U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA

Health Resources & Services Administration

Maternal and Child Health Bureau
Division of MCH Workforce Development

MCH Navigator Program

Funding Opportunity Number: HRSA-21-044
Funding Opportunity Type(s): Competing Continuation, New
Assistance Listings (CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: January 19, 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: October 20, 2020

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Maternal and Child Health (MCH) Navigator Program. The purpose of this program is to serve as a learning portal of high-quality, vetted, MCH Leadership Competency-based trainings and resources to strengthen the knowledge, skills, and capacity of the MCH workforce through online continuing education tailored to meet the needs of emerging and practicing MCH professionals.

Funding Opportunity Title:	MCH Navigator Program
Funding Opportunity Number:	HRSA-21-044
Due Date for Applications:	January 19, 2021
Anticipated Total Annual Available FY 2021 Funding:	$225,000
Estimated Number and Type of Award(s):	Up to one cooperative agreement
Estimated Award Amount:	Up to $225,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2021 through June 30, 2026 (5 years)
Eligible Applicants:	Domestic public or nonprofit private institutions of higher learning may apply for these MCH training grants. See 42 CFR § 51a.3(b). See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

<u>Technical Assistance</u>

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Monday, November 16, 2020
Time: 2–3 p.m. ET
Call-In Number: 1-800-857-9752
Participant Code: 2389067
Weblink: https://hrsa.connectsolutions.com/hrsa-21-044-mch-np/

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 announces the opportunity to apply for funding under the MCH Navigator Program. The purpose of this program is to serve as a learning portal of high-quality vetted, MCH Leadership Competency-based trainings and resources to strengthen the knowledge, skills, and capacity of the MCH workforce through online continuing education (CE) tailored to meet the needs of emerging and practicing MCH professionals. This program supports HRSA Strategic Plan 2019–2022 goals to improve access to quality health care and services, strengthen the health workforce, and improve health equity.

The specific objectives of the MCH Navigator Program are to support the workforce by: (1) assessing and addressing the state of knowledge and skills in the MCH community; (2) increasing knowledge and skills of the MCH workforce and students; (3) providing access to high-quality, relevant, accessible trainings; (4) developing innovative website features and enhancements[1]; and (5) collaborating with state Title V, local public health staff, and key MCH organizations.

2. Background

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

Need for the MCH Navigator
Federal, state, and local MCH agencies are tasked with improving the health of all U.S. mothers, children, and families, and accomplishing this requires knowledgeable and innovative leaders who can work across disciplines and systems that serve these populations. However, according to recent public health workforce assessment data, only 14 percent of the state and local governmental MCH workforce has received formal training in public health.[2] In addition, the MCH workforce faces significant barriers to obtaining workforce training, such as access, travel restrictions, difficulty taking time away from the workplace, and/or limited state and local budget support for professional development.[3] There are currently limited ways in which MCH academia can share MCH curricula and spread effective teaching resources in MCH; there is a need to connect MCH professionals and students to online learning resources that translate competency-based knowledge into action. To address these needs, training materials from Title V Special Projects of Regional and National Significance (SPRANS) investments, MCH training programs, and other CE materials need to be aggregated, vetted, and made accessible through an easy-to-use web portal. At the same time customized, interactive professional development on emerging topics is needed to

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[1] Examples of innovative features and enhancements may include, but are not limited to, emerging topical areas related to MCH Leadership Competencies, different learning modalities, such as microlearning programs, tools such as Title V state level workforce assessment "snapshots," and/or other technological innovations.
[2] Public Health Workforce Needs and Interest Survey 2017 National Findings. (2019, October). Retrieved from https://www.debeaumont.org/ph-wins/
[3] AMCHP Workforce Development Survey (2017). Retrieved from http://www.amchp.org/programsandtopics/WorkforceDevelopment/survey/Pages/default.aspx

ensure that MCH professionals and students have the knowledge and skills they need to work across disciplines and systems to safeguard the health of mothers, children, and families. The MCH Navigator provides competency-based learning to accelerate the ability of the MCH workforce to improve the health of infants, children, youth, mothers, and families.

Since 2013, the MCH Navigator has served as a centralized portal for pursuing continuous learning in MCH and is designed to help emerging and established MCH professionals and students map professional growth pathways. It provides state and local public health professionals with free online, competency-based learning opportunities and training resources to provide them with the tools they need to effectively address emerging health issues and to improve the health of mothers, children, and families.

The MCH Navigator is specifically structured to meet the needs of the MCH workforce, including staff with different professional responsibilities, professional disciplines, education, work experience, and prior exposure to Title V and public health. As such, it encourages life-long learning across all career stages, facilitates self-directed learning, and is constantly evolving to address new and expanding areas of MCH practice. The MCH Navigator is the only resource of this nature – providing workforce development that is guided, comprehensive, trusted, and curated – and tailored to the unique needs of MCH professionals.

It is aligned to the MCH leadership competencies and allows rapid access to up-to-date training for MCH professionals. These competencies are designed to support and promote MCH leadership through a framework that describes specific knowledge, skills, personal characteristics, and values.

The MCH Navigator provides a searchable, web-based resource inventory of over 400 highly vetted online learning opportunities that catalogues the content and skills addressed by each training in the collection. Over 100,000 users accessed online trainings in 2019, accessing over 600 courses from the Navigator, which translated into MCH professionals receiving over 17,000 training hours from learning opportunities in 2019. Approximately 70 percent of users were from state and local MCH programs.

The MCH Navigator provides an interactive online self-assessment that matches learners to a personalized learning plan – providing guides to assist professionals and students in addressing their strengths and weaknesses in leadership competencies and offering access to trainings that address those needs. Over 7,000 professionals and students have taken the MCH Navigator's online self-assessment to date (over 2,000 in 2019 alone), yielding over 900,000 points of data that track the current state of knowledge and skills across the 12 MCH Leadership Competencies.

In collaboration with key partners, including MCHB's National MCH Workforce Development Center, MCHB Training Programs, and other MCH organizations and agencies, the MCH Navigator has co-developed tools for the field including *Strategies for Promoting Health Equity in Your State*, the *Title V Transformation Tools Portal*, and the *MCH Academic Legacy Project*. Based on emerging needs, and in partnership with HRSA recipients, the program also develops new learning resources to respond to

changing needs of the MCH workforce. For additional information, please visit the [MCH Navigator](#).

Title V of the Social Security Act

In 1935, Congress enacted Title V of the Social Security Act, authorizing the Maternal and Child Health (MCH) Services Programs. Title V has provided a foundation and structure for assuring the health of mothers and children in our nation for over 85 years. Title V was designed to improve health and assure access to high-quality health services for present and future generations of mothers, infants, children, and adolescents, including those with disabilities and chronic illnesses, with special attention to those of low income or with limited availability of health services.

You are strongly encouraged to become familiar with the full scope of Title V Block Grant requirements to inform efforts around building capacity of Title V leaders and staff. Information on the Title V Maternal and Child Health Services Block Grant Program can be found at https://mchb.hrsa.gov/maternal-child-health-initiatives/title-v-maternal-and-child-health-services-block-grant-program .

II. Award Information

1. Type of Application and Award

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

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where HRSA anticipates substantial involvement with the recipient during performance of the contemplated project.

HRSA program involvement will include:
- In addition to the usual monitoring and technical assistance provided under the cooperative agreement, MCHB responsibilities will include the following:
  - Making available the services of experienced HRSA/MCHB personnel as participants in the planning and development of all phases of the project;
  - Ongoing review of activities and procedures to be established and implemented for accomplishing the goals of the cooperative agreement;
  - Participation, as appropriate, in conference calls, meetings and technical assistance sessions conducted during the period of the cooperative agreement;
  - Review of project information prior to dissemination;
  - Assistance and referral in the establishment and facilitation of effective collaborative relationships with federal and state agencies, MCHB award projects, resource centers, and other entities that may be relevant to the project's mission;
  - Provision of information and training resources; and
  - Participating with the award recipient in the dissemination of project findings, products, best practices, and lessons learned from the project.

The cooperative agreement recipient's responsibilities will include:
- Complete activities proposed in response to the Program Activities section of this notice of funding opportunity (NOFO);
- Inform the HRSA project officer of any publications, audiovisuals, and other materials produced prior to distribution under the auspices of the cooperative agreement;
- Consulting with the federal project officer at the time of concept development of materials and include review of drafts and final products;
- Participate in meetings and conference calls with HRSA conducted during the period of this cooperative agreement; and
- Collaborate with HRSA on ongoing review of activities, procedures, and budget items.

2. Summary of Funding

HRSA estimates approximately $225,000 to be available annually to fund one recipient. The actual amount available will not be determined until enactment of the final FY 2021 federal appropriation. You may apply for a ceiling amount of up to $225,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. 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 MCH Navigator 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.

Limitations on indirect cost rates
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.

III. Eligibility Information

1. Eligible Applicants

Domestic public or nonprofit private institutions of higher learning may apply for these MCH training grants. See 42 CFR § 51a.3(b).

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 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.

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 justification, 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 included in the page limit may not exceed the equivalent of **70 pages** when printed by HRSA. 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. Biographical sketches **do** count in the page limitation. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-044, 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. **It is therefore 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.

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 6–15: 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 justification, 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*

  Briefly describe the purpose of the proposed project.

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

  Briefly describe the background of the proposal by critically evaluating the national need/demand for the training and specifically identify MCH workforce development needs to be addressed and gaps which the project is intended to fill.

  You should also concisely state the importance of the project by documenting the potential of the project to meet the purposes of the program described in this NOFO, demonstrate comprehensive knowledge of MCH workforce needs, and how a well-trained MCH workforce contributes to improve MCH population health outcomes.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion #2: Response*

  State the overall goal(s) of the project and list the specific objectives that respond to the stated need/purpose for this project. The objectives should be specific, measurable, achievable, relevant, and time-oriented (SMART) with specific outcomes for each project year which are attainable in the stated time frame.

  1) **ASSESSING THE STATE OF KNOWLEDGE AND SKILLS IN THE MCH WORKFORCE AND THE NEEDS OF THE MCH WORKFORCE**
     Describe how you will assess the state of knowledge and skills in the MCH workforce on an ongoing basis and how you plan to address any workforce gaps as related to the needs of the MCH workforce.

     Detail a plan and sources for regularly monitoring Title V workforce needs, assuring that any content created by the MCH Navigator does not duplicate existing MCH content such as that developed by MCHB's Division of MCH Workforce Development (DMCHWD), HRSA-funded Public Health Training Centers, and other public health content providers.

     Describe how project staff will utilize guidance from external MCH advisory groups and partnerships with MCH stakeholder organizations to inform this ongoing assessment and planning process.

  2) **INCREASING KNOWLEDGE AND SKILLS OF THE PRACTICING AND FUTURE MCH WORKFORCE**
     Describe a plan to maintain and/or build upon the current MCH Navigator to increase the knowledge and skills of the MCH workforce. A successful program will provide a website that includes (1) examples of how to use the MCH Navigator in a variety of settings (e.g., academic, state Title V agencies) and modalities, (2) trainings (e.g., learning opportunities, briefs, spotlights), (3) a self-assessment, such as the self-assessment currently on the MCH Navigator, (4) innovative programs and ways to engage learners (e.g., microlearning

programs), (5) learning resources critical to increasing the knowledge and skills of the MCH workforce, including orientation to MCH (e.g., learning bundles).

Describe how you will work with different target audiences (e.g., academics, training recipients, students, Title V programs) to increase the knowledge and skills of the MCH workforce and students. Describe a plan for engaging with users to support workforce development through the MCH Navigator. Include any guiding conceptual framework for the MCH Navigator, as related to adult learning principles.

Describe a plan for documenting and highlighting how state Title V agencies, academia, training programs, local MCH agencies, Title V programs, and others are using the MCH Navigator resources to support workforce development and increase the knowledge and skills of the MCH workforce.

Describe your plan to measure users' increase in knowledge and skills, using an online self-assessment tool.

Support for Current and Future MCH Faculty
Describe your capability to partner with MCH Training Programs such as the [Centers of Excellence in MCH Education, Science and Practice](#) to establish and maintain a forum to support the cadre of current and future MCH faculty, aiming to enhance knowledge and skills essential to teaching in the field of MCH. Activities may include, but are not limited to, virtual and in-person gatherings to support pathways into academic MCH, a platform for programs to share MCH curricular resources, and support for mentorship between MCH academic programs, to facilitate the ongoing development of MCH Training Programs. Describe how impact will be evaluated for activities described.

3) **PROVIDING ACCESS TO HIGH-QUALITY, RELEVANT, AND ACCESSIBLE TRAININGS**
Describe how the MCH Navigator will meet the ongoing training needs of a diverse MCH workforce by providing a one-stop shop for high-quality, relevant training.

Describe in detail the rigorous and systematic vetting process you will use for all *potential* MCH Navigator trainings and materials, including assessment of specific criteria (e.g., currency, accuracy, relevance of the information, pedagogical approach, and technical aspects of the presentation) and how you will involve the target user audience in this vetting process, creating opportunities for user feedback and thereby ensuring quality improvement. Describe how you will ensure content, pedagogy, and adult-learning approach are meeting workforce needs.

In addition, describe in detail how *existing* content will be annually reviewed and vetted, using specific criteria (e.g., currency, accuracy, relevance of the information, pedagogical approach, and technical aspects of the presentation) and involving target user audiences, in order to create internal quality control

measures, allow opportunities for user feedback, and ensure high-quality content.

Where content gaps are identified, describe how new content will be developed or linked to, marketed, and delivered to learners, including criteria and protocols.

Describe a plan and sources for regularly monitoring currently available open-access (i.e., distributed online, free of cost or other access barriers) MCH materials and trainings, as related to the MCH Leadership Competencies and Subcompetencies. Describe your strategy to link to existing high-quality content.

Describe your plan for determining approximately how many trainings the MCH Navigator will house overall and why that approximate number was chosen and how it relates to the number of MCH Leadership Competencies and Sub-competencies.

Describe a plan for tailoring a personalized learning plan for each individual who takes the MCH Navigator online self-assessment, including the type and number of trainings to be included in the learning plan.

Describe what type of data you will collect from learners (e.g., demographic information, professional experience) and how you will analyze and use this data to improve the MCH Navigator and support MCH workforce development.

Describe a communications, outreach, and dissemination plan for how new content, as well as new materials, will be developed, marketed, and delivered to the MCH workforce and students. Describe how current content and materials will be marketed and disseminated. Provide a detailed plan of how existing and new materials will be posted through enhanced web-based methods.

4) **DEVELOPING INNOVATIVE WEBSITE FEATURES AND ENHANCEMENTS**
The MCH Navigator has a history of developing annual innovative features and enhancements, such as the microlearning programs, "5 Minute MCH," "Public Health Pronto!" and "MCH 20|20" as well as individualized state workforce snapshots for state Title V agency directors. Additional examples of innovative features and enhancements may include, but are not limited to, emerging topical areas related to MCH Leadership Competencies, learning modalities, and/or other technological innovations. Briefly describe potential innovations, including resources, staff, and technology required, how it addresses a critical MCH workforce gap, and how you would engage target audiences in the design and planning process. Include information related to the process for development, implementation, dissemination, and evaluation of the innovative features and enhancements. Describe a plan to identify and develop additional innovations over the period of performance and how you will engage with stakeholders to identify and develop these innovations.

5) **COLLABORATING WITH STATE TITLE V, LOCAL PUBLIC HEALTH STAFF, AND KEY MCH ORGANIZATIONS**

A successful program will have active, functioning, collaborative relationships with state Title V MCH/Children and Youth with Special Health Care Needs (CYSHCN) programs, local MCH programs, HRSA-funded workforce projects, MCHB's Workforce Development Center Program, and related programs in **Attachment 1** (Table of Partners and Collaboration). Describe how you will leverage these relationships to support workforce development through the MCH Navigator. Describe a plan to develop and maintain relationships with state Title V and CYSHCN programs and other relevant state/local MCH programs. Provide any letters of support that demonstrate these partnerships and linkages in **Attachment 2** (Letters of Agreement*).

Describe how you will measure the extent of engagement of partnerships established as related to the MCH Navigator.

Describe plans for an external advisory group and/or expert panel for the MCH Navigator, including experts from the field and academia (e.g., state Title V programs, public health educators and professionals, school health professionals, pediatric and family providers in community-based and hospital settings, academic research centers and schools of public health, families, CYSHCN, culturally diverse communities). Detail the role of the group, including how the MCH Navigator will benefit from having such a group, and expectations of members (e.g., serving as content reviewers), including time commitment, workload, and protocols.

A successful project will include regular collaboration with MCHB DMCHWD staff to facilitate linkages of the MCH Navigator with related federal agency workforce development initiatives (DMCHWD, Bureau of Health Workforce Public Health Training Centers (PHTCs), Area Health Education Centers (AHECs), etc.) and with the Public Health Foundation's TRAIN Learning Network. Describe how you will consult and collaborate with HRSA-funded training award recipients.

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

Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application. Include the work plan as part of **Attachment 3** (Work Plan and Logic Model)**.**

Logic Models

Submit a logic model as part of **Attachment 3** (Work Plan and Logic Model) for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:

- Goals of the project (e.g., reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
- Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

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. You can find additional information on developing logic models at the following website: https://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf.

See **Appendix**: MCH Navigator Logic Model for the overall program logic model for the MCH Navigator Program, provided for informational purposes.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2: Response*

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

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion #3: Evaluative Measures and Criterion #4: Impact*

  Describe the plan for the program evaluation that will contribute to continuous quality improvement. The program evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities. Incorporate feedback from evaluation findings as well as external feedback from MCH partners into the program for continuous quality improvement.

Provide a detailed evaluation plan describing how you will measure the effectiveness of activities related to assessing and addressing the state of knowledge and skills in the MCH community, increasing knowledge and skills of the MCH workforce and students, providing access to high-quality, relevant, accessible trainings, alerting the workforce to new knowledge, developing innovative features and enhancements, and collaborating with state Title V, local public health staff, and key MCH organizations. Because implementation of the MCH Navigator is intended to be a collaborative activity of the MCH community broadly, evaluation plans also must measure the extent of engagement of partnerships established and the outreach and resources leveraged (money, personnel time, course development, etc.) attributable to these partnerships.

Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect, analyze, and track data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. Additional information on performance reporting requirements is in Section VI.

Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, explain how the data will be used to inform program development and service delivery. Document a plan for tracking user data as related to impact and program outcomes. Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

Dissemination and Sustainability
Document a plan to disseminate MCH Navigator training and educational resources to the target audience.

Document a plan for dissemination of project results and the extent to which project results may be national in scope, and the degree to which the project activities are shared with other stakeholders, including Title V, to strengthen the MCH network.

Describe how you will demonstrate compliance with Section 508 requirements.

Propose a plan for project sustainability after the period of federal funding ends. 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.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5: Resources/Capabilities and Criterion #6: Support Requested*

Succinctly describe your organization's current mission, structure, and scope of current activities and how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations. Include an organizational chart as **Attachment 4** (Organizational Chart). Discuss how the

organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.

Describe briefly the administrative and organizational structure within which the program will function, including relationships with other departments, institutions, organizations, or agencies relevant to the program.

The staffing plan and job descriptions for key faculty/staff must be included in **Attachment 5** (Staffing Plan and Job Descriptions for Key Personnel). However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior Key Person Profile form that can be accessed in the Application Package under "Mandatory."

Staffing Plan and Personnel Requirements
The project director is expected to have demonstrated leadership, expertise, and experience in the specific project content and methods. Project staff, including project director, should have expertise in MCH content, the MCH Leadership Competencies and Sub-competencies, Title V and related MCH programs, and MCH workforce development, as well as adult learning and evidence-based education models utilizing available and emerging technologies.

iii. *Budget*
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.

iv. *Budget Justification Narrative*
See Section 4.1.v of HRSA's *SF-424 R&R Application Guide*.

In addition, the MCH Navigator program requires the following:

All budget narratives must provide satisfactory details to fully explain and justify the resources needed to accomplish the proposed training objectives. This justification must provide explicit qualitative and quantitative documentation of required resources, productivity, and expected outcomes.

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.

Narrative Section	Review Criteria
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (4) Impact
Organizational Information	(5) Resources/Capabilities and (6) Support Requested
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: Table of Partners and Collaboration
Provide a table documenting active, functioning, collaborative relationships with MCH/CYSHCN programs, state and local Title V programs, HRSA-funded workforce projects, and related programs.

Attachment 2: Letters of Agreement (project-specific)
Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Letters of support should document strong partnerships with Title V, academia, or other HRSA-funded workforce development programs. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

Attachment 3: 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 4: Organizational Chart
Provide a one-page figure that depicts the organizational structure of the project.

Attachment 5: 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.

Attachments 6–15: 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. At a future, to-be-determined date, 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.

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 *January 19, 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 MCH Navigator 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 $225,000 per year (inclusive of direct **and** indirect costs). 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.

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.

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 MCH Navigator Program has six review criteria. See the 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 extent to which the application effectively demonstrates the problem and associated contributing factors to the problem, to include:
- The quality and reasonableness of the proposed project purpose.
- Evaluation of the national need/demand for training for MCH workforce.
- Sufficient identification of the problem(s) to be addressed and appropriate gaps which the proposed project is intended to fill.
- Sufficient demonstration of how the proposed project will address critical unmet MCH workforce development training needs.

Criterion 2: RESPONSE (38 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges

The extent to which the proposed project responds to the "Purpose" included in the program description. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

Sub-criteria Corresponding to Section IV's Methodology (25 points):
- The quality and reasonableness of the overall goals and specific objectives for the proposed project.
- The quality of the plan to assess the state of knowledge and skills in the MCH workforce and how the applicant plans to address any workforce gaps as related to the needs of the MCH workforce.
- The quality of a plan and sources for regularly monitoring Title V workforce needs, assuring that any content created by the MCH Navigator does not duplicate existing MCH content such as that developed by DMCHWD, Public Health Training Centers, and other public health content providers.
- The quality of the plan and strategies for coordination and collaboration with different target audiences (e.g., academics, MCH Training Programs, students, Title V programs, HRSA-funded MCH workforce development programs, other MCH agencies) to increase the knowledge and skills of the MCH workforce and students.
- The quality of the plan for documenting and highlighting how state Title V agencies, academia, training programs, and others are using the MCH Navigator resources to support workforce development and increase the knowledge and skills of the MCH workforce.

- The quality and feasibility of a plan to support the cadre of current and future MCH faculty, including the use of adult learning principles to guide the conceptual framework.
- The quality of the plan for a rigorous and systematic vetting process for all *potential and current* MCH Navigator trainings and materials, including assessment of specific criteria (e.g., currency, accuracy, relevance of the information, pedagogical approach, and technical aspects of the presentation), including how the applicant will use target user audience in this vetting process, creating opportunities for user feedback and thereby ensuring quality improvement.
- The quality of a plan for developing new content where content gaps are identified, and how to link to, market, and deliver to learners, including criteria and protocols.
- The quality of a plan to regularly monitor currently available open-access MCH materials and trainings, as related to the MCH Leadership Competencies, including a strategy to link to existing high-quality content.
- The quality of a plan for determining approximately how many trainings the MCH Navigator will house overall and why that approximate number was chosen and how it relates the number of MCH Leadership Competencies and Sub-competencies.
- The quality of a plan for tailoring a personalized learning plan for each individual who takes an online self-assessment, including the type and number of trainings to be included in the learning plan.
- The quality of a plan for communications, outreach, and dissemination as related to how new content, as well as new materials, will be developed, marketed, and delivered to the MCH workforce and students, including a description of how current content and materials will be marketed and disseminated, and providing a detailed plan of how existing and new materials will be posted through enhanced web-based methods that build upon http://mchnavigator.org.
- Quality of information about the proposed innovative features/enhancements, expected outcomes, and potential barriers for all anticipated years of the cooperative agreement.
- Sufficient documentation of current, active functioning, collaborative relationships with state Title V MCH/CYSHCN programs, local MCH programs, HRSA-funded workforce projects, and related programs in, as documented in **Attachment 1**, as well as any project-specific letters of support **(Attachment 2).**

Sub-criteria Corresponding to Section IV's Work Plan (7 points):
- The quality and feasibility of a time-framed work plan **(Attachment 3)** that effectively describes the activities or steps used to achieve each of the objectives proposed in the methodology section and which demonstrates meaningful collaboration with key MCH stakeholders.
- The quality of a logic model **(Attachment 3)** that effectively demonstrates the relationship among resources, activities, outputs, target population, short- and long-term outcomes, and utility for evaluation.

Sub-criteria Corresponding to Section IV's Resolution of Challenges (6 points):
- Sufficient identification of challenges likely to be encountered and the reasonableness of approaches to resolve identified challenges.

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

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

- The quality of a plan to incorporate feedback from evaluation findings as well as external feedback from MCH partners into the program for continuous quality improvement.
- Sufficient description of inputs, key processes, and expected outcomes, as related to an evaluation plan, including the quality and reasonableness of plans for the data to be collected, methods for collection, and the manner in which data will be analyzed and reported, including attention to data quality assurance.
- Assigned project personnel have sufficient training and experience for refining, collecting, and analyzing data for evaluation.
- The quality and reasonableness of a plan for tracking user data, as related to program outcomes.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's Work Plan and Evaluation and Technical Support Capacity

The extent to which the proposed project has a public health impact and the project will be effective, if funded. This may include: the effectiveness of plans for dissemination of project results, the impact results may have on the MCH workforce, the extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.
- The strength of a plan to disseminate MCH Navigator training and educational resources for its target audiences.
- A detailed and targeted plan to disseminate the project's methodologies and outcomes (e.g., conference presentations and posters, adding to the evidence base), including the impact of the program on the MCH workforce and the extent to which the project results and products are national in scope.
- The strength of a plan to measure the extent of engagement of partnerships established and the outreach and resources leveraged (money, personnel time, course development, etc.) attributable to these partnerships.
- Sufficient demonstration of compliance with Section 508 requirements.
- The strength and reasonableness of a plan for project sustainability after the federal funding ends.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's [Organizational Information](#)

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

- Sufficient description of factors that contribute to the organization's ability to carry out required program activities and meet program expectations.
- The effectiveness of the administrative and organizational structure within which the applicant will function, including an organizational chart (**Attachment 4**).
- The quality and reasonableness of a staffing plan and job descriptions for key personnel; project team have adequate time devoted to the project to achieve project objectives and biographical sketches of faculty and staff indicate strong expertise required to carry out the program. (**Attachment 5**).
- Sufficient available resources –staff, space, and equipment – to carry out the project and sufficient description of how the organization will follow the approved plan, properly account for federal funds, and document costs to avoid audit findings.
- The project director has effectively demonstrated leadership in MCH public health, including a strong track record of leading MCH-related workforce development programs and expertise in MCH content, the MCH Leadership Competencies and Sub-competencies, Title V and related MCH programs, and MCH workforce development, as well as adult learning principles and evidence-based education models utilizing available and emerging technologies.

Criterion 6: SUPPORT REQUESTED (7 points) – Corresponds to Section IV's [Budget](#) and [Budget Justification Narrative](#)

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the activities, and the anticipated results.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The proposed budget and budget justification clearly links to the statement of activities, evaluation plan, and expected outcomes, and is reasonable given the scope of work. The proposed budget justification sufficiently provides explicit qualitative and quantitative documentation of required resources, productivity, and expected outcomes.

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.

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 (FAPIIS). 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 FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified (45 CFR § 75.212).

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (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*.

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.

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 Electronic Handbooks (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/UE8.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 *(administrative data and performance measure projections, as applicable)*	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) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

VII. Agency Contacts

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

Hazel N. Booker
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Room 10W-57D
Rockville, MD 20857
Telephone: (301) 443-4236
Email: NBooker@hrsa.gov

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

Meredith Morrissette, MPH
Division of MCH Workforce Development
Attn: MCH Navigator Program
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18W-46
Rockville, MD 20857
Telephone: (301) 443-6392
Email: MMorrissette@hrsa.gov

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

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

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in 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

<u>Technical Assistance</u>

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Monday, November 16, 2020
Time: 2–3 p.m. ET
Call-In Number: 1-800-857-9752
Participant Code: 2389067
Weblink: https://hrsa.connectsolutions.com/hrsa-21-044-mch-np/

HRSA will record the webinar and make it available at:
https://mchb.hrsa.gov/fundingopportunities/default.aspx.

<u>Tips for Writing a Strong Application</u>

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

Appendix: MCH Navigator Logic Model

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?)**
Provide an online, searchable training portal of high-quality vetted online training courses and learning resources uniquely focused on MCH disciplines and populations, using the 12 MCH Leadership Competencies as a framework.	Online training portal provided and maintained with training and learning resources across the 12 MCH Leadership Competencies.	Increased availability of and access to free, relevant, current, and high-quality training courses and learning resources for MCH professionals that enhance MCH leadership knowledge, skills, and values. Increased knowledge, skills, and capacity of the current and emerging MCH workforce.	Increased capacity for a growing and evolving MCH workforce to meet the needs of MCH populations, and translate competency-based knowledge into action, in a variety of professional and academic settings. Enhanced workforce and leadership capacity of current and emerging MCH professionals.
Provide and maintain an online self-assessment tool that takes into account existing knowledge, skills, and goals (personal and organizational) in providing a structured and personalized training approach across the 12 MCH Leadership Competencies.	Self-assessment tool available online for MCH professionals.	Increased access to tailored continuing education and trainings for the current and emerging MCH workforce. Increased knowledge among MCH professionals. MCH professionals' knowledge, skills and capacities are enhanced and support their ability to provide comprehensive and culturally competent services.	

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?)
Develop and deliver customized training plans to MCH professionals' and state Title V needs based on self-assessment results from online tool.	Customized training plans developed and delivered.	Increased ability to supplement training opportunities customized to the needs of MCH professionals and state Title V.	Enhanced Title V staff capacity in MCH disciplines and strengthened leadership capacity. Increased capacity for a growing and evolving MCH workforce to meet the needs of MCH populations, and translate competency-based knowledge into action, in a variety of professional and academic settings. Enhanced workforce and leadership capacity of current and emerging MCH professionals.
Develop new learning resources based on emerging issues and/or specific needs in the field (e.g., Training Spotlight on Adolescent Health, Training Brief on Telehealth, Implementation Brief on Family-Professional Partnerships).	Learning resources provided.	Increased availability of and access to free, relevant, current, and high-quality training courses and learning resources for MCH professionals that enhance MCH leadership knowledge, skills, and values.	Increased capacity for a growing and evolving MCH workforce to meet the needs of MCH populations, and translate competency-based knowledge into action, in a variety of professional and academic settings. Enhanced workforce and leadership capacity of current and emerging MCH professionals.
Develop a learning activity that uses an innovative learning mechanism (e.g., 5 Min MCH, which uses microlearning as an innovative learning mechanism).	Learning activity that uses an innovative learning mechanism. MCH workforce trained using innovative learning mechanisms.	Increased access to training resources that are based on innovative learning mechanisms, such as microlearning.	

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?)
Provide learning bundle guides based on key MCH and leadership competencies (e.g., MCH fundamentals such as MCH 101, orientations, conceptual models, planning cycle; programmatic issues such as communication, management, and epidemiology).	Learning guides provided.	Increased access to learning resources on key MCH and leadership competencies. Increased capacity of MCH professionals related to MCH fundamentals and key programmatic issues.	Increased capacity for a growing and evolving MCH workforce to meet the needs of MCH populations, and translate competency-based knowledge into action, in a variety of professional and academic settings. Enhanced workforce and leadership capacity of current and emerging MCH professionals. Improved programs and service delivery for MCH populations.
Conduct quality control checks of training materials and access to online courses.	Quality control checks of training materials conducted.	Increased access to high-quality continuing education, training, and resources made available through the MCH Navigator.	
Promote innovative and customized uses of the MCH Navigator based on audience (e.g., academic faculty, Title V staff), professional level (e.g., new to MCH), and type of learning style (e.g., self-directed, semi-structured learning, self-reflective learning, fast interactive learning).	Examples of use resources and brochures developed based on audience, professional level, and preferred learning style.	Current and emerging MCH professionals increase knowledge about innovative ways to use and customize the MCH Navigator to meet their needs (e.g., universities use MCH Navigator trainings to augment course content and materials, Title V staff use the self-assessment to develop individual learning plans for staff performance reviews, students use trainings to provide knowledge and skills for	

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?)**
		field placements and internships).	
Convene an expert panel of MCH organizations representing the workforce (e.g., AMCHP, MCH Workforce Development Center, CityMatCH, and NCCPHT), academics (e.g., ATMCH and the Centers of Excellence in MCH Education), and state Title V staff to vet training materials.	Expert panel convened and training materials vetted. Vetted, high-quality MCH training courses and learning resources identified and made available through the MCH Navigator.	Increased access to high-quality continuing education, training, and resources made available through the MCH Navigator.	
Connect MCH professionals to products/trainings from SPRANS and other MCHB programs/grants.	MCH professionals are connected to products/trainings from SPRANS/MCHB programs and grants.	Increased use of the MCH Navigator by other MCHB programs/grants (e.g., LEND). Increased promotion of SPRANS investments and increased partnerships across SPRANS investments.	Increased workforce and leadership capacity of SPRANS and other MCHB investments.