The FY 2021 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. The period of performance is July 1, 2021 through June 30, 2026 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for LEND 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](#).

Indirect costs under training awards to organizations other than state, local, or Indian tribal governments will be budgeted and reimbursed at a rate of 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, and subawards and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

In addition, up to \$550,000 per year may be available annually to fund up to 11 LEND optional supplements for emerging issues and innovative training enhancements, described in [Attachment 6](#). In this application, you may apply for a ceiling amount of up

to \$50,000 total cost (includes both direct and indirect, facilities and administrative costs) to be awarded through this supplement opportunity. Each grantee may be awarded a one-time, 1-year supplement during 1 of the 5 budget years. The actual amount available will not be determined until enactment of the final FY 2021 federal appropriation and appropriations going forward until 2026.

<u>Base funding opportunity under this NOFO</u>			
<u>Type of Award</u>	<u>Estimated # of Awards</u>	<u>Estimated \$ of Award/Year</u>	<u>Total Program Funds/Year</u>
LEND Training Program	up to 55	\$464,000 – \$738,000	approx. \$35,245,000
<ul style="list-style-type: none"> • New LEND programs will be funded at a maximum of \$464,000 per year. New programs are defined as applicants who are not currently the recipients of record for a LEND award. • The funding level tier selected applies to all 5 years of the grant. • See Table 2: Allowable Funding Levels for funding levels and criteria. 			

<u>Optional supplemental funding opportunity under this NOFO</u>			
<u>Type of Award</u>	<u>Estimated # of Awards</u>	<u>Estimated \$ of Award</u>	<u>Total Program Funds/Year</u>
Optional LEND Supplement	Up to 11 per year	Each grantee may receive a one-time award of up to \$50,000 once in any of the 5 budget periods	Up to \$550,000 per year pending availability of funds

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic public or non-profit agencies, including institutions of higher education. See Title III, § 399BB(e)(1)(A) of the Public Health Service Act. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

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.

A student/trainee/fellow receiving support from grant funds must be a citizen of the United States or a foreign national having in his/her possession a visa permitting permanent residence in the United States, or a non-citizen national.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](#) using the SF-424 Research and Related (R&R) workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for each NOFO you are reviewing or preparing in the workspace application package in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Section 4 of HRSA’s [SF-424 R&R 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 *R&R 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 R&R Application Guide](#) except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the [SF-424 R&R Application Guide](#) for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files may not exceed the number of pages listed in the table below when printed by HRSA.

LEND Base Award	80 pages
LEND Supplement (optional as <i>Attachment 6</i>)	4 pages

The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's [SF-424 R&R Application Guide](#) and this NOFO. Standard OMB-approved forms that are included in the workspace application package **do not** count in the page limit. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-041, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **Therefore, it is important 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 for funding.

The optional LEND Supplement may be up to 4 pages in length and does not count against the 80 page limit of the LEND training program application. The page limit for the supplement includes the project narrative, budget narrative, and any other descriptive information. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are 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 you are unable to attest to the statements in this certification, an explanation shall be included in *Attachments 8–15: Other Relevant Documents*.

See Section 4.1 viii of HRSA's [SF-424 R&R 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 R&R Application Guide](#) (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

i. **Project Abstract**

See Section 4.1.ix of HRSA's [SF-424 R&R 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, consistent with forms and attachments, 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](#)

This section will relate the project objectives to the purpose of the grant program described in [Section I.1. Purpose](#) of this NOFO. State here whether you are also applying for the LEND Supplement.

In your application:

- Briefly describe the training program, and state concisely the importance of the project.
- Describe the relationship between the proposed project and [Section I.1 Purpose](#) section of this NOFO.

- **NEEDS ASSESSMENT** -- Corresponds to Section V's Review Criterion [1: Need](#)

The program should be developed upon an understanding of the national, regional, state, and local demand for the training.

In your application:

- Identify the gaps which the project intends to fill.
- Describe the unmet needs of the community and the target population.
- Describe social determinants of health and health disparities for individuals with ASD/DD. Include and cite data to support the information provided.
- Discuss relevant barriers in the service area that the project aims to overcome.
- Provide an overview of the community and organizational needs that the proposed project will address.
- Document needs related to services and systems of care for individuals with ASD/DD.
- Describe how your program will fulfill a need in your geographic area in terms of training needed among health professionals to screen, diagnose, or serve children with ASD/DD to address gaps in the system of care.

- *METHODOLOGY* -- Corresponds to Section V's Review Criteria [2: Response, 5. Impact](#)

This section describes the proposed program's methodology across a number of areas.

Goals and Objectives

The proposed program goals and objectives should be responsive to the Autism CARES Act of 2019 and the needs described in the needs assessment. They should aim to reduce barriers to screening, diagnosis, and interventions by training professionals to use appropriate tools and practices.

In your application:

- State the overall goal(s) and objectives of the project. The objectives should be specific, measurable, attainable, relevant, and time-based (SMART) for each project year.

1) LEND Trainees

- Long-term trainees

Long-term trainees (LTT) complete 300+ hours of LEND didactic and experiential training. LEND training is in addition to a trainee's graduate or post-graduate discipline-related training, including clinical and leadership requirements. LEND training provides additional disability perspectives to each trainee beyond what they would receive in their discipline's training program.

LEND trainees demonstrate interest in a career serving individuals with disabilities. This should include a commitment to leadership and improving the system of care for people with ASD/DD by acquiring knowledge and skills to evaluate and diagnose or rule out ASD/DD; interest in developing and providing evidence-based interventions; and a commitment to providing interdisciplinary, person-/family-centered, and culturally responsive care.

Recruitment and retention of qualified trainees representing diverse backgrounds is a priority for DMCHWD. Training programs develop innovative means of creating a pathway for future students from diverse groups at the high school, community college, and undergraduate levels. LEND Performance Measure, Training 06 requires annual reporting on the number and percentage of LTTs from underrepresented racial and ethnic groups (see [Reporting](#)).

Program Expectations

LEND programs should bring together faculty and LTTs from multiple disciplines for the interdisciplinary process to be effectively demonstrated, developed, and practiced. Programs should provide ample opportunities for trainees to collaborate

with one another in an interdisciplinary manner, even when training is delivered remotely.

Trainee cohorts should include diverse disciplines with a similar make-up of the disciplines represented by the core faculty (see [Faculty Disciplines](#)). The programs should strive to have a balance of trainees representing clinical and non-clinical disciplines. No single trainee discipline should make up more than 25 percent of a LEND cohort. Each cohort should have the minimum number of trainee and faculty disciplines represented as described in [Table 2: Allowable Funding Levels](#).

Annually, each LTT cohort should include at least one family member trainee. See description in [Table 1: Long-Term Trainee Criteria](#).

By year 3 of the project, each LTT cohort must also include a person with a disability as a self-advocate trainee. Self-advocates participating in LEND will build upon the skills and knowledge acquired through their lived experience with disability to develop and enhance their leadership expertise and share a disability perspective with other trainees.

Table 1 depicts the educational level generally supportable for trainees/fellows by discipline as well as a description and recruitment criteria for other LTTs.

Table 1: Long-term Trainee Criteria

Trainee Disciplines	Qualifications by discipline
Applied behavioral analysis Audiology Disability studies Human genetics/genetic counseling Health administration Nursing Nutrition Occupational therapy Physical therapy Psychology Public health Social work Special education/education Speech-language pathology School psychology/school counseling	Trainees from these professional disciplines are master’s or doctoral candidates, or post-master’s and post-doctoral fellows. Trainees may also be practicing professionals from the community with graduate degrees or commensurate work or leadership experience. While the emphasis of the program is generally providers serving children and adolescents, programs may recruit LTTs who intend to provide services to adults with ASD/DD when they enter the workforce.
Medicine, pediatric providers	Medical students and those preparing for relevant pediatric medical specialties and subspecialties, including developmental-behavioral pediatrics, neurodevelopmental disabilities, medicine-pediatrics, child and adolescent psychiatry, pediatric neurology, and/or

Trainee Disciplines	Qualifications by discipline
	medical genetics. Practicing providers also may participate as trainees.
Medicine, adult providers	Medical students and those preparing for relevant medical specialties and subspecialties that will serve transition-aged youth and/or adults with ASD/DD throughout the lifespan. Practicing providers also may participate as trainees.
Pediatric or adult dentistry	Dental students and those preparing for dental specialties and subspecialties with interest in caring for individuals with ASD/DD.
Family members <i>Required, a minimum of one family LTT each year.</i>	Parents and siblings of those with neurodevelopmental disabilities, including ASD, with demonstrated interest in developing leadership skills and sharing family perspectives with the trainee cohort. No educational minimum is required for participation as a LEND trainee, nor is current enrollment in an academic program.
Self-advocates/individuals with disabilities (including those with intellectual disabilities) <i>Required, a minimum of one self-advocate LTT each year, beginning at least in year 3.</i>	Demonstrated readiness to develop leadership skills and share disability perspectives with the trainee cohort. No educational minimum is required for participation as a LEND trainee, nor is current enrollment in an academic program.

Other trainee disciplines may be considered with consultation with the assigned MCHB project officer (PO), after award. To obtain approval, the program must demonstrate that the trainee intends to work with disability populations in the future, and that the program has an appropriate faculty mentor and learning opportunities for the trainee.

While MCHB recognizes that specialties/subspecialties of medicine are distinct, any specialties that are listed under “medicine, pediatric providers” will count as a single discipline towards meeting the interdisciplinary requirements listed in [Table 2: Allowable Funding Levels](#). The same applies to “medicine, adult providers.” This will ensure that training cohorts include a wide array of clinical and non-clinical trainees.

Current undergraduate students cannot be considered long-term LEND trainees unless they are filling a family or self-advocate discipline position, and the exception has been approved by the MCHB project officer.

Trainee support varies by discipline in accordance with standards of the profession, availability of other support, nature of training required to meet program goals, and other factors. [Appendix A: Applicable Standards for Using Grant Funds to Support LEND Trainees/Fellows](#) defines trainees and fellows and provides guidelines for trainee/fellow support.

LEND LTTs generally are expected to complete their training within a 12-month period. However, trainees may complete a second year of long-term LEND training if the following criteria apply:

1. If a trainee is unable to complete the long-term LEND training (300+ hours) in a 12-month period, it is allowable to spread out the requirements over 2 years. In these circumstances, a clear-cut completion plan from the training program is required, while also meeting the flexibilities needed by these trainees to complete the program. The curriculum and level of engagement should be determined when the trainee is recruited and commits to the program.
 - In general, this exception to use a second year applies to family member and self-advocate trainees. However, if trainees in other disciplines need similar accommodations, approval from the MCHB PO is required, after award.
 - In such scenarios, the trainee may only count once toward the minimum number of LTTs required in [Table 2: Allowable Funding Levels](#).
 - Family and self-advocate trainees completing long-term LEND training over 2 years may only count toward the family and self-advocate trainee requirement for 1 year.
 - In this scenario, the trainee may receive a total of one LEND stipend over the 2-year LEND training experience from these grant funds. The stipend can be prorated and disbursed at the discretion of the program leadership, and in accordance with institution policies. For maximum stipends, see [Appendix A: Applicable Standards for Using Grant Funds to Support LEND Trainees/Fellows](#).
 - In performance reports, these trainees may be counted as MTTs in 1 year and LTTs in the other, at the discretion of the recipient, to ensure they receive follow-up surveys after completion of the LEND program.
2. At the program's discretion, certain trainees may opt to complete an additional year of 300+ hour LEND training to enhance their leadership, clinical, teaching, or other skills. They must complete a different LEND curriculum (including new clinical and community placements or leadership and teaching opportunities), than what was completed during their first year as a LTT.

- In this additional year, these trainees may be counted as LTTs, but cannot be used to meet the minimum LTT numbers for recipient's awarded funding level stated in [Table 2: Allowable Funding Levels](#).
- In performance reports, these LTTs are counted as LTTs each year but should only receive follow-up surveys in years 2, 5, and 10 after completion of the LEND program.

Former LTTs must be tracked and surveyed for 10 years post-graduation to track the leadership trajectories of trainees and to quantify the impact of LEND programs. This data will be reported on LEND Performance Measures, Training 10, 11, and 12, see [Reporting](#). Innovative ways to maintain contact with former trainees are encouraged in order to ensure long-term tracking and reduce loss to follow-up.

- Medium- and short-term trainees

Medium- and short-term trainees are defined as those engaged in didactic or practical experiences through LEND, as part of a formal course of study. This could include a residency program, rotation, internship, practicum, fellowship, or an advancement in academic credentials through a course of study. These trainees generally do not include practicing professionals engaging in continuing education.

Medium-term trainees fall into two tiers: those who complete 40–149 hours, and those who complete 150–299 hours of training (known as advanced medium-term). Stipends for advanced medium-term trainees are at the discretion of the recipient. Short-term trainees complete 1–39 hours of training per year.

Program Expectations

LEND programs are required to implement medium- and/or short-term training to expand the future workforce of clinicians and/or community providers prepared to serve individuals with ASD/DD. LEND programs can choose to train both medium-term and short-term trainees, or one or the other. Only long-term and advanced medium-term trainees may receive stipends from the grant funds.

For LEND Trainees section, in your application:

- Include criteria for and a description of methods of long-term trainee recruitment and selection.
- Include a description of which disciplines will be included and how they will contribute to your interdisciplinary trainee cohort.
- Describe the program's strategies for recruiting and retaining trainees from diverse backgrounds and for evaluating the success of the efforts.
- Describe plans to include trainees/faculty in other states or territories to increase the regional or national reach of LEND training network, if applicable.
- Demonstrate a strategy for including and supporting self-advocate trainees in each LTT cohort starting in or before year 3.

- Include a plan for tracking and reporting on the longitudinal follow-up data about graduates' employment, research, leadership, advocacy efforts, programs initiated, publications submitted, etc.
- Describe how medium- and/or short-term trainees will be recruited and engaged in the program and in the didactic, clinical, and field experiences available to LTTs.
- Describe the training opportunities, experiential and didactics, of any planned cohorts of medium- and/or short-term trainees, if applicable.
- Describe how MTT and STT opportunities are structured, if your program offers individualized experiences using the LTT program as a menu of options.

2) Curriculum and Training Content

A strong LEND curriculum for LTTs will incorporate interdisciplinary clinical, leadership, and didactic content to meet the broad range of trainee needs, and prepare trainees to address the full range of neurodevelopmental disabilities, with a focus on ASD/DD. Additionally, the training will prepare trainees for future leadership roles.

Program Expectations

Provide a comprehensive syllabus, including descriptions of courses, workshops, seminars, and field experiences, that will help guide the training program. The syllabus should describe each of the following elements to indicate a comprehensive long-term training program will be offered.

- **Interdisciplinary Clinical and Practicum Experience for Trainees**

Trainees should experience a variety of clinical settings with appropriate faculty mentorship. Training may occur within clinical settings under the direction of the funded program as well as in community-based settings. The available training opportunities and settings should reflect the cultural, social, and ethnic diversity of the community.

Opportunities for non-clinical trainees to observe and engage in clinics should be provided to these trainees as they may work with clinicians in the future and can help clinicians view the clinical setting from a new perspective. Family and self-advocate trainees should participate in clinical settings, when possible. This will provide models to families and patients on ways to engage in peer advocacy, providing feedback to clinicians from a perspective of lived experience, and helping families navigate the clinical process.

Training should be based on a comprehensive, interdisciplinary clinical services model which is person-/family-centered and culturally and linguistically responsive. As appropriate to their discipline, the curriculum should prepare trainees to evaluate, diagnose or rule out, develop, and provide evidence-based interventions to individuals with ASD/DD.

Field placements in educational settings, state/local agencies, and other settings may be appropriate in addition to or in lieu of clinical placement. Such practicum sites must provide comprehensive, community-based services in a variety of institutional and rural/urban community-based settings and serve individuals with ASD/DD and other special health care needs. Practicum sites in underserved communities are especially impactful for trainees. You are encouraged to coordinate training opportunities with MCHB-funded recipients, Autism CARES recipients, and State Title V programs. Field experiences in interdisciplinary settings are also encouraged.

- Leadership Skills

LEND curriculum must include content and experiences to promote the development of effective leadership skills and prepare trainees to move beyond excellent clinical practice or health administration to leadership through practice, research, teaching, administration, and legislative systems change. The leadership curriculum must prepare trainees to engage effectively in interdisciplinary practice.¹⁵ Strong LEND curricula will be informed by the [MCH Leadership Competencies](#).

The leadership curriculum should instruct trainees on effective communication and teaching skills, as well as presentation skills appropriate for a variety of professional and community audiences. Training should provide opportunities to practice, demonstrate, and document effective teaching and communication to and with diverse constituencies (professionals, self-advocates, families, children and youth with ASD/DD public health leaders, etc.). These experiences should incorporate multiple forms of communication (verbal and written) in diverse venues and methods of delivery. Conflict resolution skills also should be addressed, if possible.

- Didactic Training Content

Neurodevelopmental and related disabilities, with a focus on ASD/DD.

LEND programs should provide didactic training on effective tools for screening and diagnosing ASD/DD; the social environment—the family, community, school, work opportunities; and other issues relevant to health care and other transitions for young adults with ASD/DD. LEND curricula should incorporate instruction on conceptual models of disability (e.g., social, cultural, neurodiversity, and medical models) and examine the intersection of disability with other life experiences. Examples of various models of disability can be found at: [Including People with Disabilities Public Health Workforce Competencies](#).

¹⁵ Interdisciplinary practice is a team approach among professionals of varying disciplines, family members, individuals with disabilities, and community partners, to improve the delivery of health services, provide training, develop policy, and conduct research. This approach fosters a supportive environment that values and relies on the skills and expertise of each team member to arrive at outcome-driven joint decisions; mutual respect among disciplines; and shared leadership, incorporating accountability and responsibility for outcomes.

Public health perspectives and systems of care for individuals with ASD/DD and their families

LEND training curricula should address a broad public health perspective and include training about community-based programs and public health services. Topics and activities can include: community needs assessment, public policy formulation and implementation, legislation/policy making, financing, budgeting, program administration, consultation, and program planning and evaluation. The curriculum should emphasize development throughout the life course and within a socio-ecological framework to reflect the cumulative impact of family, community, and societal factors on development.

The curriculum should prepare trainees to assume leadership roles in the development, improvement, and integration of systems of care, especially in programs providing MCH services, for children and youth with special health care needs, particularly those with ASD/DD. The curriculum should prepare trainees to understand how systems interact with and influence each other to either decrease or increase risk factors or protective factors that affect a range of health and social outcomes for children with ASD/DD. Attention to the needs of individuals living in rural and other underserved communities is strongly recommended.

Curricula should emphasize appropriate didactic and experiential content relative to MCH/Title V and related legislation. The curriculum should also emphasize the development, implementation, and evaluation of systems of care.

Cultural and linguistic responsiveness

LEND training should focus on advancing cultural responsiveness¹⁶ among the trainees. Training should include strategies for approaching the differing social, cultural, and health practices of various groups and the implications of these relative to health status and the provision of health care. Training should be responsive to the diversity of the community and specifically serve low-income communities, racial/ethnic minorities, individuals with limited English proficiency, individuals who have limited access to services, and/or other underserved populations. Including culturally, racially, and ethnically diverse faculty and trainees in all aspects of developing and delivering the curriculum is a key component of promoting cultural competence. Instruction on the intersection of disability with other life experiences, such as race/ethnicity, should be addressed

¹⁶ A culturally and linguistically responsive program is characterized by, written strategies and policies for advancing cultural responsiveness and linguistic diversity; provision of knowledge and skill building for trainees, faculty, and staff; data on populations served according to cultural and historically underserved status—racial, ethnic, linguistic, disability, etc.; faculty and instructors representing diverse backgrounds; and periodic assessment of trainee, faculty, and staff progress in developing cultural and linguistic responsiveness.

Resources on cultural competence include: [The National Center for Cultural Competence](#), [Documenting the Implementation of Cultural and Linguistic Competence](#), The [Curricula Enhancement Module Series](#) created by the National Center for Cultural Competence, [Diversity and Inclusion Toolkit](#), and [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\)](#).

to increase cultural responsiveness for professionals serving people with disabilities. LEND Performance Measure, Training 02 measures the extent to which cultural and linguistic competence is integrated into the program's policies, guidelines, and training (see [Reporting](#)).

In addition to teaching concepts of cultural and linguistic competence, the training programs should be responsive to the cultural and linguistic needs of special populations, services must be accessible to consumers, and the program should strive for representation of historically underrepresented groups.

Health equity and diversity

The curriculum should emphasize social determinants of health which impact the health status of children, including, but not limited to: socioeconomic status, education, neighborhood and physical environment, community violence, employment, and social support networks, as well as access to health care. The curriculum should explicitly address approaches to increasing health equity and reducing disparities in access to quality health care, early diagnosis, and early intervention. LEND training should include content and experiences to prepare trainees to provide leadership in cultivating and promoting a diverse MCH workforce.

Quality improvement and evidence-based practice

The curriculum should emphasize content on science-based judgment, evidence-based practice, and documentation of outcomes and performance measurement. The curriculum should teach trainees how to use data to inform continuous quality improvement efforts in clinical and community-based practice.

Person-/family-centered care

The curriculum should include content about how to engage in person-/family-centered care and implement medical home concepts.¹⁷ Curriculum on family-centered medical home should address care transitions and connection to community services, and ensure coordination among a wide range of disciplines.

Current and emerging focus areas

LEND programs are expected to monitor trends, identify emerging needs in the populations they serve, and adapt their curriculum to be responsive to areas of need and/or special interest in the field of ASD/DD. Current topics of interest may include, but are not limited to, neonatal abstinence syndrome, fetal alcohol spectrum disorder, COVID-19, maternal mortality, mental health, opioid and substance use disorder, and childhood obesity.

¹⁷ Family-centered care is the standard of practice that results in high-quality services as it recognizes the importance of cultural diversity and family traditions; embraces community-based services; and promotes an individual and developmental approach to working with children and families. Person-/family-centered services engage and support youth as they transition to adulthood. In a person-/family-centered setting, all policies, practices, and systems should have the family in mind.

Transition to adulthood and lifespan issues

LEND programs should emphasize the challenges that adolescents with ASD/DD face when transitioning to adult health care, and with other life transitions. The curriculum should incorporate transition topics and experiences for trainees. Programs should be prepared to include information on this topic in their annual LEND progress reports, as requested.

The curriculum should address the need for research, education, services, and supports for the ASD/DD population in adulthood and emphasize a lifespan developmental approach. The lifespan developmental approach provides an overarching framework for understanding human development from conception to death.¹⁸

Research

The curriculum should include content to increase critical thinking and academic research skills among trainees. Each doctoral or post-doctoral student is expected to engage in one or more active research projects during his/her tenure, and seek to disseminate findings at scientific symposia and through published articles in peer-reviewed journals. Master's level students are expected to gain knowledge and skills in research methodology and dissemination of research findings into practice. For some trainees, the focus will be on reviewing and discerning the quality of research and its applicability to practice.

Effective Use of Technology and Telehealth

LEND programs should describe efforts to educate trainees about innovative and alternative methods of health care provision, such as telehealth, as well as virtual instruction or distance-learning modalities.¹⁹

In your application:

- Describe how the curriculum for LTTs will incorporate interdisciplinary clinical, leadership, and didactic content to meet the broad range of trainee needs.
- Demonstrate how the training will prepare trainees to address ASD/DD.
- Include a brief syllabus, including descriptions of courses, workshops, seminars, and field experiences in *Attachment 5* and cross-reference it in the Curriculum and Training section of your application.
- Identify the competencies expected of trainees upon completion of the LEND training.

¹⁸ American Psychological Association (2018)

<https://www.apadivisions.org/division-20/education/lifespan-developmental/>

¹⁹ HRSA defines telehealth as the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration. Telehealth is especially critical in rural and other remote areas that lack sufficient health care services, including specialty care. The range and use of telehealth services have expanded over the past decades, along with the role of technology in improving and coordinating care. Telehealth modalities can include direct clinical services, providing clinician support, distance learning, and administrative support.

In your application, the Interdisciplinary Clinical and Practicum Experiences for Trainees section should:

- Describe the patient population (including diagnostic categories served).
- Describe the services available, and the various clinic functions related to the provision of such services.
- Describe trainee roles in the provision of clinical services, extensiveness of clinical preparation, and clinical supervision.
- Describe opportunities for all trainees (including families and self-advocates, whenever possible) to observe or work with individuals in specialty clinics focused on diagnosing or ruling out ASD/DD.
- Describe how the available clinical training opportunities and settings reflect the cultural, social, and ethnic diversity of the community.
- Describe the interdisciplinary clinical, practicum, and field placement experiences and mentorship that will be available to trainees.
- Describe objectives for clinical training which emphasize early detection, assessment, care coordination, and treatment of children who have, or are at risk for ASD/DD.

In your application, the Leadership Skills section should:

- Describe how the leadership curriculum and activities will:
 - prepare trainees to engage in effective interdisciplinary practice.
 - be informed by the [MCH Leadership Competencies](#).
 - prepare trainees to assume leadership roles in the development, improvement, and integration of systems of care for MCH populations.
- Describe the opportunities trainees will have to practice, demonstrate, and document effective teaching and communication to and with diverse constituencies (professionals, self-advocates, families, children and youth with ASD/DD, public health leaders, etc.).

In the application, the Didactic Training Content section should:

- Describe how the program will present content on neurodevelopmental and related disabilities (with a focus on ASD/DD), including various models of disability.
- Describe how the curriculum will reflect a broad public health perspective and include training and experiential components focused on community-based programs and public health services available to MCH populations.
- Describe how the curriculum will be responsive to the cultural and linguistic needs of special populations, and advance cultural and linguistic competence and responsiveness among the trainees.
- Demonstrate how the curriculum will emphasize development throughout the life course and reflect the cumulative impact of family, community, and societal factors on development.
- Demonstrate how the LEND program will make services accessible to consumers and include representation from the population to be served and/or other historically underrepresented groups.
- Describe how the curriculum will increase health equity, address social determinants of health, and present approaches to reducing disparities in access to quality health care, early diagnosis, and early intervention.

- Demonstrate how the curriculum will cover content on science-based judgment and evidence-based practice.
- Identify the procedures the program will use to document outcomes, monitor progress, and use data to drive ongoing quality improvement efforts.
- Demonstrate how inclusion of family and self-advocates as faculty, trainees, and partners will model effective approaches to person-/family-centered care, including medical home concepts.
- Describe how didactic and experiential learning opportunities will be developed and adapted to address emerging MCH topics and public health issues and their impact on people with disabilities.
- Describe how the LEND curriculum will incorporate transition topics and experiences for trainees.
- Describe how the training program will teach the lifespan developmental approach in the context of didactic, clinical, and leadership experiences.
- Document the research and scholarly activities of faculty and trainees that are relevant to individuals with ASD/DD.
- Describe how telehealth will be utilized to meet programmatic goals and expand the reach of the program, if applicable.

3) Continuing Education and Professional Development

Continuing education (CE) activities offer practicing health professionals and others working in the ASD/DD and related fields opportunities to build knowledge and skills related to LEND topics. CE may be based on specific needs identified interactively with the group(s) to be served. CE may also target professionals in other fields to improve services, interactions with, and inclusion of people with disabilities. In the past, law enforcement, medical interpreters, educators, and primary care providers have received CE through LEND programs.

Program Expectations

Programs must conduct a minimum of **three** CE activities per year, such as conferences, workshops, or similar training activities designed to enhance skills or disseminate new information.

Programs must track and report CE participation in annual performance reports (see [Reporting](#)). For the purpose of tracking participants, CE participants are distinct from trainees. CE participants are practicing professionals who engage in a seminar or course for continuing professional development. CE participants are not enrolled in a formal degree or certificate program, though they may receive CE credits.

In your application:

- Describe how the LEND program will assess CE needs and market its capabilities.
- Describe the CE activities that your organization is prepared to offer.
- Describe how your program will ensure it provides a minimum of three CE activities per year.

4) Technical Assistance/Consultation

Technical Assistance (TA) refers to mutual problem solving and collaboration on a range of issues. This may include the provision of clinical services, program development, program evaluation, needs assessment, and policy and guidelines formulation, as well as site visits and review/advisory functions. The TA effort may be a one-time encounter or an on-going activity of brief or extended frequency depending on the needs of the organization, and may be geared to the needs of several states or a specific region.

Program Expectations

The program should provide TA/consultation to the field. Of particular interest to MCHB is TA to support and improve the system of care for individuals with ASD/DD. It is encouraged that both LEND faculty and trainees be involved in the provision of TA when appropriate.

Programs must track and report on TA that has been provided in annual performance reports (see [Reporting](#)).

In your application:

- Discuss how the LEND program will assess TA needs and market its capabilities.
- Describe the type of TA activities that your organization is prepared to offer.

5) Program Collaboration

Partnerships with other organizations are often vital to the success of LEND training programs.

For example, state Title V agencies and state and local home visiting implementing agencies may provide opportunities for LEND programs to collaborate, thereby enhancing and expanding services for children with neurodevelopmental disabilities and special health care needs. LEND programs may collaborate with systems and organizations serving youth and adults with ASD/DD and self-advocacy organizations to support successful transition to adulthood. In addition, HRSA-supported health centers may provide training sites and other experiences for trainees. Autism CARES-funded research networks may also give LEND trainees valuable exposure to research fundamentals.

Other organizational partnerships that might be beneficial to LEND programs are:

- Systems already serving children with ASD/DD such as Title V, Individuals with Disabilities Education Act Part C and Part B, home visiting, early care and education, and early childhood comprehensive systems programs.
- Other federal programs addressing ASD/DD including the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC) (ADDM Network, Learn the Signs. Act Early. Campaign), and the

Administration for Community Living (ACL) University Centers for Excellence in Developmental Disabilities (UCEDDs).

- Pediatric Mental Health Care Access Programs may provide opportunities for LEND trainees and faculty to support practicing providers in addressing behavioral health concerns through consultation and education.
- Other MCHB training and research investments, including, but not limited to, Autism CARES-funded programs in your region (State Systems recipients; research networks; Developmental and Behavioral Pediatrics (DBP) training programs, and other LEND training programs).
- Other LEND programs via partnerships supported by the Interdisciplinary Technical Assistance Center on ASD/DD (ITAC), such as workgroups and regional groups.

Program Expectations

Coordinate activities and collaborate with other MCHB-supported training and research programs, especially Autism CARES-funded programs. Coordinate with entities that will improve access to services and enhance systems of care for individuals with ASD/DD.

In your application:

- Briefly describe existing or new partnerships that will strengthen your LEND program including those with academic and community organizations, and with entities that will provide strong clinical placements for trainees.
- Include, in *Attachment 3*, select copies of agreements, letters of understanding/commitment or similar documents from key organizations/individuals, of their willingness to perform in accordance with what is presented in the application. If necessary, an additional list of agreements can be provided due to page limit constraints.

6) Project Dissemination and Sustainability

As programs revise and develop new curricular materials, teaching models, other educational resources, and research findings, these products should be disseminated to other relevant programs, including, but not limited to, other grants funded under the Autism CARES Act of 2019.

Program Expectations

HRSA expects recipients 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) beyond the federal funding period.

Programs are expected to disseminate findings in scholarly journals, at professional meetings, and to other appropriate disability stakeholders. Programs should develop plans for sustaining the program beyond federal funding.

In your application:

- Describe how you will disseminate project curricula, products, research results (if any), and training approaches.
 - Describe the extent to which project results and products may be national in scope, and the degree to which the project activities will be shared with other stakeholders.
 - Discuss your approach to project sustainability after the period of federal funding ends.
- **WORK PLAN AND LOGIC MODEL-- Corresponds to Section V's Review Criteria [2: Response](#) and [5: Impact](#)**

A work plan is critical in planning and describing the activities of the proposed training program, including how training will be implemented and evaluated. A work plan is a chart of the activities or steps that will be used to achieve each of the activities proposed in the Methodology section.

A logic model is a succinct diagram that presents the conceptual framework for a proposed project and explains the links among program elements. A logic model illustrates the relationship between a program's activities and its intended outcomes. The logic model should summarize the connections between the:

- Process and outcomes of the program
- Activities and program inputs
- Short and intermediate outcomes
- Long-term outcomes and impact of the program

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.

Program Expectations

Programs are expected to formulate a work plan and logic model to guide the implementation of their programs.

The logic model in [Appendix B](#) is a conceptual model of the national LEND initiative. This may also serve as a sample format for your logic model submission, which can be as short as 1-page.

In your application:

- The narrative should include a brief descriptive overview referencing the work plan and logic model.
- Include the work plan and logic model in *Attachment 1*.
- The work plan should describe each training activity, didactic, clinical and practicum, with regard to purpose, methodology, content, time commitment, and method of evaluation.
- The work plan should include a timeline with all planned activities for the entire period of performance (5 years).

- The work plan should identify responsible staff and, as appropriate, meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities.
 - The logic model should describe program process and outcomes, identifying inputs and outputs contributing to the expected outcome measures.
- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion [2: Response](#)*

Programs are likely to encounter challenges in implementation. Examples include, challenges pertaining to trainee recruitment; having too few appropriately qualified, university-affiliated faculty disciplines; and insufficient interdisciplinary clinical opportunities.

Program Expectations

Anticipate challenges you are likely to encounter during implementation and develop strategies to address those challenges. Build on previous approaches to addressing challenges.

In your application:

- Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan.
 - Describe approaches that you will use to resolve identified challenges.
- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria [3: Evaluative Measures](#) and [5: Impact](#)*

A strong evaluation protocol, managed by qualified staff, is necessary to document program processes, inputs, outputs, and impacts. Mechanisms for monitoring progress towards the goals and objectives of the project and implementing continuous quality improvement of the LEND program are also vital components of the evaluation. In addition to evaluating your individual LEND program, programs may participate in LEND network quality improvement efforts to assess the impact of LEND programs nationally.

Program Expectations

The evaluation should assess experiences of long-, medium-, and short-term trainees and their attainment of the desired skills and competencies. The evaluation should also assess the quality of the CE and TA provided.

[Section VI. 3. Reporting](#) describes required data collection and reporting of performance data to MCHB. This includes tracking of former trainees to collect data via follow-up surveys in years 2, 5, and 10 following completion of LEND.

If your evaluation may involve human subjects research as described in 45 CFR part 46, you must comply with the regulations for the protection of human subjects, as applicable.

In your application:

- Describe the overall evaluation strategy to address program goals and objectives, and ongoing quality improvement efforts.
 - Describe the data collection strategy to collect, analyze, and track data to measure process and impact/outcomes. Explain how the data will be used to inform program improvement and service delivery.
 - Describe the systems and processes that will support the organization's tracking and collection of MCHB-required performance measures.
 - Describe how you will track former trainees to collect data via follow-up surveys in years 2, 5, and 10 following completion of LEND.
 - Include a description of who will collect and manage data and their experience in refining, collecting, and analyzing data.
 - Describe the proposed LEND program's expertise and resources to implement the proposed evaluation.
 - Describe the approaches to assess experiences for short-, medium-, and long-term trainees.
 - Describe the plans to assess the quality of the CE and TA provided.
 - Describe any efforts that will be used to inform program improvement across the LEND network.
 - Describe any potential obstacles for implementing the program performance evaluation and how you will address those obstacles.
- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion [4: Resources/Capabilities](#)*

Successful LEND programs are housed within organizations that have a mission and structure that will provide the infrastructure necessary to successfully implement the program. Established training programs within your organization and/or documented access to training programs will enable the LEND program to recruit graduate students in the disciplines included in the application. Partnerships with graduate programs in other institutions can provide opportunities to expanded interdisciplinary experiences through access to trainees, faculty, and clinical opportunities.

Program Expectations

LEND LTTs should meet regularly as a cohort to have interdisciplinary discussions and experiences to become effective interdisciplinary colleagues appreciating each other's disciplines and perspectives. The training plan and settings should be structured to ensure sufficient formal interaction and informal association among trainees and faculty across disciplines to accomplish and enhance the interdisciplinary process and practice on which the program is based.

The program should consider using web-based technology for communication and information acquisition and processing, including distance learning modalities for CE. Programs should use available technologies such as e-learning systems, course management software, web-based conferencing, social media, and social networking tools to facilitate adult learning. Optional [online curriculum resources](#)

are now available through the Association of University Centers on Disability (AUCD) and may be used to support LEND programs' didactic training.

Faculty and staff office space, classrooms, audiovisual and computer resources should be available to the program and be at least at the level available to other comparable programs in the institution. The primary program setting should provide sufficient and appropriate spaces for core faculty and trainee offices and for clinical and teaching activities.

The organization must have the infrastructure in place to ensure that settings, materials, and curricula are accessible for all participants, including trainees and faculty.

LEND Project Director

The institution should have appropriate leadership and faculty in place to implement the LEND training program. The role of project director (PD) shall constitute a major professional responsibility and time commitment of the person appointed to the position. The LEND PD should be a board-certified pediatrician, or a health professional with a doctorate degree, representing one of the disciplines mentioned below, or a currently approved LEND PD. LEND PDs are expected to have a minimum of 5, preferably 7 or more, years of experience in programs serving children with developmental disabilities, neurodevelopmental disabilities, and other special health care needs.

The PD should have direct, functional responsibility for the program for which support is directed. **The PD is expected to commit a minimum of 30 percent effort on this project.** While it is acceptable to have co-directors, only one PD is formally recognized by HRSA on the notice of award (NOA) and will receive key HRSA communications. The recognized PD is not a shared position, as the PD listed on the NOA is expected to commit a minimum of 30 percent of time to the project. The PD recognized as such on the NOA is responsible for ensuring the proper use of the MCH training grant and will be expected to attend LEND and related meetings, or designate another program representative, and is expected to work directly with the MCHB PO.

Faculty

Individuals serving as core faculty members under the funded LEND program should have the primary responsibility for planning, designing, implementing, supervising, recruiting, mentoring trainees, and evaluating all training and service elements of the LEND program. The purpose of providing grant support for faculty salaries is to ensure dedicated time for meeting the objectives of the training program.

The complexity associated with interdisciplinary education demands specific faculty qualifications, commitment, and dedication. Each LEND training program should have both core and supporting faculty members. Core faculty members form the interdisciplinary program leadership team and commit a portion of their

full-time equivalent (FTE) to LEND. Supporting faculty members participate in LEND for less time, as a mentor, or lecturer for a course, etc. Distinctions between core and supporting faculty are further specified below.

Additionally, LEND programs may assign faculty and staff to various roles to facilitate the structure and functioning of the program. These roles may include a training director, training coordinators, evaluators, a data coordinator, etc., and may be outlined in the organizational chart included in *Attachment 4*.

It is important that LEND faculty represent different disciplines and also represent the racial and ethnic diversity of the community. This will encourage a diverse cohort of trainees that reflects the population.

Faculty Disciplines

Each funding level requires a minimum number of disciplines represented by the LEND faculty, see [Table 2: Allowable Funding Levels](#). Participation of faculty from other relevant disciplines is encouraged.

LEND faculty may be selected from the following disciplines:

Applied Behavioral Analysis	Occupational Therapy
Audiology	Pediatric or Adult Dentistry
Disability Studies	Physical Therapy
Family (required of all programs)	Psychology
Human Genetics/Genetic Counseling	Public Health Policy
Health Administration	School Psychology/School Counseling
Medicine/Pediatrics	Self-advocacy (required by year 3)
Medicine/Adult (focused on serving individuals with ASD/DD)	Social Work
Nursing	Speech-Language Pathology
Nutrition	Special Education/Education

While MCHB recognizes that specialties/subspecialties of medicine are distinct, any specialties that are listed under “medicine, pediatric providers” will count as a single discipline towards meeting the interdisciplinary requirements listed in [Table 2: Allowable Funding Levels](#). The same applies to “medicine, adult providers.” This will ensure that faculty cohorts represent a wide array of clinical and non-clinical perspectives.

Regardless of discipline, core faculty members should have experience in providing academic, clinical, and/or community-based training in disabilities and a commitment to improving the lives of those with ASD/DD through their teaching.

Core faculty are expected to:

- Meet the minimum standards of education, experience, and certification/licensure generally accepted by their respective professions.

- Demonstrate leadership and have teaching and clinical experience in providing health and related services to the special health care needs of the population on which the program is focused.
- Be able to document knowledge and experience in person-/family-centered care or the project must provide appropriate CE for faculty to achieve these competencies.

Key faculty members on the interdisciplinary team should include individuals who have lived experience with ASD/DD, both personally (self-advocates) and as family members. LEND Performance Measure, Training 01 measures the extent to which programs ensure family/youth/community member participation in program and policy activities.

All grants are expected to support at least one family faculty member to bring the family perspective to trainees. This could include teaching, mentoring, coordinating family experiences for trainees, advising other LEND faculty on family perspectives, etc. For information about how the role of families in LEND has evolved, as well as resources for the various types of family involvement in LEND, please refer to the white paper from the AUCD Family Discipline Workgroup, [*Fabric not Fringe: Weaving Family Involvement throughout Training and Practice for Professionals and Advocates Working with Individuals with Disabilities and Special Health Care Needs.*](#)

Self-advocates should be engaged from the outset of the grant. By year 3, the program is expected to include at least one self-advocate faculty member to support the required self-advocate trainee and provide guidance to the entire trainee cohort. This role can include teaching, mentoring, coordinating community experiences for trainees, advising other faculty on personal perspectives, planning training, and developing curriculum.

Individuals with disabilities and/or parents/siblings of individuals with disabilities who consult to your program or serve as faculty/staff members must be financially compensated.

In some instances, not all academic disciplines of the faculty members listed may be regionally located or proximal to the home institution. If so, flexibility is permitted to the extent that alternative arrangements are academically and educationally acceptable and appropriate, and patient care is acceptable and uncompromised. These arrangements must be clearly specified in the application.

Programs are expected to accord recognition for each core faculty member, in the form of an academic appointment in the appropriate degree-granting school or department of his/her profession in the recipient and/or an affiliated institution of higher learning. This appointment is in addition to the core faculty member's appointment in the employing institute/center program. It shall be the responsibility of the appointing academic school or department to determine the basic qualifications and the responsibility of the employing program to determine and document the additional specialized pediatric training and clinical experience required. Core faculty members should be responsible to the LEND PD for the

time allocated to the LEND project. It is understood that some family faculty and self-advocate faculty members may not have an academic appointment, but serve as faculty members for the purposes of the LEND grant only. Individuals from other disciplines who do not have academic appointments may participate on LEND as a core faculty with approval from the PO, after award.

Faculty Roles and Responsibilities

Core faculty members are also the chief representatives of their respective disciplines in the program. As such, they:

- Have responsibility, with other core faculty members, for planning, implementing, coordinating, and ensuring supervision of all training and service elements of their discipline, with special emphasis on ASD/DD.
- Collaborate with all core faculty members to develop and refine the interdisciplinary curriculum of the LEND for all trainees.
- Define appropriate criteria for recruitment of trainees of their discipline and jointly select trainees with the appropriate academic school or department and the training director and/or committee.
- Serve as the primary liaison between the program and their professional associates, academic affiliates, clinical departments, and discipline counterparts in state and community programs.
- Provide a neurodevelopmental disability perspective to trainees outside of LEND across their institution of higher learning.
- Represent their discipline on internal program, policy, or committees.
- Provide supervision and professional leadership for other LEND faculty of their discipline.
- Engage in scholarship related to MCH populations, especially those with ASD/DD.
- Participate in LEND network workgroups on emerging areas in the field of ASD/DD.
- Serve as mentors to LEND long-term trainees. If your program has trainees with disabilities, whenever possible, the faculty mentor for these trainees should be an individual with disabilities or should have had experience supporting individuals with disabilities.

In your application, the Organizational Capacity section should:

- Describe the organization within which the LEND program will be run, including its mission, structure, and scope of activities, and how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations.
- Describe the administrative and organizational structure within which the program will function, including relationships with other departments, institutions, organizations, or agencies relevant to the program.
- Include an organizational chart outlining organizational structures as *Attachment 4*.
- Discuss how the organization will follow the approved work plan and budget, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.

- Describe your organization's relevant past performance implementing a similar training program reaching interdisciplinary trainees and/or serving individuals with disabilities, if applicable.
- Describe any established training programs and/or access to training programs that you will use to recruit graduate students in the disciplines included in the application.
- Describe briefly the settings in which the program will take place.
- Describe the telecommunications capability of the program, particularly if the curriculum will be delivered remotely, or accessed remotely by any trainees or faculty.
- Describe how the program will utilize available technologies (such as e-learning systems, course management software, web-based conferencing, social media, and social networking tools) to facilitate instruction.
- Explain how the physical and virtual training environments will maximize participation of trainees and faculty from multiple disciplines to ensure an interdisciplinary experience.
- Describe your organization's plan for ensuring that curricula, materials, and virtual and physical settings are accessible for all participants.

In your application, the Project Director and Faculty section should:

- Describe the proposed PD's experience and expertise meeting the qualifications required.
- Describe how the PD will fulfill the administrative responsibilities and time commitment required.
- Describe the proposed core LEND faculty and their qualifications to meet core faculty requirements, including core faculty with expertise in ASD/DD.
- Include biographical sketches in the SF-424 RESEARCH & RELATED Senior Key Person Profile form that can be accessed in the Application Package under "Mandatory." Even though the document has an OMB clearance number, it is not a standard *form* but a *format*, and so biographical sketches do count against the page limit.
- Include a staffing plan and job descriptions for key personnel in *Attachment 2 (Staffing Plan and Job Descriptions for Key Personnel)*.
- Include position descriptions identifying the qualifications necessary to meet the functional requirements of the position, not the particular capabilities or qualifications of a given individual. A position description should not exceed one page in length, but can be as short as one paragraph in length due to page limitations.
- Describe the approach you will use to ensure the program recruits faculty from a minimum number of faculty disciplines, as required by the selected funding level from [Table 2: Allowable Funding Levels](#).
- Describe the program's approach to recruiting and retaining a diverse faculty cohort.
- Describe how the program will include a minimum of one compensated family faculty member.
- Describe how the program will recruit and compensate a self-advocate faculty member by year 3, if the program does not currently have involvement of a self-advocate faculty member.

- Include development of effective tools and strategies for ongoing faculty and staff training, including leadership training and skills.

iii. **Budget** -- Corresponds to Section V's Review Criterion [6: Support Requested](#)

The directions offered in the [SF-424 R&R Application Guide](#) may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's [SF-424 R&R Application Guide](#) and the additional budget instructions provided below. A budget that follows the *R&R Application Guide* will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and, by carefully following the approved plan, may 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) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

The Further Consolidated Appropriations Act, 2020 (P.L. 116-94), Division A, § 202 states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

Indirect costs under training awards to organizations other than state, local, or Indian tribal governments will be budgeted and reimbursed at **8 percent of modified total direct costs** rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, and subawards and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

The allowable funding levels per program per year are based on criteria in the table below.

Table 2: Allowable Funding Levels

Funding Level	Funding Range	Minimum Number of Long-term Trainees	Minimum Number of Trainee and Faculty Disciplines	Other Notes
Tier 1	Up to \$464,000	9	7	This funding level applies to all applicants that are not LEND recipients in the 2016–2021 grant cycle. It may also apply to certain competing continuation applicants.
Tier 2	\$464,001 – 554,000	12	8	For competing continuation applicants, see below for evidence required to meet the funding range proposed.
Tier 3	\$554,001 – 645,000	18	10	
Tier 4	\$645,001 – 738,000	29	12	

- Competing continuation applicants may propose to stay in the same tier as in the previous grant cycle, may propose to move up one tier, or may propose to move down to a lower tier.
- If you are a competing continuation LEND applicant, provide in [Attachment 7](#), the average number of LTTs trained for any 4 of the 5 years during the last period of performance. **Use a tool similar to the one provided to document your calculation.** This will provide evidence that the program can recruit and train the number of LTTs listed per year in the funding category for which they are applying. To qualify for a given funding level, this average must be no less than one fewer than the number listed for the funding level in this table.
- For previous audiology supplement recipients, the average number of trainees reported may not include the two audiology LTTs required by the supplement.
- The minimum number of disciplines required for each funding level should be represented by both faculty and trainees. For example, in tier 4 there must be a minimum of 12 disciplines represented by the core and supporting faculty and 12 disciplines represented among the trainees. This will ensure an interdisciplinary

program for each cohort. The composition of the trainee and faculty disciplines may be different.

- The total program costs requested must be within the same funding range for all 5 years. All LEND LTTs must complete 300+ hours of LEND-specific leadership and core curriculum requirements, above their usual graduate disciplinary training requirements.
- All trainees being counted as LTTs must be tracked for 10 years and reported to HRSA, see [Reporting](#) section for more information.

iv. Budget Justification Narrative -- Corresponds to Section V's Review Criterion [6: Support Requested](#)

A budget narrative provides details to justify the proposed costs outlined on the line-item budget form. For complete instructions on what to include in the budget narrative see Section 4.1.v of HRSA's [SF-424 R&R Application Guide](#).

Program Expectations

The budget narrative must fully explain the resources needed to accomplish the LEND training objectives.

In your application, the budget narrative should include:

- The budget narrative supports the proposed project activities.
- The number of masters level, pre-doctoral, and post-doctoral LEND trainees planned and a clear description of how many stipends will be supported by the grant.
- A description of the compensation for family and self-advocate trainees and faculty for the project.
- The costs associated with training short- and/or medium-term trainees.
- Costs related to provision of CE and TA.
- A statement indicating that the project director's time commitment to the LEND program will meet the expected minimum of 30 percent time. While other funds may be used to support this effort, the budget narrative should demonstrate dedicated time to meet this requirement.
- A description of the faculty FTE commitment to the LEND program and documentation to support that they will be allotted adequate time to meet project objectives. If faculty time for LEND will be supported by other funds, please indicate this in the budget narrative.
- A description of travel funds requested, indicating that at least one LEND program representative will attend the required meetings below. A project director, co-director, or training director are considered program representatives for this purpose.
 - Up to two LEND recipient meetings per year in the Washington, DC area. Each year, one recipient meeting will be in conjunction with the AUCD annual meeting in the late fall.
 - The Autism CARES recipient meeting which is usually held every other year in Washington, DC and virtually in other years. In-person meetings

are anticipated to occur in 2021, 2023, and 2025, but are subject to change.

- A clear statement about the funding level for which the program qualifies.
 - New applicants should request Tier 1 funding only.
 - Competing continuation applicants can propose to move up no more than one funding tier, remain in the same funding tier, or move to a lower tier.
 - Clear documentation that the program meets the minimum thresholds listed in [Table 2: Allowable Funding Levels](#) by indicating the total number of LEND LTTs, (as described under [LEND Trainees](#)), to be recruited and trained for each project year. The calculation tool in *Attachment 7* determines the allowable funding 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. Any attachments referenced in a narrative section may be considered during the objective review.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response and (5) Impact
Work Plan and Logic Model	(2) Response and (5) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Impact
Organizational Information	(4) Resources/Capabilities
Budget and Budget Justification Narrative	(6) Support Requested

v. Program-Specific Forms

Program-specific forms are not required for application.

vi. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment.**

Attachment 1: Work Plan and Logic Model

Attach the work plan for the project that includes all information detailed in [Section IV.2.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.vi. of HRSA's [SF-424 R&R 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.

Key personnel are defined as the PD and other individuals who contribute to the programmatic development or execution of a project or program in a substantive, measurable way, whether or not they receive salaries or compensation under the award.

Attachment 3: 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. Make sure any formal agreements are signed and dated. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 4: Project Organizational Chart

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

Attachment 5: Tables, Charts, Syllabus/Curriculum

To give further details about the proposal, include tables, charts, or outlines that describe the program's curriculum, syllabus, workshop descriptions, field and clinical placements, and other elements of the training.

*Attachment 6: **Optional** LEND Supplement*

This attachment is only required if you are requesting additional funding for this supplement. Applying for this supplement does not impact the LEND training program application score. Supplements will be funded in the order of the objective review score for the LEND competition. The narrative must be no longer than four (4) pages; the supplement narrative does NOT count against the 80-page limit of the LEND training program application.

Notes:

- You must apply for the LEND training program in order to apply for this optional supplement.
- You may only submit one LEND supplement proposal.
- The project director of the LEND program must be the same for the supplement unless HRSA prior approval is given for a change.
- Collaborations and partnerships may be proposed, however the supplement will only be awarded to one applicant organization, which will serve as the lead.

- The proposal should be relevant for any of the budget periods within the 5-year period of performance. Supplements may be awarded in any of the 5 budget years, depending on the availability of funds.

LEND Supplement proposals are intended to enhance LEND training programs' ability to focus on emerging issues and innovative practices that support their work to improve the lives of individuals with ASD/DD

Examples of proposal topics include, but are not limited to, the following:

- (1) Enhancements to current/proposed LEND curricula developing innovative strategies to exceed what is proposed in the LEND training program application (e.g., increased focus on health equity, lifespan issues, or complex health care systems for people with ASD/DD; etc.).
- (2) Program augmentations that expand the interdisciplinary nature of the trainee cohort beyond that proposed in the LEND training application (e.g., incorporating a more expansive group of non-traditional trainees; incorporating practicing professionals in other disciplines through the buy-out of time, etc.).
- (3) Expansion of capabilities of the LEND program to respond to public health emergencies (e.g., expanded use of telehealth and tele-training, etc.).
- (4) Expanded evaluation and quality improvement initiatives that inform the program and the broader network of programs serving individuals with ASD/DD.
- (5) Regional partnerships with other LEND programs to expand the reach of the LEND network to better serve those with ASD/DD in a given geographic region.

Project Narrative for Optional LEND Supplement

The LEND Supplement narrative should include (at a minimum):

- a. **PROBLEM:** State the topic that was selected and why this is important to your LEND program. Explain how the supplement will address an emerging issue or innovative training approach that will improve the lives of individuals with ASD/DD.
- b. **GOALS AND OBJECTIVES:** Identify the major goal(s) and objectives for the supplement. Briefly describe the anticipated outcomes and deliverables of the activities.
- c. **METHODOLOGY:** Describe the activities proposed to attain the objectives, and how the supplemental project will leverage or interface with the core LEND training program. Discuss how LEND trainees and faculty will be involved in the supplement activities. Describe any collaboration, coordination, and partnerships needed to ensure the success of the supplement.
- d. **EVALUATION:** Briefly describe the evaluation methods used to assess the supplement outcomes, including data collection and measures. Briefly discuss anticipated dissemination strategies and how the results and project impact will be shared with the field.

- e. **BUDGET and BUDGET JUSTIFICATION NARRATIVE:** A separate SF-424 R&R budget and budget justification narrative are required for the LEND Supplement. See Section 4.1.v of HRSA’s *SF-424 R&R Application Guide*. **You may request up to \$50,000, inclusive of up to 8 percent indirect costs, for the proposed supplement.**

Attachment 7: Funding Tier Calculation Instructions (Required for Competing Continuation Applicants Only)

If you are a competing continuation applicant, use data from previous years to determine the funding tier for which you are eligible to apply rather than the funding tier at which you are currently funded.

Submit information in a chart, which may be similar to the one below, to indicate the funding tier for which your institution is eligible. As indicated in the table, eligibility will be based on LTT data from 4 of the 5 years in the FY 2016 – FY 2020 LEND funding cycle. In Column 2, enter “N/A” in the row that corresponds with the year for which you have chosen not to include in your trainee calculation.

The number of LTTs entered must match the number reported in your annual performance reports in HRSA’s Electronic Handbook (EHBs) for years 1 through 4. Data for year 5 have not yet been entered in the EHBs. If you choose to calculate your 4-year average using trainee data for year 5, please enter the number of LTTs CURRENTLY enrolled.

To qualify for a funding tier, your calculated average may be one less than the LTT minimum required for that tier (see [Table 2: Allowable Funding Levels](#)). The chart below provides a sample calculation. For previous audiology supplement recipients, the average number of trainees reported may not include the two audiology LTTs required by the supplement.

LEND Funding Year	Number of Long-Term Trainees Reported in EHBs
July 1, 2016 – June 30, 2017	18
July 1, 2017 – June 30, 2018	16
July 1, 2018 – June 30, 2019	18
July 1, 2019 – June 30, 2020	N/A
July 1, 2020 – June 30, 2021 *	17 (LTTs currently enrolled, not yet reported in EHBs)

Average number of LTTs for the selected 4 years above: 17.25* (round to 17)

* Please round up for 0.5 and above, and down for 0.49 and below.

Allowable Funding Level = Rounded 4-year average + 1
 17 + 1 = **18 trainees**
Tier 3 requires a minimum of 18 trainees

In addition to providing this historical data, the trainee recruitment approach described in the narrative should clearly demonstrate that you will meet the requirements in [Table 2, Allowable Funding Levels](#).

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 Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the *DUNS number will be replaced by the UEI, a “new, non-proprietary identifier” requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following pages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration’s UEI Update](#).

You must also register with 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)).

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, if you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed 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 it is still active and that the authorized organization representative (AOR) has been approved.

*Currently, 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 R&R Application Guide](#).

[SAM.GOV](#) ALERT: For your SAM.gov registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages and the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at [SAM.gov](https://sam.gov).

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *February 16, 2021 at 11:59 p.m.ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 R&R Application Guide](#) for additional information.

5. Intergovernmental Review

The LEND 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 R&R Application Guide](#) for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than \$738,000 per year (inclusive of direct **and** indirect costs). Proposed total budget amounts for all 5 years must be within the same funding tier. The FY 2021 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. 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.

If applying for the LEND Supplement, the budget for this supplement may not exceed \$50,000 for 1 year. Your proposal for the supplemental funds may only be awarded one time and may be awarded during any of the 5 budget years.

The General Provisions in Division A of the Further Consolidated Appropriations Act, 2020 (P.L. 116-94) and Continuing Appropriations Act, 2021 and Other Extensions Act (P.L. 116-159) are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information. Awards will be made subsequent to enactment of the FY 2021 appropriation. The NOA will reference the FY 2021 appropriation act and any restrictions that may apply. Note that these or other restrictions will apply as required by law in subsequent appropriations acts for FY 2021.

See restrictions and non-allowable costs in [Appendix A: Applicable Standards for Using Grant Funds to Support LEND Trainees/Fellows](#).

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 applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

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 LEND program has six review criteria outlined below with specific detail and scoring points.

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

The strength of the application to:

- Demonstrate understanding of the national, state, regional, and local need for MCH professionals with expertise in ASD/DD related to screening, diagnosis, and interdisciplinary service delivery.
- Identify unmet needs, social determinants of health, and health disparities affecting individuals with ASD/DD.

- Describe how the proposed project will address gaps in the system of care for individuals with ASD/DD.

Criterion 2: RESPONSE (35 points) – Corresponds to Section IV’s [Methodology, Work Plan and Logic Model, and Resolution of Challenges](#)

Overall Methodology (10 points)

The strength of:

- The proposed goals and objectives in response to the legislative intent and the identified goals of the LEND initiative.
- The proposed continuing education (CE) activities for practicing professionals, including meeting the minimum of three per project per year.
- The proposed plans to conduct outreach and provide technical assistance (TA) to community organizations to improve services for people with and at risk for ASD/DD.
- The work plan to effectively describe the activities or steps that will be used to achieve each of the objectives proposed in the methodology section, their time-frame, and the responsible staff or partner.
- The logic model to effectively demonstrate the relationship among activities, outputs, and short- and long-term outcomes.
- The proposed strategies to address the potential obstacles identified in implementing the program and evaluation.
- The commitment from partner organizations to enhance the training program, as demonstrated by letters of support and formal agreements.

Trainee Recruitment and Retention (10 points)

The strength of the proposed:

- Approach to recruit and retain a cohort of LTTs with a commitment to serving individuals with ASD/DD.
- Recruitment and retention methods to attract trainees from diverse backgrounds, including from underrepresented racial and ethnic groups.
- Approach to ensuring the program recruits the minimum number of LTTs from a minimum number of trainee disciplines, as required by the selected funding level from [Table 2: Allowable Funding Levels](#).
- Methods to ensure participation of a minimum of one family trainee in the LTT cohort for each project year.
- Methods to ensure participation of a minimum of one self-advocate trainee in the LTT cohort for each project year beginning at least in year 3.
- Approach to recruiting and retaining medium- and/or short-term trainees in the LEND program, and how their training experiences are structured.

Curriculum and Training Content (15 points)

The strength of the proposed:

- Curriculum and training content to increase knowledge and skill of LEND trainees service delivery for individuals with ASD/DD.

- Interdisciplinary training curriculum to incorporate didactic, clinical, and experiential components to meet trainee needs.
- Clinical, practicum, and field placement opportunities for both clinical and non-clinical trainees.
- Clinical and practicum activities to include families and self-advocates as members of interdisciplinary teams.
- Curriculum to advance the MCH Leadership Competencies to prepare graduates to assume leadership roles.
- Didactic training curriculum to deliver content appropriate for interdisciplinary trainees on ASD/DD, including all topics indicated in the Curriculum section.
- Training activities to address transition to adulthood and the lifespan developmental approach.
- Training opportunities in research, evaluation, and/or quality improvement appropriate for a variety of trainees.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's [Evaluation and Technical Support Capacity](#)

The strength of the proposed:

- Strategy to measure and evaluate the project results against the proposed goals and objectives.
- Efforts to monitor progress and conduct quality improvement efforts to ensure the program is meeting the evolving needs of the workforce serving people with ASD/DD.
- Description of the processes and systems to support the collection and tracking of the required MCHB performance measures.
- Personnel assigned to conduct the evaluation as demonstrated by their training and experience for refining, collecting, and analyzing data.
- Evaluation strategy to track and report on current and former LTTs over 10 years.
- Plans to assess quality of the CE and TA provided.
- Plans to assess the quality of the long-, medium-, and short-term trainee experiences.

Criterion 4: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's [Organizational Information](#)

Organizational Capacity (10 points):

The quality and extent to which the applicant:

- Demonstrates that the administrative and organizational structure described will support the proposed project activities.
- Demonstrates the applicant organization has established training programs and/or documented access to training programs to recruit graduate students in the disciplines included in the application.
- Demonstrates adequate physical and technological resources to conduct the training.

- Demonstrates the organization's ability to carry out the project based on relevant past performance implementing a similar training program for interdisciplinary trainees and/or serving individuals with disabilities, if applicable.
- Demonstrates that the infrastructure (physical and/or virtual) is in place for LTTs to meet in an interdisciplinary cohort.
- Demonstrates that LEND curricular materials and physical settings are accessible for all participants.

Project Director, LEND Faculty, and Staff (10 points):

The quality and extent to which the applicant:

- Conveys that the proposed PD meets the requisite requirements for this position under [LEND Project Director](#).
- Includes qualified core faculty and key personnel with experience and expertise in the disciplines listed in [Faculty Disciplines and experience or interest in ASD/DD](#).
- Presents an effective approach for recruiting a diverse team of faculty.
- Demonstrates that the faculty work as a cohort to establish a curriculum that meets the needs of the trainees.
- Demonstrates that faculty and other key personnel are well qualified to mentor graduate and post-graduate level students, and serve as leaders in the field.
- Describes a recruitment approach that will ensure the program meets the required minimum number of faculty and faculty disciplines as required by the selected funding level from [Table 2: Allowable Funding Levels](#).
- Clearly articulates the inclusion and roles of the family and self-advocate faculty members on the project.

Criterion 5: IMPACT (10 points) – Corresponds to Section IV's [Methodology](#), [Work Plan and Logic Model](#), and [Evaluation and Technical Support Capacity](#)

The strength of the application to:

- Demonstrate that the proposed project will increase the capacity of the workforce serving individuals with ASD/DD and their families.
- Demonstrate project sustainability after the federal funding period ends.
- Describe strategies to disseminate curricula, products, training approaches, research findings (if any), project results, and successes.
- Demonstrate that project results and products are national in scope.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's [Budget](#) and [Budget Justification Narrative](#)

The strength of:

- The proposed budget and budget narrative to support the proposed project activities.
- The proposal reflecting that one PD will commit to the expected minimum of 30 percent time/effort to the project (regardless of the source of funding).

- The proposal to demonstrate that other core faculty and key personnel have adequate time devoted to the project to achieve project objectives.
- The budget narrative to present clear trainee stipend amounts.
- The budget to financially compensate family and self-advocate trainees and faculty.
- The budget and budget narrative to indicate that travel funds are allocated for applicants to attend required recipient meetings.
- The documentation to support the [funding level](#) for which the program qualifies.
 - New applicants should not request more than \$464,000.
 - Competing continuation applicants have proposed to move up no more than one funding tier, stay in the same tier, or move to a lower tier.
 - Competing continuation applicants demonstrate, using the calculation in *Attachment 7*, that they have met the minimum number of required trainees for their selected funding tier in the previous grant cycle.
 - The application clearly documents that the program will meet the minimum number of trainees, and the minimum number of trainee and faculty disciplines, as required by the proposed funding tier for all 5 budget years.

2. Review and Selection Process

The objective 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. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

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

Funding Selection Method for LEND Supplement:

Each year, supplemental funding MAY be awarded for up to a total of 11 recipients selected for the LEND training program. Supplemental funding may be awarded in any of the 5 project years. Supplements will be funded in the order of the objective review score for the LEND competition.

LEND Supplement -- Corresponds to Section IV's Attachment 6 - (Only applies to applicants requesting supplement funding under the optional LEND Supplement.)

Note: Applying for this supplement does not impact the LEND application score for the base award.

3. Assessment of Risk

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

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the

project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or “other support” information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA’s approving and business management officials will determine whether HRSA can make an award, 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.

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

HRSA will report to FAPIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

VI. Award Administration Information

1. Award Notices

HRSA will issue the NOA prior to the start date of July 1, 2021. See Section 5.4 of HRSA’s [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA’s [SF-424 R&R Application Guide](#).

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that

apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See [45 CFR § 75.101 Applicability](#) for more details.

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

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 you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

3. Reporting

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

- 1) **DGIS Performance Reports.** Available through the EHBs, the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report **annually**, by the specified deadline. To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are available at <https://grants4.hrsa.gov/DGISReview/FormAssignmentList/T73.html>. The type of report required is determined by the project year of the award's period of performance.

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	July 1, 2021 – June 30, 2026 <i>(administrative data and performance measure projections, as applicable)</i>	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	July 1, 2021 – June 30, 2022 July 1, 2022 – June 30, 2023 July 1, 2023 – June 30, 2024 July 1, 2024 – June 30, 2025	Beginning of each budget period (Years 2–5, as applicable)	120 days from the available date
c) Project Period End Performance Report	July 1, 2025 – June 30, 2026	Period of performance end date	90 days from the available date

The full OMB-approved reporting package is accessible at <https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection> (OMB Number: 0915-0298 | Expiration Date: 06/30/2022).

- 2) **Progress Report(s)**. The recipient must submit a progress report narrative to HRSA **annually** via the Non-Competing Continuation Renewal in the EHBs, which should address progress against program outcomes (e.g., accomplishments, barriers, significant changes, plans for the upcoming budget year). Submission and HRSA approval of a progress report will trigger the budget period renewal and release of each subsequent year of funding. Further information will be available in the NOA.
- 3) **Autism CARES Act Evaluation**. All recipients agree to participate in Autism CARES Act evaluation activities, which inform the federal report to Congress.
- 4) **Final Report**. The recipient must submit a final report narrative to HRSA after the conclusion of the project.
- 5) **Integrity and Performance Reporting**. The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

Please note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020.

VII. Agency Contacts

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

Devon Cumberbatch
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-7532
Email: dcumberbatch@hrsa.gov

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

Robyn Schulhof, MA, Rita Maldonado, MPH, and Karla Brewer, M.Ed
Public Health Analysts/Project Officers
Attn: LEND Program
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, 18th floor
Rockville, MD 20857
Telephone: (301) 443-0258; (301) 443-3622; (301) 443-2520
Email: rschulhof@hrsa.gov; rmaldonado@hrsa.gov; kbrewer@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 EHBs](#). For assistance with submitting information in the 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

Technical Assistance

HRSA has scheduled the following technical assistance:

Day and Date: Friday, December 11, 2020

Time: 1–3 p.m. EST

2-hour TA webinar agenda:

- 1–2 p.m. EST: General NOFO overview
- 2–3 p.m. EST: Attachment 6 **Optional** LEND Supplement and Attachment 7: Funding Tier Calculation Instructions

Call-In Number: 1-888-913-9966

Participant Code: 6137293

Weblink: <https://hrsa.connectsolutions.com/hrsa-21-041-ta/>

HRSA will record the webinar and make it available at:

<https://mchb.hrsa.gov/fundingopportunities/default.aspx>.

Tips for Writing a Strong Application

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

Appendix A: Applicable Standards for Using Grant Funds to Support LEND Trainees/Fellows

A. Definitions

1. A **long-term trainee** is an individual enrolled for 300+ hours in the LEND training program. Trainees are qualified to participate if they are currently achieving an advanced degree (pre-doctoral), are family members or self-advocates, or are practicing professionals from the community with graduate degrees or commensurate work or leadership experience. Long-term trainee status is independent of a trainee's enrollment status at the academic institution (based on credit hours and/or academic units per term).
2. A **long-term fellow** is an individual enrolled for 300+ hours in the LEND training program. Fellows are post-doctoral and have met at least the minimum standards of education and experience accepted by their respective professions. Long-term fellow status is independent of a fellow's enrollment status at the academic institution (based on credit hours and/or academic units per term).
3. An **advanced medium-term trainee** is an individual enrolled in LEND for 150–299 hours of training. Stipends for advanced medium-term trainees are at the discretion of the recipient. Trainee status is independent of a trainee's enrollment status at the academic institution (based on credit hours and/or academic units per term).
4. A **stipend** is allowable as cost-of-living allowances for trainees. A stipend is not a fee-for-service payment and is not subject to the cost accounting requirements of the cost principles.²⁰ This is also known as a “participant support cost” per the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at [45 CFR part 75](#).

B. Qualifications for receiving stipends/tuition/salary support under this program

1. Trainees/fellows receiving stipends or salary under this program will generally be long-term trainees. Stipends for advanced medium-term trainees are allowable and may be provided at the discretion of the recipient.
2. Tuition support may be provided to LEND trainees/fellows enrolled full-time or part-time for academic credits.
3. A long-term LEND trainee must have at least a baccalaureate degree and be enrolled in a graduate program, or must be participating as a family member, self-advocate, or as a practicing professional.

²⁰ HHS Grants Policy Statement
(<https://www.hrsa.gov/sites/default/files/grants/hhsgrantspolicy.pdf>)

4. A long-term LEND fellow must have achieved the academic degree and completed requisite training which constitutes the basic professional level training for his/her field.
5. A special trainee or fellow may be approved, upon request to the MCHB PO after award, only in those unusual circumstances where particular needs cannot be met within the categories described above.
6. Citizenship – The trainee or fellow receiving a stipend must be a citizen or a non-citizen national of the United States or have been lawfully admitted for permanent residence, as evidenced by a currently valid Permanent Resident Card [USCIS Form I-551] or other legal verification of such status, by the start of the training grant, fellowship or traineeship, or award. A non-citizen national is a person who, although not a citizen of the United States, owes permanent allegiance to the United States.
7. Licensure – For any profession for which licensure is a prerequisite, the trainee/fellow must also be licensed by one of the states, or, in the case of foreign graduates, meet other requirements which legally qualify him/her to practice his/her profession in the United States.

C. Restrictions

1. Only long-term and advanced medium-term trainees may receive stipends from the grant funds.
2. Concurrent Support – Stipends or salary generally will not be made available under this program to persons receiving a salary, fellowship, or traineeship stipend, or other financial support related to his/her training or employment for the same hours counted toward his/her HRSA-funded traineeship/fellowship. Exceptions to these restrictions may be requested to the MCHB PO, after award, and will be considered on an individual basis.
3. Non-Related Duties – The funding recipient shall not use funds from this award to require trainees or fellows to perform any duties which are not directly related to the purpose of the training for which the grant was awarded.
4. Field Training – Funded recipients may not utilize grant funds to support field training, except when such training is part of the specified requirements of a LEND training program, or is authorized in the approved application.
5. Grant funds may be used for costs associated with reasonable modifications and accommodations for trainees with disabilities, however, these costs are not to be deducted from trainee stipends.

6. Grant funds may not be used:
 - a) For the support of any trainee who would not, in the judgment of the recipient, be able to use the training or meet the minimum qualifications specified in the approved plan for the training.
 - b) To continue the support of a trainee who has failed to demonstrate satisfactory participation in the training program.
 - c) For support of candidates for undergraduate or pre-professional degrees or credentials.

D. Trainee Costs

1. Allowable Costs:²¹
 - a) Stipends or salary (except as indicated above).
 - b) Tuition and fees.²²
 - c) Travel related to training and field placements (international travel requests will require prior approval).
 - d) Post-doctoral/post-residency fellows may be supported via stipend or salary:
 - a. If supported on salary, fringe benefits are an allowable cost.
 - b. If supported via stipend, medical insurance is an allowable cost.
2. Non-Allowable Costs:²¹
 - a) Dependent/family member allowances.
 - b) Daily commuting costs.
 - c) Fringe benefits or deductions which normally apply only to persons with the status of an employee.
3. Programmatic Restriction:

A LTT stipend is allowed for the completion of 300+ hours of LEND training. For trainees approved to complete long-term LEND training over 2 years, their stipend may be prorated over the course of their training.
4. Stipend Levels

The Division of MCH Workforce Development (DMCHWD) has adopted stipend levels established by Kirschstein-National Research Service Awards (NRSA) for trainees and fellows (pre-doctoral and post-doctoral). Dollar amounts indicated in this NOFO are subject to update by the NIH as reflected in this issuance. All approved stipends indicated are for a full calendar year and must be *prorated for the training period*, as appropriate. The stipend levels may, for the DMCHWD, be treated as ceilings rather than mandatory amounts, i.e., stipends may be less than *but may not exceed* the amounts indicated. However, where lesser amounts are awarded, the awarding institution must have established, written policy which identifies the basis or bases for such variation and which ensures equitable treatment for all eligible trainees/fellows. These stipend levels were updated on February 7, 2020, <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-20-070.html>.

²¹ Uniform Administrative Requirements (UAR 45 CFR § 75.466(a)) and the HHS Grants Policy Statement (HHS GPS).

²² Under 45 CFR 75.466(a), tuition remission and other forms of compensation paid as, or in lieu of, wages to students (including fellows and trainees) performing necessary work are allowable provided that there is a bona fide employer-employee relationship between the student and the institution for the work performed, the tuition or other payments are reasonable compensation for the work performed and are conditioned explicitly upon the performance of necessary work, and it is the institution's practice to similarly compensate students in non-sponsored as well as sponsored activities. Other requirements also apply.

Stipends for LEND LTTs may be supplemented by other federal funding sources to support additional LEND training that exceeds the required 300 hours. The terms of the federal program from which the supplemental funds are to be derived must authorize this practice.

a) Pre-Doctoral trainee

One stipend level is used for all pre-doctoral candidates, regardless of the level of experience.

Career Level	Years of Experience	Stipend for FY 2020	Monthly Stipend
Pre-doctoral	All	\$25,320	\$2,110

b) Post-Doctoral fellow

The stipend level for the entire first year of support is determined by the number of full years of relevant post-doctoral experience** when the award is issued. Relevant experience may include research experience (including industrial), teaching assistantship, internship, residency, clinical duties, or other time spent in a health-related field beyond that of the qualifying doctoral degree. Once the appropriate stipend level has been determined, the fellow must be paid at that level for the entire grant year. *The stipend for each additional year of support is the next level in the stipend structure and does not change mid-year.* These stipend levels should be used to guide support for post-doctoral and post-residency fellows whether supported via stipends or salary.

Career Level	Years of Experience	Stipend for FY 2020	Monthly Stipend
Post-doctoral	0	\$52,704	\$4,392
	1	\$53,076	\$4,423
	2	\$53,460	\$4,455
	3	\$55,596	\$4,633
	4	\$57,456	\$4,788
	5	\$59,580	\$4,965
	6	\$61,800	\$5,150
	7 or More	\$64,008	\$5,334

**Determination of the “years of relevant experience” shall be made in accordance with program guidelines and will give credit to experience gained prior to entry into the grant-supported program as well as to prior years of participation in the grant-supported program. The appropriate number of “years” (of relevant experience) at the time of entry into the program will be determined as of the date on which the individual trainee begins his/her training rather than on the budget period beginning

date of the training grant. Stipends for subsequent years of support are at the next level on the stipend chart.

Appendix B: Logic Model for Leadership Education in Neurodevelopmental Disabilities (LEND) Grant Program

PROGRAM PROCESS What is the planned work for the program?		PROGRAM OUTCOMES What are the program's intended results?		
ACTIVITIES (What will program inputs do?)	OUTPUTS / PRODUCTS (What will be created as a result of the activity?)	SHORT-TERM / INTERMEDIATE (What will change as a result of the product/system implemented?)	LONG-TERM / IMPACT (What will change if short-term / intermediate outcomes are achieved?)	
1	<p>Interdisciplinary Training Recruit and train current graduate students and practicing professionals from a variety of disciplines, with a commitment to serving individuals with ASD/DD across the lifespan.</p> <p>Provide comprehensive, interdisciplinary curriculum with a balance of didactic, clinical, and leadership training components.</p> <p>Recruit and train trainees from underserved/underrepresented socioeconomic groups, racial/ethnic groups, and/or geographic regions.</p> <p>Engage faculty from a variety of disciplines to collaborate, develop, and implement the LEND curriculum and serve as mentors to trainees.</p> <p>Engage family and self-advocate trainees and faculty in LEND programs.</p> <p>Audiology Training Recruit and train pediatric audiology trainees to participate with other LEND LTTs. (Funded by Early</p>	<p>Long-term, interdisciplinary trainee cohorts meet the recruitment levels required in the tiers listed in the NOFO.</p> <p>Medium-term and short-term trainees complete a subset of LEND training curriculum.</p> <p>Trainees complete a disability and leadership curriculum that enhances the skills learned in their individual disciplinary training to focus on specialty care for individuals with ASD/DD.</p> <p>Professionals from underrepresented populations are recruited and trained to work in</p>	<p>Increased access to interdisciplinary training opportunities are available to LEND trainees through didactic, clinical, research and practical experiences.</p> <p>Increased percentage of providers from different disciplines are trained to address the complex needs of individuals with ASD/DD.</p> <p>Increased knowledge and skill of LEND trainees in ASD/DD service delivery.</p> <p>Increased number and percentage of LEND program graduates from different disciplines, at 2-, 5-, and 10-years post training, who</p>	<p>Increased capacity of the professional workforce that can identify, evaluate, or care for individuals with ASD/DD.</p> <p>Audiology Training Increased capacity of the professional workforce that can identify, evaluate, or care for individuals with ASD/DD and hearing loss.</p>

PROGRAM PROCESS What is the planned work for the program?		PROGRAM OUTCOMES What are the program's intended results?	
ACTIVITIES (What will program inputs do?)	OUTPUTS / PRODUCTS (What will be created as a result of the activity?)	SHORT-TERM / INTERMEDIATE (What will change as a result of the product/system implemented?)	LONG-TERM / IMPACT (What will change if short-term / intermediate outcomes are achieved?)
Hearing Detection and Intervention supplement.)	<p>the field of ASD/DD.</p> <p>Interdisciplinary faculty members meet the recruitment levels required in the tiers listed in the NOFO. Faculty members provide instruction, mentorship, and supervision to interdisciplinary trainees. Faculty work as a cohort to establish a curriculum and further the field of ASD/DD through academic research.</p> <p>Family and self-advocates are recruited and engaged in teaching, mentorship, and partnership to infuse family and first-person perspectives throughout all LEND activities.</p> <p>Audiology Training</p>	<p>work with MCH populations, demonstrate field leadership, and work in an interdisciplinary manner to serve individuals with ASD/DD.</p> <p>Increased diversity of the workforce trained and able to care for children with ASD/DD and families.</p> <p>Improved cultural competency and person/family-centeredness of services and care provided to children with ASD/DD and families.</p> <p>Increased percentage of faculty and health care professionals from family and self-advocate disciplines.</p> <p>Increased leadership skills among family and self-advocates to</p>	

PROGRAM PROCESS What is the planned work for the program?		PROGRAM OUTCOMES What are the program's intended results?	
ACTIVITIES (What will program inputs do?)	OUTPUTS / PRODUCTS (What will be created as a result of the activity?)	SHORT-TERM / INTERMEDIATE (What will change as a result of the product/system implemented?)	LONG-TERM / IMPACT (What will change if short-term / intermediate outcomes are achieved?)
	Pediatric audiologists are recruited and trained with other LEND trainees to meet the complex needs of individuals with ASD/DD and hearing loss.	<p>serve individuals with ASD/DD.</p> <p>Trainees will seek partnership with families and self-advocates in clinical, research, and community settings throughout their careers.</p> <p>Increased access to services and care that are culturally competent and person/family-centered, to ensure equitable care among individuals with ASD/DD.</p> <p>Improved access to evidence-based, interdisciplinary specialty care among individuals with ASD/DD across the lifespan.</p> <p>Audiology Training Increased percentage of pediatric</p>	

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		audiologists able to meet the complex needs of individuals with ASD/DD and hearing loss. Improved access to specialty care for individuals with ASD/DD and hearing loss.	
2	<p>Collaboration Provide technical assistance to community agencies and other stakeholders, including Title V agencies.</p> <p>Recipients engage in national LEND network activities, such as LEND workgroups, recipient meetings, and technical assistance opportunities.</p>	<p>Local, state, and national organizations receive TA from LEND recipients.</p> <p>Increased involvement of LEND recipients in national LEND network activities, including engagement in quality improvement efforts.</p>	<p>Increased access to technical assistance (including Title V agencies).</p> <p>Increased awareness of ASD/DD, and evidence-based care practices, among practicing professionals and community service providers.</p> <p>Improved access to evidence-based, interdisciplinary specialty care among individuals with ASD/DD across the lifespan.</p> <p>Strengthened partnerships and coordination between LEND programs and community agencies.</p> <p>Increased capacity of the national LEND network to respond to emerging issues in the field of ASD/DD.</p>

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3 Continuing Education Develop and deliver continuing education opportunities for practicing professionals and community service providers not currently enrolled in formal degree or certificate programs.	Increased number of practicing professionals and community partners participate in continuing education to provide services to individuals with ASD/DD.	<p>Increased percentage of practicing professionals and community service providers trained to meet the complex needs of individuals with ASD/DD.</p> <p>Increased awareness of ASD/DD, and evidence-based care practices, among practicing professionals and community service providers.</p> <p>Improved access to evidence-based, interdisciplinary specialty care among individuals with ASD/DD across the lifespan.</p>	Increased capacity of the professional workforce that can identify, evaluate, or care for individuals with ASD/DD.

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4 Research Engage interdisciplinary faculty and trainees in research and in training on research methods.	Programs develop and disseminate products and publications detailing their findings to build upon and implement evidence-based practices for serving individuals with ASD/DD throughout their lifespan.	Increased or maintained number of publications and products developed by LEND faculty and trainees. Increased knowledge and skills of LEND faculty and trainees in research and research methods.	Increased scientific knowledge among practicing professionals of the challenges, strengths, and service needs of individuals with ASD/DD via interdisciplinary collaborations. Expanded evidence base to inform clinical practice and intervention for individuals with ASD/DD across the lifespan.