U.S. Department of Health and Human Services

HRSA
Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Bureau of Primary Health Care

Health Center Program

Fiscal Year 2023 Early Childhood Development

Funding Opportunity Number: HRSA-23-028

Funding Opportunity Type(s): New

Assistance Listings (AL) Number: 93.224

Application Due Date in Grants.gov: March 17, 2023

Supplemental Information Due Date in EHBs: April 18, 2023

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 may take up to 1 month to complete.

Issuance Date: February 10, 2023

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ECD technical assistance webpage: https://bphc.hrsa.gov/funding/funding-opportunities/fy-2023-early-childhood-development

See Section VII for a complete list of agency contacts.

Authority: Section 330(e), (g), (h), and/or (i) of the Public Health Service Act (42 U.S.C. § 254b(e), (g), (h), and/or (i)), as appropriate.

508 Compliance Disclaimer

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, please email or call one of the HRSA staff listed in Section VII Agency Contacts.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2023 Early Childhood Development (ECD) funding opportunity under the Health Center Program. The purpose of ECD is to improve developmental outcomes among children served by health centers. Health centers will accomplish this by increasing developmental screenings and access to appropriate follow-up services for children ages 0-5, and by expanding, enhancing, and further integrating ECD expertise into care teams.

Funding Opportunity Title:	Fiscal Year (FY) 2023 Early Childhood Development (ECD)
Funding Opportunity Number:	HRSA-23-028
Due Date for Applications – **Grants.gov**:	March 17, 2023 (11:59 p.m. ET)
Due Date for Supplemental Information – **HRSA Electronic Handbooks (EHBs)**	April 18, 2023 (5 p.m. ET)
Anticipated Total Annual Available FY 2023 Funding:	$30 million
Estimated Number and Type of Awards:	Up to 150 grants
Estimated Annual Award Amount:	Up to $200,000 per year
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2023 through August 31, 2025 (2 years)
Eligible Applicants:	Organizations that are Health Center Program operational (H80) grant award recipients. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligible applicants information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included this NOFO and in HRSA's *SF-424 Two-Tier Application Guide*. Visit HRSA's How to Prepare Your Application page for more information.

Technical Assistance

Application resources, including example forms and documents, as well as frequently asked questions, are available at https://bphc.hrsa.gov/funding/funding-opportunities/fy-2023-early-childhood-development. HRSA will hold a pre-application technical assistance (TA) webinar that will include an overview of these instructions and address questions on the application process and the ECD objectives. See the technical assistance webpage for pre-application webinar details.

The HRSA Primary Health Care Digest is a weekly email newsletter containing information and updates pertaining to the Health Center Program, including competitive funding opportunities. Organizations interested in seeking funding under the Health Center Program are encouraged to have several staff subscribe.

See Appendix C for a list of ECD partners and resources that may support your project. The HRSA-supported Telehealth Resource Centers offer technical assistance and coaching specific to advancing the use of telehealth.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for FY 2023 Early Childhood Development (ECD) funding. ECD funding will improve developmental outcomes among children served by health centers. Health centers will accomplish this by increasing developmental screenings[1] and access to appropriate follow-up services for children ages 0-5, and by expanding, enhancing, and further integrating ECD expertise into care teams.

For more details, see [Program Requirements and Expectations](#).

2. Background

The Health Center Program is authorized by the Public Health Service Act (PHS Act) § 330 [(42 USC § 254b)](#). For the purpose of this NOFO, health centers are defined as those receiving Health Center Program operational funding under sections 330(e), (g), (h) and/or (i), otherwise referred to as H80 funding.

Children ages 0-5 undergo rapid physical, cognitive, linguistic, and social-emotional growth and development.[2] Assessing children's development through developmental monitoring, screening, and evaluation can identify issues early.[3,4] Early identification supports timely treatment or intervention, thereby preventing additional delays and contributing to positive health outcomes.[5] Early identification of developmental progress is critical because 1 in 6 children has one or more developmental or behavioral disabilities, such as autism, a learning disorder, or an attention-deficit/hyperactivity

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[1] Comprehensive developmental screening refers to screenings for general developmental milestones; early social-emotional and relational health; autism; and social determinants of health and other family, caregiver, and/or community risks and needs, as well as strengths and protective factors. See Hagan, J. F., Shaw, J. S., & Duncan, P. M. (Eds.). (2017). *Bright futures: Guidelines for health supervision of infants, children, and adolescents* (4th ed.). American Academy of Pediatrics; AAP COUNCIL ON COMMUNITY PEDIATRICS. Poverty and Child Health in the United States. Pediatrics. 2016; 137(4):e20160339

[2] Malik F, Marwaha R. Developmental Stages of Social Emotional Development In Children. [Updated 2022 Feb 7]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan. Available from: https://www.ncbi.nlm.nih.gov/books/NBK534819/

[3] Developmental monitoring involves a provider or caregiver observing children as they grow and change over time to assess if children are meeting developmental milestones. Developmental screening involves the administration of a brief standardized tool to identify children at risk for a developmental disorder, and can be performed by a variety of professionals in health care, early childhood education, community, or school settings. If screening identifies an area of concern, trained specialists conduct a developmental evaluation to determine if a child needs special treatments, early intervention services, or both. Developmental Monitoring and Screening. Centers for Disease Control and Prevention. Updated May 16, 2022. Accessed May 30, 2022. https://www.cdc.gov/ncbddd/childdevelopment/index.html.

[4] Children under 21 who are enrolled in Medicaid are required to receive physical, mental, developmental, dental, hearing, vision, and other screening tests at regular intervals. See Early and Periodic Screening, Diagnostic, and Treatment. Medicaid.gov. https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html.

[5] American Academy of Pediatrics (2017). Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition. Doi: https://doi.org/10.1542/9781610020237.

disorder, and many children have delays in areas such as language that affect their success in school.[6] Additionally, environmental and health-related social needs such as food insecurity and parental depression can contribute to gaps in school readiness.

In 2021, health centers served over 2.8 million children ages 0-5, representing a key entry point for accessing developmental screening and needed follow-up services. In addition to improving access to recommended developmental screenings and needed follow-up services, ECD funding will support health centers to add child development expertise into pediatric practice teams and enhance developmental services, resulting in more effective, timely, and efficient care, and more satisfied families.[7]

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately $30 million to be available annually to fund 150 recipients. You may apply for a ceiling amount of $200,000 (reflecting both direct and indirect costs) per year.

The period of performance is September 1, 2023, through August 31, 2025 (2 years). You will apply for 2 years of funding. Funding beyond the first year is subject to the availability of appropriated funds for the Health Center Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

HRSA may adjust the final award amounts based on the number of fundable applications and final FY 2023 appropriations.

If funded, HRSA will award ECD funding as a new grant award, separate from your H80 award. Under 45 CFR § 75.302, you must document use of ECD funds separately and distinctly from other Health Center Program funds and other federal award funds. If funded, you must maintain your H80 award status throughout the 2-year period of performance to maintain your ECD funding.

While ECD funding will be issued as a new award, the award will be made in the same subsection proportions of Section 330 as your H80 award, and all uses of ECD funds must align with your H80 scope of project. Your scope of project includes the approved service sites, services, providers, service area, and target population, which are supported (wholly or in part) under your total approved H80 budget. When implementing

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[6] Developmental Monitoring and Screening. Centers for Disease Control and Prevention. Updated May 16, 2022. Accessed May 30, 2022. https://www.cdc.gov/ncbddd/childdevelopment/screening.html.
[7] Minkovitz CS, Hughart N, Strobino D, et al. A Practice-Based Intervention to Enhance Quality of Care in the First 3 Years of Life: The Healthy Steps for Young Children Program. *JAMA.* 2003;290(23):3081–3091. doi:10.1001/jama.290.23.3081.

your ECD project, you must comply with all Health Center Program requirements as described in the [Health Center Program Compliance Manual](#), and applicable law.[8]

Additional funding to support ECD services may be made available beyond the 2 years of initial funding under this NOFO. If additional funding is made available, HRSA will assess your performance on the [ECD objectives](#) and activities through various means, including semi-annual progress reports and the calendar year 2024 Uniform Data System (UDS) data. HRSA may also consider increases in the number of children receiving developmental evaluations. Performance assessments may result in increased, level, reduced, or no funding beyond the initial 2-year funding period. If funding is continued, this initial award may be supplemented and/or additional funding may be made available under your H80 award.

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

Current Health Center Program operational grant (H80) award recipients are eligible for ECD funding.[9]

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA may not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the funding ceiling amount of $200,000 for Year 1 on the SF-424A and Budget Narrative.

- Fails to include the [Project Narrative](#) described in [Section IV.2.ii](#).

- Fails to satisfy the deadline requirements referenced in [Section IV.4](#).

HRSA will only accept and review your first validated electronic submission under HRSA-23-028 in Grants.gov.[10] Applications submitted after the first submission will be marked as duplicates and considered ineligible for review. If you wish to change information submitted in a Grants.gov application, you may do so in the [HRSA Electronic Handbooks (EHBs)](#) application phase.

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[8] Requirements are stated in [42 USC § 254b](#) (section 330 of the PHS Act), and in applicable program regulations (42 CFR parts [51c](#) and [56](#), as appropriate), grants regulations ([45 CFR part 75](#)), and grants policy (HHS Grants Policy Statement).
[9] Funded under Sections 330(e), (g), (h), and/or (i) of the PHS Act.
[10] Grants.gov has compatibility issues with Adobe Reader DC. Direct questions pertaining to software compatibility to Grants.gov. See [Section VII](#) for contact information.

If you wish to change information submitted in EHBs, you may reopen and revise your application. You must ensure that the application is resubmitted to HRSA before the EHBs deadline or HRSA will not consider it for funding under this notice.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* you to apply electronically through Grants.gov and EHBs. You must use a two-phase submission process associated with HRSA-23-028 and follow the directions provided at Grants.gov: HOW TO APPLY FOR GRANTS **and** EHBs.

- **Phase 1 – Grants.gov** – Required information must be submitted and validated via Grants.gov with a due date of *March 17, 2023*, **at 11:59 p.m. ET**; **and**

- **Phase 2 – EHBs** – Supplemental information must be submitted via EHBs with a due date of *April 18, 2023*, **at 5 p.m. ET**.

Only applicants who successfully submit the workspace application package associated with this Notice of Funding Opportunity (NOFO) in Grants.Gov (Phase 1) by the due date may submit the additional required information in EHBs (Phase 2).

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-23-028 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

Application Format Requirements

Section 5 of HRSA's *SF-424 Two-Tier Application Guide* provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, and certifications. You must submit the information outlined in the HRSA *SF-424 Two-Tier Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in this NOFO and HRSA's *SF-424 Two-Tier Application Guide*. You must submit the application in the English language and budget figures expressed in U.S. dollars (45 CFR § 75.111(a)).

The following application components must be submitted in Grants.gov:

- Application for Federal Assistance (SF-424)
- Project Abstract Summary
- Project/Performance Site Locations
- Grants.gov Lobbying Form
- Key Contacts

The following application components must be submitted in EHBs:

- Project Narrative
- Budget Information – Non-Construction Programs (SF-424A)
- Budget Narrative and Table of Personnel Paid with Federal Funds
- Program-Specific Forms
- Attachments

See Section 9.5 of the HRSA *SF-424 Two-Tier Application Guide* for the Application Completeness Checklist to assist you in completing your application.

Application Page Limit

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of 60 pages when printed by HRSA.

Forms that DO NOT count in the Page Limit

- Standard OMB-approved forms included in the workspace application package and program-specific forms in EHBs **do not** count in the page limit. The abstract is the standard form (SF) "Project Abstract Summary." It **does not** count in the page limit.

- The Indirect Cost Rate Agreement **does not** count in the page limit.

- The proof of non-profit status (if applicable) **does not** count in the page limit.

If there are other attachments that do not count against the page limit, this will be clearly denoted in Section IV.2.vi Attachments.

If you use an OMB-approved form that is not included in the workspace application package for HRSA-23-028, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace and EHBs forms associated with this NOFO to avoid exceeding the page limit.

➢ HRSA will redact any pages considered over the page limit. The redacted copy of the application will move forward to the objective review committee.

It is important to ensure your application does not exceed the specified page limit. See Appendix A: Applicant Page Limit Worksheet for additional information.

Applications must be complete and validated by Grants.gov, and submitted under HRSA-23-028 before the Grants.gov and EHBs deadlines.

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) If you are unable to attest to the statements in this certification, you must include an explanation in [Attachment 2: Other Relevant Documents](#).

See Section 5.1 viii of HRSA's *[SF-424 Two-Tier Application Guide](#)* for additional information on all certifications.

Program Requirements and Expectations

<u>Program Requirements</u>

You must propose to use ECD funds to achieve two objectives:

1. Increase the number of children ages 0-5 who receive recommended developmental screenings.[11]
2. Increase the number of children and their families assisted[12] with accessing appropriate follow-up services within 30 days of a developmental screening identifying an area of concern.[13]

You must ensure that your health center has the ECD expertise necessary to support screening and assistance with accessing needed follow-up services, either through enhancing existing ECD expertise or through hiring or contracting with new personnel into your care teams. You will advance progress on the ECD objectives by implementing activities within four focus areas:

1. Workforce recruitment, retention, development, and engagement;
2. Patient/caregiver experience;
3. Access and affordability; and
4. Population health and health-related social needs.

<u>Program Expectations</u>

HRSA expects that you will leverage ECD funds to address issues of health equity[14] associated with developmental screening and related services.

Consider your team's cultural and clinical competence, and the barriers to families with children 0-5 seeking developmental screening and related services. Barriers may include trauma, stigma, and social risk factors such as food insecurity, housing

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[11] This objective will be measured through UDS, in alignment with CDC guidelines. See [PAL 2022-03](#) for information about the proposed 2023 UDS measure.
[12] Assistance means facilitating connection to appropriate follow-up services (e.g., developmental evaluation, therapies) within 30 days of a developmental screening identifying an area of concern. For example, a case manager could facilitate connection to a specialist for a formal evaluation.
[13] This objective will be measured through reporting outside of UDS. See the [Reporting](#) section for more information.
[14] See the [HRSA Office of Health Equity](#) and [National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care](#) for additional information.

insecurity, financial strain, lack of transportation/access to public transportation;[15] and other health-related social needs that may affect access to care, contribute to poor health outcomes, and exacerbate health disparities.[16]

HRSA encourages you to use evidence-based practices in your provision of ECD services.[17] When developing your proposal, you should reference the ECD Care Continuum in Appendix B and the resources in Appendix C. Your proposal should improve access to developmental evaluations and appropriate follow-up services for children whose developmental screening test identifies an area of concern. Additionally, you should incorporate the caregiver's role in children's developmental monitoring to increase family engagement in tracking children's development. When developing your proposal, you should engage health center patients who have accessed ECD services to identify barriers and successes to inform the proposed project.

HRSA recommends that you identify an ECD champion[18] to advise and support the organization's approach to expand, enhance, and further integrate ECD expertise into care teams, which may include hiring or contracting new personnel and/or training existing personnel. Personnel with the following training or credentials may be well-positioned to provide ECD expertise: psychologists, social workers, infant and early childhood mental health professionals and consultants, public health nurses, nurse practitioners, infant and early childhood home visitors, physicians and allied health professionals, community health workers, doulas, promotores, care coordinators, parent/peer educators, and early intervention and early learning professionals. Such experts should be supported by provider champions and other trained management and administrative staff to achieve effective practice transformation.

HRSA encourages you to apply a two-generation approach that addresses health and health-related social needs for both children and their primary caregiver.[19] Your proposal should include how you will address primary caregiver issues such as financial strain, behavioral health needs, housing stress, food insecurity, and intimate partner

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[15] See the 2022 UDS Manual for additional information.

[16] The PRAPARE Assessment Tool may support your health center with collecting data needed to understand and act on patients' health-related social needs. For additional information, see https://www.nachc.org/research-and-data/prapare/.

[17] "Evidence-based" refers to resources that are published intervention evaluations or studies that have evidence in effectiveness, feasibility, reach, sustainability, and transferability. See https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/evidence-based-resources.

[18] An ECD champion is a health center staff member, typically a physician, who guides ECD program activities and promotes the health center's practice transformation efforts. The ECD champion does not need to be in a leadership role but should have the skills, influence, and expertise to advance project implementation. The champion encourages practice transformation by engaging team members, informing revised workflows, patient and family engagement, integrated delivery models, team-based care coordination, leveraging health information technology, use of data-driven processes, advancement of health equity, and implementation of clinical guidelines.

[19] The two-generation approach describes services and approaches that build family well-being by intentionally and simultaneously working with children and the adults in their lives together. The approach recognizes that families come in all different shapes and sizes and that the health and well-being of family members are interconnected. See https://aspe.hhs.gov/resources-developing-implementing-two-generation-approaches.

violence to support the health and health-related social needs of the primary caregiver and their role in supporting healthy early childhood development.[20]

HRSA also encourages you to establish or enhance partnerships with state/local health departments, federal programs, Native American Tribal organizations, Early Head Start and Head Start programs, community and faith-based organizations, and/or other relevant ECD-focused programs. These partnerships may facilitate referrals of children and families in need of ECD services to your health center for recommended developmental screening and needed follow-up services. Additionally, these partnerships may support the delivery of comprehensive ECD services to children and families in your service area. See Appendix C for a list of partners and resources that may be of assistance with your project.

Program-Specific Instructions

In addition to application requirements and instructions in Sections 4 and 5 of HRSA's *SF-424 Two-Tier Application Guide* (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

i.   Project Abstract

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it will count toward the page limitation. For information required in the Project Abstract Summary Form, see Section 5.1.ix of HRSA's *SF-424 Two-Tier Application Guide*. In addition, provide your Health Center Program grant number (H80CSXXXXX) and a brief summary of how your proposed project will increase the number of children who receive recommended developmental screening and needed follow-up services.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section will be considered during the objective review.

Narrative Section	Review Criteria
Need section of Project Narrative	(1) Need
Response section of the Project Narrative Project Overview Form: Work Plan	(2) Response
Collaboration Section of Project Narrative Attachment 1: Letters of Support	(3) Collaboration

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[20] See Robinson LR, Bitsko RH, Thompson RA, et al. CDC Grand Rounds: Addressing Health Disparities in Early Childhood. MMWR Morb Mortal Wkly Rep 2017;66:769–772. DOI: http://dx.doi.org/10.15585/mmwr.mm6629a1.

Narrative Section	Review Criteria
Resources/Capabilities section of the Project Narrative	(4) Resources/Capabilities
Evaluative Measures section of the Project Narrative	(5) Evaluative Measures
Support Requested section of the Project Narrative Forms: SF-424A Budget Information Form, Equipment List Form (if applicable) Budget Narrative	(6) Support Requested

ii. **Project Narrative** *(Submit in EHBs – required for completeness)*

In this section, you will provide a comprehensive description of all aspects of your proposed project. Your narrative should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

Use the following section headers for the narrative: Need, Response, Collaboration, Resources/Capabilities, Evaluative Measures, and Support Requested.

NEED *– Corresponds to* [*Section V.1 Review Criterion 1: NEED*](#)

Information provided in the NEED section must:

- Serve as the basis for, and align with, the activities, focus areas, and objectives described throughout the application.
- Be used to inform and improve the delivery of the proposed services.
- Be specific to needs in your service area.

1) Describe the need for developmental screening and follow-up services among children ages 0-5 in the area served by the health center. Sources of needs information may include your current needs assessment, information provided by current patients and other residents of your service area in need of ECD services, as well as community health needs assessments (such as those conducted by a hospital, health department, or other organization that serves the service area).[21]

2) Describe health center capacity barriers to maximizing equitable access to recommended developmental screening and needed follow-up services for children ages 0-5. Include identified workforce, care integration and coordination, community outreach and education, and other staffing, program, and technology-related challenges or issues, as applicable.

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[21] See [Chapter 3: Needs Assessment](#) of the Compliance Manual.

3) Describe the health-related social needs affecting equitable access to recommended developmental screening and needed follow-up services among children ages 0-5. Highlight the barriers that your proposed ECD project will address. Include identified needs as they relate to the following:

   a) Language access
   b) Care coordination
   c) Cultural barriers
   d) Financial strain
   e) Health insurance status
   f) Food insecurity
   g) Lack of transportation/access to public transportation
   h) Intimate partner violence
   i) Other – please describe

RESPONSE – *Corresponds to Section V.1 Review Criterion 2: RESPONSE*

1) Complete the structured work plan on the Project Overview Form in EHBs by describing activities that you will conduct to increase the number of children 0-5 receiving recommended developmental screening and needed follow-up services. Refer to Section IV.2.v. Program-Specific Forms for detailed guidance.

2) Referencing your work plan, describe how ECD-supported activities will:

   a) Address unmet needs or barriers (described in the NEED section) to achieving increases in the number of children 0-5 receiving recommended developmental screening and needed follow-up services.

   b) Engage caregivers and/or families in recommended developmental screening and follow-up services.

   c) Improve access to recommended developmental evaluations and appropriate follow-up services for children 0-5 when a developmental screening identifies an area of concern.

   d) Enhance or expand strategies to assess and address caregiver health and health-related social needs, including incorporating the two-generational approach into your current model of care.

   e) Support the development of approaches (e.g., caregiver outreach and education, team-based care coordination, and workforce development) that advance equity in access to recommended developmental screening and follow-up services.

f) Leverage health IT,[22] including electronic health record (EHR) systems, to improve equitable access to recommended developmental screening and needed follow-up services.[23]

3) Describe unique contributions that you anticipate from personnel with ECD expertise, including:

a) Population health (e.g., stratifying by risk, identifying data-informed strategies to reduce disparities, assessing health-related social needs).

b) Parenting support and information.[24]

c) Care coordination and engaging early childhood and family partners.

d) Early learning resources.

e) Changes in clinical workflows.

f) Capacity building among health center staff.

g) Access to recommended developmental screening and needed follow-up services.

h) Other (please specify).

4) Describe how the activities in your work plan fit into the larger ECD Care Continuum outlined in Appendix B.

COLLABORATION – *Corresponds to Section V.1 Review Criterion 3: COLLABORATION*

1) Describe how you will leverage the resources and expertise of other providers/organizations to increase the number of children 0-5 receiving recommended developmental screening and needed follow-up services. See Appendix C for a list of partners that may support your ECD project.

2) Provide letters of support from any partnering providers/organizations that will play a significant role in the implementation of your project (e.g., partners providing developmental evaluations or follow up services). See Attachment 1 for details. You may provide additional letters of support, as desired.

RESOURCES/CAPABILITIES – *Corresponds to Section V.1 Review Criterion 4: RESOURCES/CAPABILITIES*

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[22] IT tools such as the Well Visit Planner may facilitate family engagement and support practice transformation.
[23] Information specific to telehealth and scope of project is available at https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/pdf/telehealth- pal.pdf.
[24] For an example of parenting support and information, see Positive Parenting Tips. Centers for Disease Control and Prevention. Updated February 22, 2021. Accessed November 28, 2022. https://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/index.html#print.

1) Describe how you currently ensure access to recommended developmental screening and needed follow-up services, including:

   a) Services offered directly, contracted, and/or referred.

   b) Processes for supporting access to referred services and following up to ensure that they are received.

   c) Integration of ECD expertise into care teams, if applicable.

2) Describe your capabilities and expertise to carry out the proposed project, including:

   a) How the proposed personnel (e.g., direct hire and contracted) listed in the Budget Narrative will successfully implement the proposed project, including clearly describing each individual's role in the proposed project. Reference the staff details listed in the Budget Narrative, as applicable.

   b) If you have identified an ECD champion, provide the current skills and expertise of the proposed champion, and how the champion will advance project implementation. If you have identified a champion and would like that person included in technical assistance offered by HRSA, also provide the ECD champion's name and email address.

   c) The capability of key management staff to provide the operational and clinical oversight to increase the number of children 0-5 receiving recommended developmental screening and needed follow-up services.

3) Describe how you ensure culturally-affirming, patient-centered care that takes into account the caregiver's culture, values, and needs (including linguistic accessibility needs) to facilitate equitable access to recommended developmental screening and needed follow-up services.

4) Describe resources that you will leverage to support project implementation. See Appendix C for a list of resources that may support your ECD project.

EVALUATIVE MEASURES – *Corresponds to Section V.1 Review Criterion 5: EVALUATIVE MEASURES*

1) Provide your current, if available, and projected calendar year 2024 data showing your estimated increases for the following metrics:

   a) Number of children ages 0-5 who receive recommended developmental screening.[25]

   b) Number of children and their families assisted with accessing appropriate follow-up services within 30 days of a developmental screening identifying an area of concern.

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[25] See PAL 2022-03 for information about the proposed measure to be added to 2023 UDS.

Describe how you determined your estimates and why you consider them achievable by December 31, 2024.

2) Describe how you include or will incorporate the following into your QI/QA procedures and processes:

   a) Current clinical guidelines, standards of care, and standards of practice in the provision of ECD services.

   b) QI/QA reports for ECD project improvement.

   c) Findings to assess performance and adapt your proposed ECD project.

SUPPORT REQUESTED – *Corresponds to Section V.1 Review Criterion 6: SUPPORT REQUESTED*

1) Provide a budget that:

   a) Is consistent across all documents (i.e. SF-424A, Budget Narrative).

   b) Aligns with the proposed plan to increase the number of children 0-5 receiving recommended developmental screening and needed follow-up services (as outlined in the RESPONSE section and the work plan).

   c) Will reasonably support the estimated increase in patients 0-5 receiving recommended developmental screening and needed follow-up services (see the EVALUATIVE MEASURES section).

iii. Budget (Submit in EHBs)

Follow the instructions included in Section 5.1.iv of HRSA's *SF-424 Two-Tier Application Guide* and the additional budget instructions provided below. A budget that follows the *Guide* will ensure that, if HRSA selects your 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[26] (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.

In addition, ECD requires the following:

You must present the total budget for the project, which includes ECD funds (up to $200,000 annually) and all non-federal funds, if applicable, that will support the proposed project. You have discretion about how you propose to allocate the total budget between ECD federal funds and other funding that supports the project,

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[26] For details on allowable costs, see 45 CFR part 75, available at https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75.

provided that the projected budget complies with all applicable HHS policies and other federal requirements.[27]

Budget Information Form (SF-424A):

- In Section A, enter the ECD funding requested in the Federal column for **year 1 (12 months)** of funding. The maximum amount you may request cannot exceed $200,000.
- In Section A – Budget Summary, under New or Revised Budget, in the Federal column, enter the federal funding requested for year 1 for each type of Section 330 funding that you currently receive. Funding must be requested and will be awarded proportionately to your current H80 funding. The funding types are Community Health Center (e), Migrant Health Center (g), Health Care for the Homeless (h), and/or Public Housing Primary Care (i). No new types may be added through this application. Enter all other project costs in the Non-Federal column. Estimated Unobligated Funds are not applicable for this funding opportunity.
- In Section B – Budget Categories, enter an object class category (line item) budget for year 1, broken out by federal and non-federal funding. The amounts for each category in the Federal and Non-Federal columns, as well as the totals, should align with the Budget Narrative.
- In Section C – Non-Federal Resources, enter all other sources of funding for the proposal for year 1, not including the federal funding request. The total in Section C must be consistent with the Non-Federal Total in Section A. When providing Non-Federal Resources by funding source, include other federal funds supporting the proposed project in the "other" category.
- In Section E – Federal Funds Needed for Balance of the Project, enter your federal ECD funding request for year 2 in the first column for each type of section 330 funding that you currently receive (similar to Section A). The maximum amount that you may request for each outyear cannot exceed $200,000.

As required by the Consolidated Appropriations Act, 2023 (P.L.117-328), Division H, § 202, "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…." Effective January 2023, the salary rate limitation is **$212,100.** Note that these or other salary rate limitations may apply in the following fiscal years, as required by law.

iv. *Budget Narrative (include a Table of Personnel to be Paid with Federal Funds, if applicable) (Submit in EHBs)*

ECD requires a detailed budget narrative that outlines federal and non-federal costs for year 1 and year 2 by object class category. The sum of line-item costs for each category for year 1 must align with those presented on the SF-424A Budget Information Form. See Section 5.1.v of HRSA's *SF-424 Two-Tier Application Guide*. For year 2, the

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[27] See Chapter 17: Budget of the Compliance Manual.

narrative should highlight the changes from year 1 or clearly indicate that there are no substantive changes. See the [ECD technical assistance webpage](#) for an example Budget Narrative.

Your budget narrative must:

- Demonstrate that you will use ECD funds for costs that will advance progress on the ECD objectives.
- Clearly detail proposed costs for each line item on the SF-424A Budget Information Form, Section B, with calculations for how you derive each cost.
- Not include [ineligible costs](#).
- Provide HRSA with sufficient information to determine that you will use ECD funds separately and distinctly from other Health Center Program support (e.g., H80 awards).
- Provide a table of personnel to be paid with federal funds, as shown in the example provided in HRSA's *[SF-424 Two-Tier Application Guide](#)*.

All contractual arrangements must be appropriate for health center oversight of the proposed project, and include any contractors and sub-recipients.

Format the budget narrative to have all columns fit on an 8.5 x 11 page when printed.

v. Program-Specific Forms (Submit in EHBs)

You will submit the required SF-424 information through [Grants.gov](#). Phase 2 of your application requires the submission of supplemental information through EHBs. All of the following forms, with the exception of the [Equipment List Form](#), are required.

Project Overview Form (Required)

Work Plan

You must complete the work plan to outline your proposed 2-year project. A sample work plan is available on the [ECD technical assistance webpage](#).

You must complete three fields: activity area, activity, and time frame for activity completion.

- **Activity Area Field**: Select at least one activity area for each focus area or write in your own after selecting "other." **"Team-based care coordination" is required**. Below are the activity areas organized by focus area:

    o Workforce Recruitment, Retention, Development, and Engagement

        ▪ Workforce recruitment, including recruiting/contracting for early childhood development specialists/expertise
        ▪ Workforce training, including training health center staff to expand or enhance early childhood expertise
        ▪ Workforce engagement, including staff satisfaction activities.

    o Patient/Caregiver Experience
        ▪ **Team-based care coordination (required)**

- ▪ Partnership and engagement with patients, families, and caregivers
- ▪ Building trusting relationships

- o Access and Affordability
  - ▪ Outreach
  - ▪ Mobile screenings
  - ▪ Transportation
  - ▪ Translation
  - ▪ Patient education
  - ▪ Eligibility assistance

- o Population Health and Health-Related Social Needs
  - ▪ Care coordination and patient/caregiver navigation
  - ▪ Eligibility assistance and referrals to address social risk factors
  - ▪ Enhancing health IT workflows
  - ▪ Community partnerships and collaborations

- **Activity Field:** You must propose at least one activity per focus area. To enable you to fully describe your proposed project, there is no maximum number of activities.

- **Time Frame for Activity Completion Field:** Select a time frame for each activity. Indicate if you will complete the proposed activity in year 1 or year 2. If an activity is ongoing throughout the 2-year period of performance, indicate 'ongoing' as the completion date.

Early Childhood Development Expertise

Indicate how you plan to ensure that your health center will have the ECD expertise necessary to support integrated developmental screening and needed follow-up services, by selecting one or both options:

- Enhance existing ECD expertise.

- Hire or contract to increase ECD expertise.

Scope of Project

Evaluate your current scope of project in light of your proposed project.[28] Access the technical assistance materials on the [Scope of Project resource webpage](#) and contact your H80 program specialist for guidance in determining if a scope adjustment or change in scope will be necessary.

If your scope requires changes based on your proposed project, indicate if changes will be required to your Form 5A: Services Provided, Form 5B: Service Sites, and/or Form 5C: Other Activities/Locations. Then, provide an overview of the change(s) along with a timeline for making the necessary request(s). You must submit scope adjustment and change in scope requests outside of the ECD application, and obtain approval before

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[28] You can view your scope of project in the Approved Scope section of your H80 grant folder in EHBs.

implementing a new service, service delivery method, or site. You should allow 60 days for HRSA to review your request. You may use ECD funds to support a new service, site, or activity once it is added to your approved scope of project.

- **Review your Form 5A: Services Provided.** When reviewing this form, consider if your ECD work plan may require a change in service delivery methods (e.g., to move screening from Column II to Column I).

- **Review your Form 5B: Service Sites.** A change is needed if you propose to use ECD funds to purchase a mobile unit, requiring you to request a change in scope to add the new mobile site to Form 5B.

- **Review your Form 5C: Other Activities/Locations.** A change may be needed if you propose to use ECD funds to provide services at locations that do not meet the definition of a service site or have irregular or limited timeframes (e.g., home visits, health fairs).[29]

Equipment List Form (if applicable)

If you request to use ECD funds for equipment on your SF-424A, provide the required details on the Equipment List Form. Equipment costs limited to year 1 only.

Each proposed equipment purchase must be listed separately and align with the Budget Narrative. Total equipment costs in year 1 may not exceed $150,000. Any equipment purchased with ECD funds must support your ECD work plan, be procured through a competitive process, and be maintained, tracked, and disposed of in accordance with 45 CFR part 75.

Equipment includes moveable items that are non-expendable, tangible personal property (including information technology systems) having a useful life of more than 1 year and a per-unit acquisition cost that equals or exceeds the lesser of the capitalization level established by the applicant for its financial statement purposes, or $5,000. Moveable equipment can be readily shifted from place to place without requiring a change in the utilities or structural characteristics of the space. Permanently affixed equipment (e.g., heating, ventilation, and air conditioning (HVAC), generators, lighting) is categorized as minor alteration or renovation (A/R) and is not allowed.

If applicable, you should list yearly license renewals for existing EHRs or health information technology in "Other Costs" in your budget, not as equipment. If you are purchasing an EHR or health information technology system, you should include any associated licenses as part of the overall equipment purchase.

For each item on the Equipment List, provide the following information:

- **Type** – Select clinical or non-clinical.
- **Item Description** – Provide a description of each item.
- **Unit Price** – Enter the price of each item.

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[29] See section III.B.1.g: Other Activities of Policy Information Notice 2008-01 for additional information, available at https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/pdf/pin2008-01.pdf.

- **Quantity** – Enter of the number of each item to be purchased.
- **Total Price** – The system will calculate the total price by multiplying the unit price by the quantity entered.

The selection of equipment should be based on a preference for recycled content, non-hazardous substances, non-ozone depleting substances, energy and water efficiency, and consideration of final disposal (disposed in a manner that is safe, protective of the environment, and compliant with all applicable regulations), unless there are conflicting health, safety, and performance considerations. You are strongly encouraged to employ the standards established by either the Electronic Product Environmental Assessment Tool (EPEAT) or Energy Star, where practicable, in the procurement of equipment. Following these standards will mitigate the negative effects on human health and the environment. Additional information for these standards can be found at http://www.epeat.net and http://www.energystar.gov.

Staffing Impact Form (Required)

Enter all direct hire personnel and/or contractor FTEs who will support increasing developmental screening and needed follow-up services for children ages 0-5 according to the allowed position types listed on this form. You will allocate all personnel time by function among the positions listed. **List all personnel you will support with ECD funds on this form**.

The example Staffing Impact Form on the ECD technical assistance webpage lists the allowable position types. Position descriptions are available in the 2022 UDS Manual.

vi. *Attachments (Submit in EHBs)*

Provide the following items in the order specified below. **Unless otherwise noted, attachments count toward the application page limit**. Your indirect cost rate agreement (provided in Attachment 2: Other Relevant Documents, if applicable) will not count toward the page limit. **Clearly label each attachment** according to the number and title below (e.g., Attachment 1: Letters of Support). You must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments. Merge similar documents (e.g., letters of support) into a single file.

Attachment 1: Letters of Support (If Applicable)

Upload current, dated, and signed letters of support to provide evidence of commitment to the project from partnering providers/organizations that will play a significant role in implementing your ECD project. See the Collaboration section of the Project Narrative for details on required documentation. Letters of support should be addressed to the organization's board, CEO, or other appropriate key management staff member.

You are encouraged to consider the effect on your application's page length when providing additional letters of support.

Attachment 2: Other Relevant Documents (If Applicable)

Upload an indirect cost rate agreement, if applicable. Include other relevant documents to support the proposed project, as desired. Maximum of 5 uploads. You are encouraged to consider the effect on your application's page length when providing additional documents.

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

Effective April 4, 2022:

- The UEI assigned by SAM has replaced the Data Universal Numbering System (DUNS) number.

- Register at SAM.gov and you will be assigned a UEI.

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have: an active federal award, an active application, or an active plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. 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 HRSA may 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 two separate systems:

- System for Award Management (SAM) (https://sam.gov/content/home | SAM Knowledge Base)

- Grants.gov (https://www.grants.gov/)

For more details, see Section 3.2 of HRSA's *SF-424 Two-Tier 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 in Grants.gov (Phase 1) is ***March 17, 2023 at 11:59 p.m. ET***. The due date to complete all other required information in EHBs (Phase 2) is ***April 18, 2023 at 5 p.m. ET***. HRSA suggests you submit your application

to Grants.gov at least **3 calendar days before the deadlines** to allow for any unforeseen circumstances. See Section 9.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Two-Tier Application Guide* for additional information.

5. Intergovernmental Review

The Health Center Program is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 5.1.ii of HRSA's *SF-424 Two-Tier Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 2 years, at no more than $200,000 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 H of the Consolidated Appropriations Act, 2022 (P.L. 117-328) apply to this program. See Section 5.1 of HRSA's *SF-424 Two-Tier Application Guide* for additional information. Note that these or other restrictions will apply in following fiscal years, as required by law.

45 CFR part 75 and the HHS Grants Policy Statement (HHS GPS) include information about allowable expenses. You cannot use funds under this notice for the following costs:

- Costs already supported by H80 operational grant or related supplemental funding;
- Purchase or upgrade of an electronic health record (EHR) that is not certified to the 2015 edition of certification criteria under the Office of the National Coordinator for Health Information Technology Health IT Certification Program;[30]
- Minor alteration/renovation activities;[31]
- New construction activities, including additions or expansions;
- Purchase and/or installation of trailers and pre-fabricated modular units;
- Facility or land purchases; or
- Costs not related to the ECD purpose.

Under existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortions, except in cases of rape or incest, or when a physician certifies that the woman has a physical disorder,

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[30] The Centers for Medicare and Medicaid Services and the Office of the National Coordinator for Health Information Technology have established standards and other criteria for structured data. For additional information, refer to https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Certification.html

[31] Minor A/R projects include work to repair, improve, and/or reconfigure the interior arrangements or other physical characteristics of a location.

physical injury, or physical illness that would place her in danger of death unless an abortion is performed. This includes all funds awarded under this notice and is consistent with past practice and long-standing requirements applicable to awards to health centers.

You are required to have the necessary policies, procedures, and financial and other internal[32] 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 specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 5.1 of HRSA's *SF-424 Two-Tier Application Guide*. Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

The non-federal share of the project budget includes all program income sources such as fees, premiums, third party reimbursements, and payments that are generated from the delivery of services, and from other revenue sources such as state, local, or other federal grants or contracts; private support; and income generated from fundraising, and donations/contributions.

In accordance with section 330(e)(5)(D) of the PHS Act relating to the use of non-grant funds, health centers shall use non-grant funds, including funds in excess of those originally expected, "as permitted under this section [section 330]," and may use such funds "for such other purposes as are not specifically prohibited under this section [section 330] if such use furthers the objectives of the project."

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. Reviewers will use both the Project Narrative and Review Criteria

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[32] For more information see HRSA Internal Controls at a Glance:
https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/internal-controls-tip-sheet.pdf

section to assess your application. The entire proposal will be considered during objective review.

Six review criteria are used to review and rank ECD applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (20 points) – *Corresponds to Section IV.2.ii NEED*

- The extent to which the applicant provides compelling qualitative and quantitative data to fully describe the significant need in the area served by the health center for recommended developmental screening and follow-up services among children ages 0-5.

- The extent to which the applicant demonstrates an understanding of health center capacity barriers to maximizing equitable access to recommended developmental screening and needed follow-up services for children ages 0-5.

- The extent to which the applicant clearly describes the health-related social needs that affect equitable access to recommended developmental screening and needed follow-up services among children ages 0-5, including applicable barriers/needs that the ECD project will address (see Need for a full list).

Criterion 2: RESPONSE (25 points) – *Corresponds to Section IV.2.ii RESPONSE*

Work Plan (10 points)

- The overall strength of the work plan to achieve the ECD objectives.

Activities Evaluation (15 points)

- The appropriateness of the activities described in the work plan to address identified needs or barriers to achieve the ECD objectives.

- The strength of the applicant's plan to engage caregivers and/or families in recommended developmental screening and follow-up services.

- The strength of the applicant's plan to improve access to recommended developmental evaluations and appropriate follow-up services for children 0-5 when a developmental screening test result identifies an area of concern.

- The strength of the applicant's plan to enhance or expand strategies to assess and address caregiver health and health-related social needs, including incorporating the two-generational approach into the spectrum of care.

- The extent to which the applicant's plan will support the development of approaches that advance equity in access to recommended developmental screening and follow-up services.

- The extent to which the applicant's plan to leverage health IT, including EHR will drive improvements in equitable access to recommended developmental screening and needed follow-up services.

- The extent of the anticipated contributions from personnel with ECD expertise, including:

  o Population health.
  o Parenting support and information.
  o Care coordination and engaging early childhood and family partners.
  o Early learning resources.
  o Changes in clinical workflows.
  o Capacity building among health center staff.
  o Access to recommended developmental screening and needed follow-up services.
  o Other.

- The extent to which the activities in the work plan fit into the larger ECD Care Continuum outlined in Appendix B.

Criterion 3: COLLABORATION (10 points) – *Corresponds to Section IV.2.ii COLLABORATION*

- The strength of the applicant's plan to leverage the resources and expertise of other providers/organizations to increase the number of children 0-5 receiving recommended developmental screening and needed follow-up services.

- The extent to which letters of support provided in Attachment 1 document support from any partnering providers/organizations that will play a significant role in implementing the ECD project.

Criterion 4: RESOURCES/CAPABILITIES (20 points) – *Corresponds to Section IV.2.ii RESOURCES/CAPABILITIES*

- The degree to which the applicant's current efforts to ensure access to recommended developmental screening and needed follow-up services provide a solid foundation from which the applicant can successfully launch the proposed project, including:

  o Services offered directly, contracted, and/or referred.
  o Processes for supporting access to referred services and following up to ensure that they are received.
  o Integration of ECD expertise into care teams, if applicable.

- The extent of the applicant's capabilities and expertise to carry out the ECD project, including:

  o The degree to which the proposed personnel listed in the Budget Narrative are clearly described and will successfully implement the proposed project.

- o If the applicant has identified an ECD champion, the current skills and expertise of the proposed champion, and how the champion will advance project implementation.
- o The capability of key management staff to provide the operational and clinical oversight necessary to increase the number of children 0-5 receiving recommended developmental screening and needed follow-up services.

- The strength of the applicant's plan to ensure culturally-affirming, patient-centered care to facilitate equitable access to recommended developmental screening and needed follow-up services.

- The strength of the applicant's plan to leverage resources to support project implementation.

Criterion 5: EVALUATIVE MEASURES (15 points) – Corresponds to *Section IV.2.ii EVALUATIVE MEASURES*

- The reasonableness of the estimated increase in recommended developmental screening given the identified need, proposed activities, and requested funding.

- The reasonableness of the number of children and their families expected to be assisted with accessing appropriate follow-up services within 30 days of a developmental screening identifying an area of concern, given the identified need, proposed activities, and requested funding.

- The strength of the applicant's current inclusion or plan to incorporate the following into the QI/QA procedures and processes:

  - o Current clinical guidelines, standards of care, and standards of practice in the provision of ECD services.
  - o QI/QA reports for ECD project improvement.
  - o Findings to assess performance and adapt the proposed ECD project.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to *Section IV.2.ii SUPPORT REQUESTED*

- The extent to which the applicant provides a budget that:

  - o Is consistent across all documents (i.e., SF-424A, Budget Narrative).
  - o Aligns with the proposed work plan activities to increase the number of children 0-5 receiving recommended developmental screening and needed follow-up services.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications 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.

In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors in merit selection. See section 6.3 of HRSA's *SF-424 Two-Tier Application Guide* for more details. For this program, HRSA will use distribution of awards, as well as H80 award and compliance status, as award factors as described below.

Rural/Urban Distribution of Awards

Aggregate awards in FY 2023 will be made to ensure that the ratio of rural to urban target populations is not less than two to three or greater than three to two as set forth in section 330(e)(6)(B) of the PHS Act. To ensure this distribution, HRSA may award funding to applications out of rank order.

Compliance Status[33]

You will not receive ECD funding if you meet any of the following exclusion criteria at the time HRSA makes funding decisions:

- You are no longer an active Health Center Program (H80) award recipient under sections 330(e), (g), (h), and/or (i), or
- You have a 30-day condition on your H80 award related to Health Center Program requirement area(s).

3. Assessment of Risk

HRSA may apply special conditions of award or 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

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[33] See Chapter 2: Health Center Program Oversight of the Compliance Manual.

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 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 release the Notice of Award (NOA) on or around the start date of September 1, 2023. See Section 6.4 of HRSA's *SF-424 Two-Tier Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Two-Tier Application Guide*.

If you are successful and receive an NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- All provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,

- Other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and

- Applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully receive an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient

individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.

- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

Contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit OCRDI's website to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

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.

Health Information Technology[34] (IT) Interoperability Requirements

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Utilize health IT certified under the ONC Health IT Certification Program, if certified technology can support the activity. Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more.

3. Reporting

Award recipients must comply with Section 7 of HRSA's *SF-424 Two-Tier Application Guide* **and** the following reporting and review activities. Additional information on reporting requirements, including timing of reports, will be included in your NOA and posted to the ECD technical assistance webpage:

1) **Non-Competing Continuation (NCC) Progress Report** – A streamlined NCC progress report must be submitted and approved by HRSA to trigger the release of year 2 funding (dependent upon congressional appropriation, satisfactory recipient performance, and a determination that continued funding would be in the best interest of the Federal Government). In this report, you will include data on the number of children and their families assisted with accessing appropriate follow-up services within 30 days of a developmental screening identifying an area of concern. You will receive an email message via EHBs when it is time to begin working on the progress report.

2) **Semi-Annual Reports.** You will complete semi-annual reports to describe accomplishments and barriers toward implementing the proposed project. These reports will be informed by your ECD work plan. More information will be available in the NOA.

3) **Assistance with Follow-Up Data Report** – In year 2, you will provide data on the number of children and their families assisted with accessing appropriate follow-up services within 30 days of a developmental screening identifying an

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[34] Health information technology is defined in Section 3000 of the PHS Act. HHS has substantially adopted and codified that definition at 45 CFR 170.102. The regulation defines health information technology as hardware, software, integrated technologies or related licenses, IP, upgrades, or packaged solutions sold as services that are designed for or support the use by health care entities or patients for the electronic creation, maintenance, access, or exchange of health information.

area of concern. You will receive an email message via EHBs when it is time to provide this data.

4) **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](#).

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

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

Vera Windham
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-6859
Email: VWindham@hrsa.gov

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

Yididya Amha
Public Health Analyst
Office of Policy and Program Development
Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration
5600 Fishers Lane, Room 16N66B
Rockville, MD 20857
Contact: [BPHC Contact Form](#)
- Under *Funding*, select *Applications for Notice of Funding Opportunities*
- Select *Early Childhood Development (ECD)*
Web: https://bphc.hrsa.gov/funding/funding-opportunities/fy-2023-early-childhood-development

You may need assistance when working online to submit your application forms electronically in Grants.gov and EHBs. Always obtain a case number when calling for or otherwise requesting 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 dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base

For assistance with submitting the remaining information in EHBs, contact Health Center Program Support, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET, excluding federal holidays at:

Health Center Program Support
Telephone: 1-877-464-4772
Web: BPHC Contact Form
- Under Technical Support, select *EHBs Tasks/EHBs Technical Issues*

VIII. Other Information

Technical Assistance

HRSA will hold a pre-application TA webinar for applicants seeking funding through this opportunity. Visit the ECD technical assistance webpage for webinar details, copies of forms, frequently asked questions, and other resources that will help you submit a competitive application.

See TA details in the Executive Summary.

HRSA Primary Health Care Digest

The HRSA Primary Health Care Digest is a weekly email newsletter containing information and updates pertaining to the Health Center Program, including release of all competitive funding opportunities. You are encouraged to have several staff subscribe.

Federal Tort Claims Act (FTCA) Coverage

FTCA coverage for new services and sites is dependent, in part and where applicable, on HRSA approval of a post-award change in the scope of the project. For more information, review the FTCA Health Center Policy Manual, available at https://bphc.hrsa.gov/sites/default/files/bphc/ftca/pdf/ftcahcpolicymanualpdf.pdf.

Tips for Writing a Strong Application

See Section 5.7 of HRSA's *SF-424 Two-Tier Application Guide*.

Appendix A: Page Limit Worksheet

The purpose of this worksheet is to give you a tool to ensure the number of pages uploaded into your application is within the specified page limit. Do not submit this worksheet as part of your application.

The Standard Forms listed in the first column do not count against the page limit. Attachments listed in the second column do count toward the page limit. Program-specific forms submitted in EHBs do not count against the page limit.

Standard Form Name Submitted in Grants.gov or EHBs *(Forms do not count against the page limit)*	Attachment File Name *(Unless otherwise noted, attachments count against the page limit)*	Optional or Required	# of Pages *Applicant Instruction – enter the number of pages of the attachment*
Grants.gov Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States)	Optional	*My attachment = ___ pages*
Grants.gov Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	Optional	*My attachment = ___ pages*
Grants.gov Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	Required if "Yes"	*My attachment = ___ pages*
Grants.gov Project/Performance Site Location Form	Additional Performance Site Location(s)	Optional	*My attachment = ___ pages*
EHBs	Project Narrative	Required	*My attachment = ___ pages*
EHBs	Budget Narrative	Required	*My attachment = ___ pages*
EHBs Appendices	Attachment 1: Letters of Support	Required if Applicable	*My attachment = ___ pages*
EHBs Appendices	Attachment 2: Other Relevant Documents	Optional	*My attachment = ___ pages*
# of Pages Attached that Count Toward the Page Limit		Applicant Instruction: Total the number of pages in the boxes above.	
Page Limit for HRSA-23-028 is 60 pages		**My total = ____ pages**	

Appendix B: The ECD Care Continuum

Developmental screening and access to appropriate follow-up services are components of a larger ECD care continuum for children ages 0-5. The ECD care continuum includes developmental health promotion and prevention, screening and surveillance, linkage and care coordination for appropriate follow-up, and consultation or brief intervention. All stages of the continuum should reflect and support the vital role of families in children's development and emphasize children's social and emotional development and relational health as foundational to long-term health and well-being.

The ECD care continuum includes the following stages and components[35]:

Stages	Components
Promotion and Prevention	- Age-appropriate early development promotion and preventive education, including: - Anticipatory guidance on general development topics and milestones - Social-emotional and behavioral development - Early learning and literacy - Positive parenting strategies, parent-child interactions, and healthy relationships - Family strengths and protective factors (e.g., parental resilience, social connections, concrete supports) - Prenatal visits for pediatric care - Connection to ECD-promoting community resources (e.g., libraries, parent support groups, quality childcare) - ECD expert participation in well-visits as appropriate

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[35] For additional information about the continuum, see Talmi, A., Millar, A., Buchholz, M., Burnett, B., & Wolcott, C. (2022). BHIPP:0–5: Primary care practice transformation in early childhood behavioral health integration. *Clinical Practice in Pediatric Psychology, 10*(1), 9–19. https://doi.org/10.1037/cpp0000380; *Bright futures: Guidelines for health supervision of infants, children, and adolescents* (4th ed.). American Academy of Pediatrics.

Stages	Components
Surveillance and Screening	Holistic review of child and family functioning, including: • ECD progress and concerns (including social-emotional, behavioral, developmental milestones, and autism) • Parental mental health and substance use • Family violence and trauma history (e.g., adverse childhood experiences) • Family strengths and early relational health • Health-related social needs • Eligibility for ECD and family well-being programs
Care Coordination and Linkage	• Referral and linkage to indicated or requested services • Systems navigation support and care coordination • Participation in resource directories or coordinated intake and referral systems
Intervention	• ECD expert consultation or brief intervention with family • ECD expert consultation to care team

Appendix C: ECD Partners and Resources

Partners and resources that may inform your ECD project development and/or implementation include, but are not limited to, the following:

Federal Partners	
HRSA Maternal and Child Health Bureau	U.S. Department of Education
U.S. Centers for Disease Control and Prevention	CDC Act Early Ambassadors
U.S. Administration for Children and Families	
State and Local Partners	
Title V Maternal Child Health Block Grant Program	Maternal Infant and Early Childhood Home Visiting Programs
Early Childhood Comprehensive Systems partners	Community Action Networks
Family-to-Family Health Information Centers	Healthy Start programs
Early Head Start programs	Head Start Collaboration Offices
State-based early intervention services	Childcare providers
Local schools	Transforming Pediatrics for Early Childhood (TPEC) award recipients (currently in New Jersey, Massachusetts, Oregon, and Arkansas)
Early Childhood Comprehensive Systems Health Integration Prenatal-to-Three (ECCS) Program	
Resources	
PCMH guidelines	Early Childhood Technical Assistance Center*
Center for Parent Information and Resources*	National Center for Pyramid Model Innovations*
ECD Evidence to IMPACT Center	Institute of Education Sciences*
Health center strategic partners (e.g., PCAs, NTTAPs, HCCNs)	

*Organizations funded by the U.S. Department of Education