

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Health Resources & Services Administration

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

Leadership in Family and Professional Partnerships

Funding Opportunity Number: HRSA-19-058
Funding Opportunity Type(s): Competing Continuation, New
Catalog of Federal Domestic Assistance (CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Letter of Intent Due Date: December 14, 2018

Application Due Date: February 12, 2019

*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 14, 2018

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2019 for the Leadership in Family and Professional Partnerships (LFPP) Program. The purpose of this program is to increase the engagement of families¹ with children or youth with special health care needs (CYSHCN) at all levels of health care. The LFPP recipient will be a national resource on family engagement for state and local organizations, such as Family-to-Family Health Information Centers (F2F HICs) and Title V programs, as well as families. The LFPP will provide training, technical assistance, and best practices with the field as they work to implement family engagement strategies and serve diverse, medically underserved CYSHCN and their families.

Funding Opportunity Title:	Leadership in Family and Professional Partnerships
Funding Opportunity Number:	HRSA-19-058
Due Date for Applications:	February 12, 2019
Anticipated Total Annual Available FY 2019 Funding:	Up to \$600,000
Estimated Number and Type of Award(s):	One cooperative agreement
Estimated Award Amount:	Up to \$600,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	June 1, 2019 through May 31, 2022 (3 years)
Eligible Applicants:	Eligible applicants include domestic public or private entities. See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations, tribes, and tribal organizations (as those terms are defined at 25 U.S.C. 450b) are also eligible to apply. 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 Application Guide*, available online at

¹ Family engagement is defined as “patients, families, their representatives, and health professionals working in active partnership at various levels across the health care system to improve health and health care” (Carman, K.L., Dardess, P., Maurer, M., Sofaer, S., Adams, K., Bechtel, C., & Sweeney, J. (2013). Patient and family engagement: A framework for understanding the elements and developing interventions and policies. *Health Affairs*, 32(2), 223-231).

<http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Wednesday, December 5, 2018

Time: 2 – 3 p.m.

Call-In Number: 1-877-709-5345

Participant Code: 4560421

Weblink: https://hrsa.connectsolutions.com/hrsa-19-058_lfpp_nfo/

To access the archived webinar recording and other related resources, please visit the HRSA MCHB Funding Opportunities Webpage:

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

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Leadership in Family and Professional Partnerships (LFPP) Program. The purpose of this program is to increase the engagement of families² with children or youth with special health care needs (CYSHCN) at all levels of health care. The LFPP recipient will be a national resource on family engagement for state and local organizations, such as Family-to-Family Health Information Centers (F2F HICs) and Title V programs, as well as families. The LFPP will provide training, technical assistance, and best practices with the field as they work to implement family engagement strategies and serve diverse, medically underserved CYSHCN and their families.

Program Goal

The overall goal of the LFPP Program is to increase family engagement at all levels of health care, including direct patient care, organizational design and governance, and program and policy, to strengthen the health care systems serving CYSHCN and improve the health and well-being of CYSHCN and their families.

The LFPP recipient will:

- Serve as a national resource for organizations promoting family engagement and provide national leadership on engaging families of CYSHCN in health care.
- Provide technical assistance, training, and education (hereafter referred to as TA/T).
- Engage in partnership building and provide national leadership.
- Conduct data and policy analysis.
- Share best practices and resources with a broad audience of state and national stakeholders interested in promoting family engagement. This includes F2F HICs, state Title V programs, other maternal child health programs, as well as family-led organizations, CYSHCN and their families, clinicians, payers, health systems, medically underserved communities, and others.
- Develop and implement an evaluation plan.

The LFPP Program can be implemented by a single organization or multiple organizations that work as a consortium to fulfill the goals and objectives of the project. If the consortium model is chosen, partnership agreements with the participating organizations are required as part of the application and should describe the roles, responsibilities, relationships, and governance to ensure all program goals and objectives are met.

² Ibid.

Program Objectives

Applications should propose data collection strategies to meet the following program objectives:

- By 2022, 90 percent of F2F HICs and Title V programs receiving TA/T will report they have increased the capability to engage diverse, medically underserved CYSHCN and their families in direct patient care, organizational design and governance, and/or at the program and policy level as a result of the TA/T provided.
- By 2022, set a baseline and increase by 30 percent, the number of MCHB-funded programs receiving TA/T that report the family engagement information or services received met their family engagement goals.
- By 2022, set a baseline and increase by 30 percent annually, the number of partnership activities³ (with organizations that represent and/or serve CYSHCN, particularly from diverse, medically underserved communities) that led to dissemination and/or implementation of best practices and/or resources related to family engagement.

Program Description

For a detailed description of the program, please see [Section IV, page 7](#).

2. Background

This program is authorized by Title V of the Social Security Act, § 501(a)(2) (42 U.S.C. 701(a)(2)). This legislation authorizes federal efforts to improve the health of all mothers and children consistent with the applicable health status goals and national health objectives established by the [Secretary](#) under the Public Health Service Act [[42 U.S.C. 201](#) et seq.]

CYSHCN are defined as “those children that have or are at risk of having a chronic physical, developmental, behavioral, or emotional condition that requires health care and related services beyond what is typically needed by children.”⁴ The 2016 National Survey of Children’s Health (NSCH) estimates 14.2 million children under 18 years of age (19 percent) in the United States have special health care needs. The NSCH data notes there are disparities in health care for CYSHCN overall.⁵ For example, 47.6 percent of CYSHCN did not receive needed elements of care coordination compared to 34.1 percent of non-CYSHCN. Segments of this population also experience disparities based on race, ethnicity, socio-economic status (SES), disability and geography.⁶ Among other challenges, data from the 2016 NSCH revealed CYSHCN families

³ Partnership activities that align with Core Function 2: Partnership Building.

⁴ McPherson, M., et al. (1998). A new definition of children with special health care needs. *Pediatrics*, 102(1 pt 1), 137-140.

⁵ Child and Adolescent Health Measurement Initiative. Data Resource Center for Child and Adolescent Health. 2016 National Survey of Children’s Health (NSCH) data query. Retrieved from <http://www.childhealthdata.org>.

⁶ Ibid.

experience barriers to care even if services are available because the services are not well coordinated across multiple care systems and individuals.⁷

Engaging families as part of their children's care is associated with a variety of positive outcomes, such as reductions in unmet health needs and decreased problems with specialty referrals, and out-of-pocket expenses for CYSHCN.⁸ Research has also shown that engaging families improves patient physical and behavioral functioning.⁹ These benefits are especially important for CYSHCN who live in underserved areas or may experience health disparities due to race, ethnicity, socio-economic status, disability or geography. Despite the known advantages of engaging families as partners in care and emerging frameworks for engaging families at the systems level^{10,11}, there are gaps in the availability of tools and resources for states and health care organizations to operationalize and measure family engagement, as well as a shared understanding and conceptualization of family engagement.¹²

Since 2000, HRSA has promoted family engagement as one of its six core outcomes to ensure quality, comprehensive and coordinated system of care for CYSHCN.^{13,14} The core outcomes state that CYSHCN and their families will partner in decision-making at all levels and will be satisfied with the services they receive.¹⁵ In essence, it calls for families (including patients and their representatives) and health professionals to work actively in partnership "at various levels across the health care system to improve health and health care."¹⁶

This concept of family engagement is embedded in many HRSA programs. Measurement of family engagement is included in the National Quality Strategy and the National Consensus Framework for Improving Quality Systems of Care for CYSHCN.¹⁷

⁷ Strickland, B., et al. (2011). Assessing and ensuring a comprehensive system of services for children with special health care needs: a public health approach. *American Journal of Public Health*, 101(2), 224-231.

⁸ Smalley, L.P., et al. (2014). Family perceptions of shared decision-making with health care providers: Results of the National Survey of CSHCN, 2009-2010. *Maternal and Child Health Journal*, 18(6), 1316-1327. doi: 10.1007/s10995-013-1365-z.

⁹ Fiks, A.G., et al. (2012). Shared decision making and behavioral impairment: A national study among children with special health care needs. *BMC Pediatrics* 12(1), 153.

¹⁰ Carman, K.L., et al. (2013). Patient and family engagement: A framework for understanding the elements and developing interventions and policies. *Health Affairs*, 32(2), 223-231.

¹¹ Hoover, C., et al. (2018). A Framework for Assessing Family Engagement in Systems Change [Issue Brief]. Retrieved from <https://www.lpfch.org/publication/framework-assessing-family-engagement-systems-change>

¹² Barello, S., et al. (2014). The challenges of conceptualizing patient engagement in health care. *Journal of Participatory Medicine*, 6, e9.

¹³ Ibid.

¹⁴ U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. (1999). National agenda for children with special health care needs: Achieving the goals 2000. Rockville, MD: Author.

¹⁵ Ibid

¹⁶ Carman, K.L., et al. (2013). Patient and family engagement: A framework for understanding the elements and developing interventions and policies. *Health Affairs*, 32(2), 223-231.

¹⁷ <http://www.ahrq.gov/workingforquality/>; See also the National Consensus Framework for Improving Quality Systems of Care for CYSHCN (2014) retrieved from <http://www.amchp.org/programsandtopics/CYSHCN/Pages/default.aspx>

Among other activities, HRSA funds F2F HICs, Title V, and other MCH programs that work to ensure families are engaged at all levels of the health care system, including at the direct patient care level, organizational design and governance level, and at the program and policy level. This funding opportunity will support a national leadership program that will provide resources, education, training, technical assistance and support to implement family engagement to all of these programs, especially those that serve diverse families or families from underserved backgrounds who are known to experience disparities in accessing health care.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: Competing Continuation and New

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

HRSA Program involvement will include:

- As appropriate, participate in related meetings conducted during the period of the cooperative agreement.
- Provide ongoing review of activities and procedures to be established and implemented for accomplishing the proposed project.
- Review project information prior to dissemination.
- Review information/data on project activities.
- Review and facilitate discussions using F2F HIC programmatic data to assist recipient in program planning and T/TA.
- Assist with the establishment of contacts with federal and state agencies, MCHB award projects, and other contacts that may be relevant to the project's mission and referrals to these agencies.
- Assist in the establishment of federal and state interagency partnerships, collaboration, and cooperation necessary for carrying out the project.

The cooperative agreement recipient's responsibilities will include:

- Complete activities proposed in the application requirements outlined in Section IV.
- Provide leadership, in collaboration with HRSA, in data collection for F2F HICs; analysis of evidence-based data; impact and quality improvement data; relevant Healthy People data, and any relevant data trends.
- Participate in face-to-face meetings and/or conference calls with HRSA conducted, at minimum monthly, during the period of the award.
- Provide the federal project officer opportunity to review documents and products prior to dissemination.

- Collaborate with HRSA on ongoing review of activities, budget items, procedures, information/publications prior to dissemination, contracts and interagency agreements through conference calls and/or face-to-face meetings.

2. Summary of Funding

HRSA expects approximately \$600,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to \$600,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is June 1, 2019 through May 31, 2022 (3 years). Funding beyond the first year is subject to the availability of appropriated funds for Leadership in Family and Professional Partnerships Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic public or private entities. 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 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. However, organizations have the ability to come together as a consortium to submit a joint application for this cooperative agreement. The application must identify the lead organization as the proposed award recipient, and additional information on the partner organization(s) must be included in the Work Plan, Evaluation, and Technical Capacity, and Organizational Information sections of the Project Narrative. Each consortium member must demonstrate substantial involvement in the project and contribute significantly to the goals of the project. The roles and responsibilities of each consortium member must be clearly defined in a proposed Memorandum of

Understanding/Agreement (MOU/A). The proposed MOU/A must be supported in writing by all consortium members and submitted as Attachment 4.

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

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](https://www.grants.gov) using the SF-424 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>.

If you are reading this NOFO (also known as “Instructions” on Grants.gov) and reviewing or preparing the workspace application package, you will automatically be notified in the event HRSA changes and/or republishes the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

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

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in HRSA’s [SF-424 Application Guide](#) and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
- 3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachment 10: Other Relevant Documents.

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

Program Description

A successful applicant of The Leadership in Family and Professional Partnerships program will propose projects that include the five core functions listed below.

1: Technical Assistance, Training, and Education

- Provide TA/T to F2F HICs around topics of capacity-building, feedback survey data collection from the F2F HICs, and other areas of identified need.
- Provide TA/T to Title V programs and other MCH programs to increase their ability to engage families.
- Provide education and training via webinars, meetings, website, etc. for CYSHCN system stakeholders (e.g., families, clinicians, payers, health systems, medically underserved communities, etc.) on family engagement topics.
- Develop and/or identify and disseminate innovative tools, toolkits, measures of family engagement and other products to assist F2F HICs, state Title V and other MCH programs and stakeholders in reaching their family engagement goals.

2: Partnership Building and National Leadership

- Convene an advisory group, comprised of the following:
 - At least 50 percent of members who represent CYSHCN/family leaders;
 - At least 50 percent of family/youth leaders representative of diverse, medically underserved communities (determined by race, ethnicity, socio-economic status, geography, etc.); and
 - Leaders from Title V and other MCH programs, health care professionals, and CYSHCN systems stakeholders.
- Identify and engage with individuals/organizations who serve CYSHCN (beyond MCHB-funded programs), and diverse, medically underserved communities, including mental/behavioral health organizations to:

- Establish communication strategies and vehicles;
 - Identify, develop, and share best practices, materials and resources; and
 - Identify opportunities for collaboration and synergy of efforts.
- Convene an annual family engagement meeting to provide opportunities for sharing of best practices and training across all stakeholders;
- Actively collaborate with the award recipients for HRSA-18-069 (Advancing the System of Services for CYSHCN Network), HRSA-17-060 (Children with Special Health Care Needs (CSHCN) Research Network) and other HRSA-funded resource centers and research networks to leverage resources and avoid duplicative efforts.

3: Data and Policy Analysis

- Develop mechanisms to support the F2F HIC recipients, as they are collecting, compiling and reporting feedback survey data on TA/T provided.
- Analyze and aggregate F2F HIC program data including feedback survey and program specific performance measures collected through the Discretionary Grants Information System (DGIS). These measures include the following:
 - Number of Families and Professionals served
 - Number and type of technical assistance provided
 - Impact and outcome data related to technical assistance and training provided
- Monitor, analyze, and report emerging state and federal trends, legislation, regulations, and other relevant data and policies impacting the health of CYSHCN and their families.

4: Communication and Dissemination

- Develop and maintain a public-facing website with materials, resources, or links to resources on family engagement that are culturally and linguistically appropriate.
- Develop a plan for national dissemination of successful project innovations, trainings, evaluation results, and reports to states and all stakeholders.
- Communicate with the broad array of stakeholders to ensure developed resources, tools, and trainings are disseminated through multiple and diverse platforms.
- Develop and disseminate information about the project and collaborative activities.
- Develop a comprehensive plan for communication, coordination, and data sharing with the Advancing the System of Services for CYSHCN Network, the CSHCN Research Network and other HRSA-funded resource centers.

5: Evaluation

- Develop and implement an evaluation plan to monitor/track and evaluate progress in meeting (a) project goals and objectives; and (b) overarching program objectives, listed above.
- Disseminate evaluation results to stakeholder groups. Use evaluation results to inform program and stakeholder decisions, policies, procedures, and processes.

Program-Specific Instructions

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

i. **Project Abstract**

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

ii. **Project Narrative**

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, 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 Criteria (1) Need, and (2) Response.

This section should briefly describe the purpose of the proposed project, including discussions of families of CYSHCN and their needs. You should concisely describe the problem, summarize the proposed intervention, and summarize the anticipated benefit of the project in strengthening the systems of health care services for CYSHCN and their families. You should clearly demonstrate how your project would promote family engagement at all the levels of health care cited in the multidimensional framework¹⁸ (i.e., direct patient care, organizational design and governance, and program and policy).

NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion (1) Need and (2) Response.

This section outlines the needs of the community and/or organizations you plan to serve. Data should be used and cited whenever possible to support the narrative.

- Describe the current status, issues, and barriers related to achieving a system of services for CYSHCN, including health care disparities that exist among underserved populations.
- Demonstrate knowledge of current strategies, investments, evaluation measures, and available data sets at federal and state levels for improving and measuring family engagement.
- Identify and describe major health care delivery system conditions that could impact your efforts to increase family engagement for CYSHCN and their families.
- Identify and describe short-term TA/T needs (within Years 1-2), and long-term TA/T needs (Year 3 and beyond) of F2F HICs, state Title V programs, and other MCHB-funded programs). The application should also identify any major

¹⁸ Carman, K.L., Dardess, P., Maurer, M., Sofaer, S., Adams, K., Bechtel, C., & Sweeney, J. (2013). Patient and family engagement: A framework for understanding the elements and developing interventions and policies. *Health Affairs*, 32(2), 223-231.

TAT gaps regarding the provision of family engagement at all levels of health care.

- The needs assessment MUST reflect, to the extent possible, the input of:
 - MCH programs including but not limited to: F2F HICs, state Title V programs, and other MCHB-funded programs;
 - Families and youth;
 - Members of the targeted communities/population group; and
 - Other key stakeholders from community, state and national levels.
- Describe the role of key community-based, state and national level stakeholders in the needs assessment process. You are expected to include diverse ethnic, cultural, racial and linguistic groups; neighborhood, civic and advocacy associations; social, religious, tribal and faith-based organizations; and/or other diverse, medically underserved communities as key stakeholders in assessing program needs. The cited needs should be presented using the multidimensional framework for family engagement.¹⁹

METHODOLOGY -- Corresponds to Section V's Review Criteria (2) Response, (3) Evaluative Measures, (4) Impact, and (6) Support Requested.

In this section you must describe how you will serve as national resource on family engagement for state and local organizations, such as F2F HICs and Title V programs, as well as families. Describe how you will operationalize the activities listed under each of the following five core functions (as outlined in *Section 1. Purpose and Section IV Program Description*): You are required to design activities centered on new and emerging evidence-based/informed practices, and design activities to achieve national level impact.

- Propose methods that will be used to address the stated needs as described in the needs assessment and meet each of the previously described program requirements and expectations as outlined in the core functions section (as outlined in *Section 1. Purpose and Section IV Program Description*), which include the following:
 - 1) TAT and education,
 - 2) Partnership building,
 - 3) Data and policy analysis,
 - 4) Communication and dissemination, and
 - 5) Evaluation.
- Include a description of any innovative methods that will be used to address the stated needs. Discuss why the methodology chosen is appropriate for this project. Discuss efforts to involve patients (e.g., youth with special health care needs), families of CYSHCN, and medically underserved communities in the development/implementation of methods chosen.
- Provide evidence of meaningful partnerships by including memoranda of understanding/agreement (MOU/MOA) or letters of agreement with partnering organizations that must be included in the application. Include any

¹⁹ Carman, K.L., et al. (2013). Patient and family engagement: A framework for understanding the elements and developing interventions and policies. *Health Affairs*, 32(2), 223-231.

MOU/MOAs as part of Attachment 4 of the application. Letters of agreement should be included in Attachment 4. Report on the number of partnerships (including name and type of organization) and demonstrate partner involvement in activities via the project work plan. Also, report on specific areas to build new partnerships or strengthen existing ones. Example of partners include, but need not be limited to the following: state Title V and other state agencies/programs; child-focused programs, primary care organizations; patient/family support organizations, particularly those that serve diverse, medically underserved populations including ; provider organizations, patient navigator programs; federal agencies and HRSA programs/award recipients.

- Propose a plan for project sustainability after the period of federal funding ends. You are expected to sustain key elements of the project, 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. Please include a comprehensive sustainability plan as *Attachment 8*.

WORK PLAN -- Corresponds to Section V's Review Criteria (2) Response, (3) Evaluative Measures, (4) Impact, and (6) Support Requested.

The work plan section describes your ability to demonstrate clarity, feasibility, and scope of addressing the program's purpose, core functions, and program priorities. It requires you to develop a work plan with activities that are aligned with the needs assessment, proposed budget, and the organization's capacity. Describe the activities or steps that will be used to achieve each of the core activities proposed in the methodology. Proposed activities should be clearly linked to the project goals and objectives. The application should show compelling evidence that such plans are supported and can be accomplished and sustained throughout the proposed period of performance.

- Clearly describe an approach that is specific, measurable, attainable, realistic, and time-bound (SMART). Use a time line, time allocation table, graph, or chart that includes each activity and identifies responsible staff and partners, proposed outcome, intended impact, and how the activity's outcome and impact will be measured
- Provide a logic model within Attachment 1 of the application. Refer to *Section VIII (Other Information)* of this funding opportunity for information on developing a logic model. While there are many versions of logic models, for the purpose of this funding opportunity, the logic model should include the following: (1) assumptions (e.g., beliefs about how the program will work and that are based on research, best practices or experience); (2) target population; (3) inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources); (4) activities; (5) outputs (i.e., direct products or deliverables of the activities); and (6) outcomes (i.e., results of a program that typically describe a change in people or systems).

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

- Describe challenges/barriers in increasing family engagement at all levels of health care that the project hopes to overcome.
- Discuss potential challenges in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges. Discuss challenges relevant to providing education, technical assistance and training activities to F2F HICs, state Title V programs, and other stakeholders.

EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria (3) Evaluative Measures, (4) Impact, (5) Resources/Capabilities, and (6) Support Requested.

Applications should clearly present an evaluation plan that will contribute to continuous quality improvement of program implementation activities. The performance evaluation plan/strategy should monitor ongoing processes and progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities. Applications that do not include a complete and well-conceived evaluation protocol may not be funded.

- Describe how you will calculate baseline data and implement a program evaluation plan for monitoring ongoing progress towards the following program objectives:
 - By 2022, 90 percent of F2F HICs and Title V programs receiving TA/T will report they are better able to engage diverse, medically underserved CYSHCN and their families in direct patient care, organizational design and governance, and or at the program and policy level as a result of the TA/T provided.
 - By 2022, set a baseline and increase by 30 percent, the number of MCHB-funded programs receiving TA/T that report the family engagement information or services received met their family engagement goals.
 - By 2022, set a baseline and increase by 30 percent annually, the number of partnership activities²⁰ with organizations that represent and/or serve CYSHCN, particularly from diverse, medically underserved communities.
- Describe the systems and processes that will support the organization's performance management requirements through effective tracking of performance outcomes, including a description of how your organization will collect, analyze and manage data (e.g., assigned skilled staff, data management software) that allows for accurate and timely reporting of performance outcomes.

²⁰ Partnership activities that align with Core Function 2: Partnership Building.

- Describe the strategies (including those relevant to F2F HIC data collection) that will be used to collect, analyze and track data. Explain how program data will be used to measure process and impact/outcomes to inform program development and service delivery. Describe how collected data will be shared and how project results will be disseminated. You must also describe any potential obstacles for implementing the program performance evaluation and plans to address those obstacles.
- Include data analysis strategies for collection of F2F HIC data (in collaboration with MCHB) on assigned DGIS Performance Measures relevant to:
 - Number of Families and Professionals served
 - Number and type of technical assistance provided
 - Impact and outcome data related to technical assistance and training provided by the F2F HICs.
- Describe current evaluation experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Also, describe the organization's capacity to provide TA/T to F2F HICs, state Title V programs, and other stakeholders.

ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criteria (4) Impact, (5) Resources/Capabilities, and (6) Support Requested.

- The LFPP is expected to use its demonstrated experience and expertise in working with family-led organizations, maternal and child health programs and state Title V programs, to provide TA/T and education on a national scale. In addition, the LFPP is expected to work to foster, strengthen, and expand its relationships with national partner organizations supporting CYSHCN and their families throughout the period of performance. Multiple applications from an organization are not allowable. However, organizations have the ability to come together as a consortium to submit a joint application for this cooperative agreement. The application must identify the lead organization as the proposed award recipient, and additional information on the partner organization(s) must be included in the Work Plan, Evaluation, and Technical Capacity, and Organizational Information sections of the Project Narrative. Each consortium member must demonstrate substantial involvement in the project and contribute significantly to the goals of the project. The roles and responsibilities of each consortium member must be clearly defined in a proposed Memorandum of Understanding/Agreement (MOU/A). The proposed MOU/A must be supported in writing by all consortium members and submitted as Attachment 4.
- Succinctly describe your organization's/consortium's current mission and structure and scope of current activities, and how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations.
- Describe meaningful support and collaboration with key stakeholders and partners, including national patient/family organizations, in the planning and

development of the application and the designing and implementation of all project activities.

- Provide an organizational chart (a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators) and include it as Attachment 5 of the application.
- Describe the staffing plan, which includes current experience, expertise, skills, and knowledge of staff, contractors, and partners; data collection capabilities; and previous work and materials. Include a description of the existing available resources (staff, funds, related projects, in-kind contributions) and supports available at the community, state, regional and/or national levels to support/carry out your project. Provide information on time allocation for all key staff who will carry out the proposed project activities.
- Provide information on the organization’s resources and capabilities to support provision of culturally and linguistically competent health literacy services proposed for the project.
- Describe how the organization will routinely assess and improve the unique needs of target populations of the communities served.
- Describe the organization’s capacity to manage federal funds. You must demonstrate **existing and effective** fiscal, administrative and management systems.
- Include a staffing plan and job descriptions for key faculty/staff in Attachment 2 (Staffing Plan and Job Descriptions). Resumes or curricula vitae (CVs) must be included in Attachment 3, and, at minimum, contain the following elements: (1) related employment history with a summary of job responsibilities and (2) educational background. Resumes/CVs must also contain information regarding the faculty/staff personal experience with CYSHCN, if applicable.

NARRATIVE GUIDANCE	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need and (2) Response
Needs Assessment	(1) Need, and (2) Response
Methodology	(2) Response, (3) Evaluative Measures, (4) Impact, and (6) Support Requested
Work Plan	(2) Response, (3) Evaluative Measures, (4) Impact, and (6) Support Requested
Resolution of Challenges	(2) Response

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

iii. Budget

See Section 4.1.iv of HRSA’s [SF-424 Application Guide](#). Please note: the directions offered in the [SF-424 Application Guide](#) may differ from those offered by Grants.gov. Follow the instructions included in the *Application Guide* and the additional budget instructions provided below. A budget that follows the *Application Guide* will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and by carefully following the approved plan can avoid audit issues during the implementation phase.

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

The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 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 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

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

iv. Budget Narrative

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

In addition, the LFPP Program requires the following budget items to be clearly stated:

- **Convene an annual family engagement meeting** to provide opportunities for education, training and information exchange across all stakeholders.

- **Evaluation Activities:** Data collection activities and procedures required by the award recipient's evaluation should be accounted for and included within the scope of the budget (e.g., baseline and period data collection per grant year).

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. You must 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. ii. Project Narrative. Also, include the required logic model in this attachment. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

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

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

Attachment 3: Resume or Curricula Vitae (CV) of Key Personnel

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

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

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal, including consortium partners (if applicable). 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 5: Project Organizational Chart

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

Attachment 6: Tables, Charts, etc.

Include, as appropriate, to give further details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 7: Sustainability Plan

Propose a comprehensive plan for project sustainability after the period of federal funding ends. Recipients are expected to sustain key elements of their projects that have proven effective in improving the system of services for CYSHCN and their families.

Attachment 8: Progress Report

(FOR COMPETING CONTINUATIONS ONLY)

A well-documented progress report is a required and important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. You should include previously stated goals and objectives in your application and emphasize the progress made in attaining these goals and objectives. This information WILL NOT be considered during the objective review. HRSA program staff reviews the progress report after the Objective Review Committee evaluates the remainder of the competing continuation applications.

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

- (1) The period covered (dates).
- (2) Specific objectives - Briefly summarize the specific objectives of the project.
- (3) Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachments 9 – 15: Other Relevant Documents

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

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

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application.

You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

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

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

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

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

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

UPDATED [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. Read the [updated FAQs](#) to learn more.

[SAM.gov](#) is experiencing high volume and delays. If you have tried to create or update your SAM.gov registration but have not been able to complete the process, you may not be able to apply for a HRSA funding opportunity via Grants.gov in a timely manner prior to the application deadline. If so, please email DGPwaivers@hrsa.gov, per the instructions in Section 3.6 of your HRSA Application Guide.

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *February 12, 2019 at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 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 Application Guide](#) for additional information.

5. Intergovernmental Review

The Leadership in Family and Professional Partnerships Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 3 years, at no more than \$600,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in the following FY, as required by law.

You cannot use funds under this notice for the following purposes:

1. Provide payments for clinical services;
2. Purchase service delivery equipment;
3. International travel; or
4. Entertainment, fundraising and/or support for lobbying/advocacy efforts.

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](#).

7. Other Submission Requirements

Letter of Intent to Apply

The letter should identify your organization and its intent to apply, and briefly describe the proposal. HRSA will **not** acknowledge receipt of letters of intent.

Send the letter via email by *December 14, 2018* to:

HRSA Digital Services Operation (DSO)
Please use the HRSA opportunity number as email subject (HRSA-19-058)
HRSA_DSO@hrsa.gov

Although HRSA encourages letters of intent to apply, they are not required. You are eligible to apply even if you do not submit a letter of intent.

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review of applications 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. See the review criteria outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review, except for the competing continuations' progress report, which will be reviewed by HRSA program staff after the objective review process.

Review criteria are used to review and rank applications. The LFPP Program has six review criteria:

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

The extent to which the application:

- Describes the needs of the community and/or organizations to be served.
- Uses and cites recent and relevant demographic to support the information provided.
- Discusses any relevant barriers that the project plans to overcome.
- Demonstrates knowledge of current strategies and investments at federal and state levels to improve family engagement and relevant and available data sets.
- Describes major health care delivery system conditions that could influence family engagement for CYSHCN and their families.
- Identifies and describes short-term TA/T needs (within Years 1-2), and long-term TA/T needs (Year 3 and beyond) of F2F HICs, state Title V programs, and other MCHB-funded stakeholders).
- Identifies any major TA/T gaps regarding family engagement.
- Includes and describes the role of MCHB-funded programs (e.g., F2F HICs, state Title V programs), families and youth, members of the targeted communities/population group, and other key stakeholders in the needs assessment process.
- Includes diverse ethnic, cultural, racial and linguistic groups; support and assistance for networks within communities; neighborhood, civic and advocacy associations; ethnic, social, religious, tribal and faith-based organizations; and/or other diverse, medically underserved communities as key stakeholders in assessing program needs.
- Cites needs that factor in the multidimensional framework for family engagement.

Criterion 2: RESPONSE (40 points) – Corresponds to Section IV’s Introduction, Methodology, Work Plan, and Resolution of Challenges

The extent to which the proposed project responds to the “Purpose” in Section 1 and “[Program Description](#)” in Section IV. 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.

Core Functions – (20 points)

The extent to which the application operationalizes the activities listed under each of the following four core functions:

Core Function 1: Technical Assistance, Training, and Education -5 points

- Provide TA/T to F2F HICs around topics of capacity-building, feedback survey data collection, and other areas of need identified.
- Provide TA/T to Title V programs and other MCHB-funded programs to increase their ability to engage families.
- Provide education and training via webinars, meetings, website, etc. for CYSHCN system stakeholders (e.g., families, clinicians, payers, health systems, medically underserved communities, etc.) on family engagement topics
- Develop and/or identify and disseminate innovative tools, toolkits, measures of family engagement and other products to assist F2F HICs, state Title V and other MCHB-funded programs and stakeholders in reaching their family engagement goals

Core Function 2: Partnership Building and National Leadership- 5 points

- Convene an advisory group, comprised of the following:
 - At least 50 percent of members who represent CYSHCN/family leaders;
 - At least 50 percent of family/youth leaders must also be representative of diverse, medically underserved communities (determined by race, ethnicity, socio-economic status, geography, etc.); and
 - Leaders from Title V and other MCHB-funded programs, health care professionals, and CYSHCN systems stakeholders.
- Identify and engage with individuals/organizations who serve CYSHCN (beyond MCHB-funded programs), especially from diverse, medically underserved communities, including mental/behavioral health organizations to:
 - Establish communication strategies and vehicles;
 - Disseminate and share materials and resources; and
 - Identify opportunities for collaboration and synergy of efforts.
- Convene an annual family engagement meeting to provide opportunities for education, training and information exchange across all stakeholders;
- Actively collaborate with the award recipients for HRSA-18-069 (Advancing the System of Services for CYSHCN Network), HRSA-17-060 (CSHCN Research Network) and other HRSA-funded resource centers and research networks to leverage resources and avoid duplicative efforts.

Core Function 3: Data and Policy Analysis - 5 points

- Develop mechanisms for collecting, compiling and reporting F2F HIC feedback survey data.
- Analyze and aggregate F2F HIC program data including feedback survey and program specific performance measures collected through the Discretionary Grants Information System (DGIS). These measures include the following:
 - Number of Families and Professionals served
 - Number and type of technical assistance provided
 - Impact and outcome data related to technical assistance and training provided
- Monitor, analyze, and report emerging state and federal trends, legislation, regulations, and other relevant data and policies impacting the health of CYSHCN and their families.

Core Function 4: Communication and Dissemination - 5 points

- Develop and maintain a public-facing website with materials, resources, or links to resources on family engagement that are culturally and linguistically appropriate.
- Develop a plan for national dissemination of successful project innovations, trainings, evaluation results and reports to states and all stakeholders.
- Communicate with the broad array of stakeholders to ensure developed resources, tools, and trainings are disseminated through multiple and diverse platforms.
- Develop and disseminate information about the project and collaborative activities.
- Develop a comprehensive plan for communication, coordination, and data sharing with the Advancing the System of Services for CYSHCN Network, the CSHCN Research Network and other HRSA-funded resource centers.

Methodology, Work Plan and Resolution of Challenges – (20 points)

Methodology - 10 points

The extent to which the application:

- Incorporates activities that are centered on new and emerging evidence-based/informed practices capable of achieving national level impact.
- Describes innovative methods that will be used to address the stated needs; discusses why the methodology chosen is appropriate for this project; and include efforts to involve patients, families and medically underserved communities.
- Demonstrates meaningful partner involvement in activities, including via MOU/MOAs and letters of agreement.

Work Plan - 5 points

The extent to which the application:

- Includes a work plan that utilizes the SMART approach with activities that are clearly linked to the project goals and objectives and are aligned with the needs assessment, proposed budget, and the applicant organization's capacity.
- Proposes a logical connection between project assumptions, the target population, inputs, activities, outputs, and project outcomes.

Resolution of Challenges - 5 points

The extent to which the application:

- Describes challenges/barriers in increasing family engagement at all levels of health care that the project aims to overcome.
- Addresses challenges the applicant is likely to encounter in designing and implementing the activities described in the work plan, and proposed approaches to resolve such challenges.
- Addresses challenges the applicant is likely to encounter in providing TA/T and educational activities to F2F HICs, state Title V programs, and other stakeholders.

Criterion 3: EVALUATIVE MEASURES (20 points) – Corresponds to Section IV's Methodology, Work Plan, and 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.

Evaluation Plan – 10 points

The extent to which the application:

- Develops and implements an evaluation plan to monitor/track and evaluate progress in meeting (a) project goals and objectives; and (b) overarching program objectives, listed above. Disseminates evaluation results to stakeholder groups. Use evaluation results to inform program and stakeholder decisions, policies, procedures, and processes (Core Function 5).
- Proposes a performance evaluation plan/strategy that monitors ongoing processes and progress towards project goals and objectives and contributes to continuous quality monitoring and program improvement. Describes inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.

Data Infrastructure and Collection – 5 points

The extent to which the application:

- Describes the baseline calculation method and the program evaluation plan for monitoring ongoing progress towards the following program objectives:
 - By 2022, 90 percent of F2F HICs and Title V programs receiving TA/T will report they are better able to engage diverse, medically underserved CYSHCN and their families in direct patient care, organizational design and governance, and/or program and policy level as a result of the TA/T provided.

- By 2022, increase by 30 percent from baseline, the number of MCHB-funded programs receiving TA/T that report the family engagement information or services received met their family engagement goals.
- By 2022, set a baseline and increase by 30 percent annually, the number of partnership activities²¹ with organizations that represent and/or serve CYSHCN, particularly from diverse, medically underserved communities.
- Describes how it will report on the number of partnerships (including name and type of organization).
- Describes the systems and processes that will support the LFPP Program's performance management requirements through effective tracking of performance outcomes, including a description of how the applicant organization will collect, analyze and manage data (e.g., assigned skilled staff, data management software) that allows for accurate and timely reporting of performance outcomes.

Data Use and Challenges – 5 points

The extent to which the application:

- Describes the strategies (including those relevant to F2F HIC data collection) you will use to collect, analyze and track data.
- Explains how the data will be used to inform program development and service delivery.
- Describes potential obstacles for implementing the program performance evaluation and your plans to address those obstacles.
- Explains how the applicant organization will use program data to measure process and impact/outcomes.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV’s Methodology, Work Plan, Evaluation and Technical Support Capacity, and Organizational Information

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 community or target population, 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.

Specifically, the extent to which the application:

- Describes how collected data will be shared and disseminated.
- Proposes an effective plan for disseminating project results.
- Incorporates activities to achieve impact at a national level.
- Demonstrates that the proposed plans are supported and can be accomplished and sustained throughout the proposed period of performance.
- Describes a plan to ensure that project results will be effectively disseminated to key stakeholder audiences including state Title V programs, families, providers, policy makers, other federal programs, and members of the targeted communities/population groups.

²¹ Partnership activities that align with Core Function 2: Partnership Building.

- Proposes a comprehensive plan for project sustainability after the period of federal funding ends to include how the applicant or other partners will sustain key elements of the project, 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.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV’s Evaluation and Technical Support Capacity, and 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.

Organization’s Capacity and Experience– 5 points

The extent to which the application:

- Demonstrates experience and expertise in working with family-led organizations and state Title V programs, to provide TA/T and education on a national scale.
- Succinctly describes the applicant organization’s current mission and structure, scope of current activities and how these elements all contribute to the organization’s ability to conduct the program requirements and meet program expectations.

Collaboration – 5 points

The extent to which the application:

- Proposes how the applicant organization will work to foster, strengthen and expand its relationships with national partner organizations supporting CYSHCN and their families throughout the period of performance.
- Describes meaningful support and collaboration with consortium members (if applicable), key stakeholders and partners, including national patient/family organizations, in the planning and development of the application and the designing and implementation of all project activities.
- If applicable, describes how all consortium members compliment the experiences/skills of the group.

Project Personnel – 5 points

The extent to which the application:

- Describes current evaluation experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.
- Describes the applicant organization’s capacity to provide TA/T to F2F HICs, state Title V programs, and other stakeholders.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV’s Methodology, Work Plan, Evaluation and Technical Support Capacity, Organizational Information, and Budget Narrative

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

- The extent to which costs (including convening an annual meeting and evaluation activities), as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. 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 Application Guide](#) for more details.

3. Assessment of Risk and Other Pre-Award Activities

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

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.

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization’s integrity, business ethics, and record of

performance under federal awards when completing the review of risk posed as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

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

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of June 1, 2019.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of June 1, 2019. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

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

Data Rights

All publications the cooperative agreement recipient develops or purchases with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the cooperative agreement recipient owns the copyright for materials that it develops under this cooperative agreement, 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 cooperative agreement 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 other researchers. The specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the Notice of Award (NOA). Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

Requirements of Subawards

The terms and conditions in the Notice of Award (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. See [45 CFR § 75.101 Applicability](#) for more details.

3. Reporting

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

The updated and final reporting package incorporating all OMB-accepted changes can be reviewed at:

<https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection> (OMB Number: 0915-0298 Expiration Date: 06/30/2019).

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

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

a) Performance Measures and Program Data

To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are at https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U40_5.HTML and below.

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

b) Performance Reporting Timeline

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

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

c) Period of Performance End Performance Reporting

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

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

VII. Agency Contacts

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

Marc Horner
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-4888
Fax: (301) 443-6686
Email: MHorner@hrsa.gov

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

Tigisty R. Zerislassie, MSSW, LICSW
Senior Public Health Analyst
Division of Services for Children with Special Health Needs
Attn: Leadership in Family and Professional Partnerships (U40) Program
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 18W-09A
Rockville, MD 20857
Telephone: (301) 443-7220
Fax: (301) 443-2960
Email: TZerislassie@hrsa.gov

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

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

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

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

VIII. Other Information

Logic Models

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

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. You can find information on how to distinguish between a logic model and work plan at the following website: <http://www.cdc.gov/healthyouth/evaluation/pdf/brief5.pdf>.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Wednesday, December 5, 2018

Time: 2 – 3 p.m.

Call-In Number: 1-877-709-5345

Participant Code: 4560421

Weblink: https://hrsa.connectsolutions.com/hrsa-19-058_ifpp_nfo/

To access the archived webinar recording and other related resources, please visit the HRSA MCHB Funding Opportunities Webpage:

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

Tips for Writing a Strong Application

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