

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



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

Centers of Excellence in Maternal and Child Health Education, Science, and Practice

Funding Opportunity Number: HRSA-20-042
Funding Opportunity Type(s): Competing Continuation, New
Assistance Listings (CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

Application Due Date: January 8, 2020

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

Issuance Date: October 9, 2019

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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) 2020 Centers of Excellence in Maternal and Child Health Education, Science, and Practice (Centers of Excellence in MCH) Program. The purpose of this program is to: (1) strengthen and expand the MCH workforce by training graduate and post-graduate public health students in MCH, and (2) advance MCH science, research, practice, and policy through a well-trained MCH public health workforce.

Also in this notice is the opportunity to apply for the MCH Epidemiology Doctoral Training supplement. You may apply for the Centers of Excellence in MCH Program with no MCH Epidemiology Doctoral Training supplement, or for the Centers of Excellence in MCH Program with MCH Epidemiology Doctoral Training supplement.

The FY 2020 President's Budget does not request funding for this program. This notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. You should note that this program may be cancelled prior to award.

Funding Opportunity Title:	Centers of Excellence in Maternal and Child Health Education, Science, and Practice
Funding Opportunity Number:	HRSA-20-042
Due Date for Applications:	January 8, 2020
Anticipated Total Annual Available FY 2020 Funding:	<p>Centers of Excellence in MCH: \$4,616,000 (includes \$41,000 for annual grantee meeting and \$25,000 to support teaching in MCH, to be determined after award)</p> <p>MCH Epidemiology Doctoral Training Supplement: \$218,000</p>
Estimated Number and Type of Award(s):	<p>Centers of Excellence in MCH: Up to 13 grants</p> <p>MCH Epidemiology Doctoral Training Supplement: Up to 8 Centers of Excellence awardees may receive funding for this grant supplement</p>

Estimated Award Amount:	<p>Centers of Excellence in MCH: Up to \$350,000 per year*, subject to the availability of appropriated funds</p> <p>MCH Epidemiology Doctoral Training Supplement: Up to \$27,250 per year, subject to the availability of appropriated funds</p> <p>*If you are applying for the Centers of Excellence in MCH Program with the MCH Epidemiology Doctoral Training supplement, you may request up to \$377,250 per year</p>
Cost Sharing/Match Required:	No
Period of Performance:	<p>Centers of Excellence in MCH: June 1, 2020 through May 31, 2025 (5 years)</p> <p>MCH Epidemiology Doctoral Training Supplement: June 1, 2020 through May 31, 2025 (5 years)</p>
Eligible Applicants:	<p>Domestic public or nonprofit private institutions of higher learning may apply for MCH training grants. See 42 CFR § 51a.3(b).</p> <p>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>

HRSA has issued a related NOFO, MCH Public Health Catalyst Program (HRSA-20-041). Organizations applying for the Centers of Excellence in MCH Education, Science, and Practice Program (HRSA-20-042) are not eligible to apply for the MCH Public Health Catalyst Program (HRSA-20-041). It is anticipated that applicants to HRSA-20-042 have well-established MCH programs. Applicants to HRSA-20-041 are anticipated to be developing new or expanding foundational MCH coursework. Applications will be screened for completeness and eligibility by HRSA prior to objective review.

Application Guide

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

Technical Assistance

HRSA has scheduled the following technical assistance webinar:

Day and Date: Thursday, October 24, 2019

Time: 12–1 p.m. ET

Call-In Number: 1-888-972-9928

Participant Code: 9312331

Weblink: <https://hrsa.connectsolutions.com/hrsa20042/>

HRSA will record the webinar and make it available at:

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

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Centers of Excellence in Maternal and Child Health (MCH) Education, Science, and Practice (Centers of Excellence in MCH). The purpose of the Centers of Excellence in MCH Program is to: (1) strengthen and expand the MCH workforce by training graduate and post-graduate public health students in MCH and (2) advance MCH science, research, practice and policy through a well-trained MCH public health workforce.

The specific objectives of the Centers of Excellence in MCH Program are to: (1) provide didactic and experiential public health training in MCH that leads to a graduate degree (masters or doctoral); (2) offer an MCH curriculum that addresses a broad public health perspective including, but not limited to, life course theory; comprehensive historical, legislative, and public health knowledge base regarding Title V and related programs; cultural competence; and emerging MCH public health issues; (3) recruit diverse trainees and engage them in 300+ hours of training per year, including didactic coursework, experiential learning through placements with MCH organizations, and involvement in MCH faculty research activities; and (4) establish and strengthen academic-practice partnerships with Title V agencies and community organizations to provide subject matter expertise.

In this notice is the additional opportunity to apply for the MCH Epidemiology Doctoral Training Supplement. Building on infrastructure provided by the Centers of Excellence in MCH funding, the purpose of the MCH Epidemiology Doctoral Training supplement is to train the future MCH epidemiologic workforce and promote advancements in applied MCH research. The specific objectives of the MCH Epidemiology Doctoral Training supplemental funding are to: (1) provide financial support to doctoral students who conduct state or local level analyses on a public health topic important to MCH populations as the foundation of their dissertation; (2) educate doctoral students in current and emerging topics in MCH epidemiology, data collection, surveillance systems, advanced applied and quantitative analytic methods, and frameworks relevant to state and local MCH populations and programs; and (3) strengthen the evidence base in MCH through publication of dissertation research in peer-reviewed journals.

2. Background

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

Need for the Centers of Excellence in MCH

The need for investments in MCH public health workforce development stems from a number of factors, including ongoing changes in the health care and public health systems, complex public health problems rooted in inequity and the social determinants of health, and a loss of expertise due to staff attrition in state Title V programs, local public health agencies, and MCH academia. There is a need to expand and strengthen

a diverse, MCH-informed workforce that understands the unique, cross-sector challenges that state Title V and local MCH leaders and staff face.

Recent data from the 2017 Public Health Workforce Interests and Needs Survey¹ indicate that while the state and local governmental MCH workforce has high level of job satisfaction, 25 percent plan to leave their position in the next year and 22 percent intend to retire in the next 5 years. Additionally, survey data also show that only 14 percent of the survey respondents have formal training in public health.¹ There remains a need to produce well-trained MCH professionals to fill anticipated vacancies across state and local health departments.

There is also an ongoing need to train diverse MCH public health professionals. Recent data show that most employees at state and local health departments are non-Hispanic white, despite continued changes to the racial and ethnic composition of the nation.² The literature shows that minority health professionals tend to serve minority and disadvantaged populations to a greater extent than non-minority professionals do.³ The Centers of Excellence in MCH Program continues to prioritize the recruitment of trainees from underrepresented backgrounds (including racial and ethnic minorities), supporting HRSA's goal to increase the diversity of the health workforce and increase access to care.

HRSA currently funds 13 Centers of Excellence in MCH Programs, providing dedicated support for the training of future MCH public health leaders. In FY 2015–2016, Centers of Excellence in MCH Programs trained over 1,000 long-term trainees in MCH, providing over 300 hours of didactic and experiential training to each trainee per year. Over 36 percent of trainees were from an underrepresented racial group and over 9 percent were Hispanic/Latino. Five years after completing a Centers of Excellence in MCH Program, over 75 percent of trainees continue to work in maternal and child health and over 90 percent are leaders in academic, clinical, public policy, and/or public health realms.

To advance MCH public health workforce development and increase the diversity of the public health workforce, HRSA has established the MCH Public Health Catalyst Program (HRSA-20-041) and the Centers of Excellence in MCH Program (HRSA-20-042) as a continuum of MCH public health workforce investments, with shared long-term workforce preparation goals.

Need for the MCH Epidemiology Doctoral Training Supplement

The availability and use of valid and reliable information remains critical to the successful development, monitoring, and evaluation of public health investments and MCH programming, in particular, given the diversity of target populations, e.g., preconception women to children with special health care needs, and scope of related

¹ Public Health Workforce Needs and Interest Survey 2017 National Findings. (2019, January). Retrieved from <https://www.debeaumont.org/ph-wins/>

² Sellers, K. et al. (2019). The State of the US Governmental Public Health Workforce, 2014–2017. *American Journal of Public Health, 109*(5), 674–680. doi:10.2105/ajph.2019.305011

³ The Rationale for Diversity in the Health Professions: A Review of the Evidence. (2006, October 1). Retrieved from <http://bhpr.hrsa.gov/healthworkforce/reports/diversityreviewevidence.pdf>
<http://bhpr.hrsa.gov/healthworkforce/reports/diversityreviewevidence.pdf>

programs. Data from the [2017 Epidemiology Capacity Assessment](#) show that while the number of epidemiologists has increased gradually over time, there remain critical capacity gaps in evaluation and applied research at state health departments and that workforce shortages continue. Of the estimated 3,370 state and territorial epidemiologists in the United States in 2017, only 321 of them were trained in MCH, and less than 5 percent were trained in related specialties of mental health and substance abuse.⁴ State epidemiologists reported a need for over 120 additional full-time equivalent positions (FTEs) in MCH epidemiology to reach full capacity.⁵ In order to meet these critical needs in MCH workforce development, and to promote epidemiological analyses as part of health services planning and program operations, HRSA is offering supplemental funding to accredited schools of public health that successfully apply for the Centers of Excellence in MCH program. The supplemental funds are intended to attract MCH doctoral students to the field of applied epidemiology and to help support their scholarship and acquisition of the requisite knowledge base and skills, particularly through the conduct of state and local level analyses as the foundation for their doctoral dissertation.

HRSA currently funds eight MCH Epidemiology Doctoral Training Programs, providing dissertation support to doctoral students who elect to conduct their research on a public health topic important to MCH populations through the use of state or local level analyses. In FY 2015–2016, the MCH Epidemiology Doctoral Training Programs supported 125 long-term trainees. Five years after graduation, 80 percent of former doctoral candidates funded under this program are working in a public health agency or organization, including those entities supported by Title V, and 80 percent of graduates are working with underserved or vulnerable populations. Ninety-six percent of graduates demonstrate field leadership 5 years after graduation. Graduates hold leadership and research positions at both the state and federal levels, as well as within academia.

Title V of the Social Security Act

In 1935, Congress enacted Title V of the Social Security Act, authorizing the Maternal and Child Health (MCH) Services Programs. Title V has provided a foundation and structure for assuring the health of mothers and children in our nation for over 80 years. This legislation was designed to improve health and assure access to high-quality health services for present and future generations of mothers, infants, children, and adolescents, including those with disabilities and chronic illnesses, with special attention to those of low income or with limited availability of health services.

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

⁴ Council of State and Territorial Epidemiologists. 2017 Epidemiology Capacity Assessment: Key Findings. https://cdn.ymaws.com/www.cste.org/resource/resmgr/eca/ECA_v5.pdf.

⁵ Arrazola J, Binkin N, Israel M, et al. Assessment of Epidemiology Capacity in State Health Departments — United States, 2017. *MMWR Morb Mortal Wkly Rep* 2018;67:935–939. DOI: <http://dx.doi.org/10.15585/mmwr.mm6733a5>

II. Award Information

1. Type of Application and Award

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

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately \$4,616,000 to be available annually to fund 13 Centers of Excellence in MCH recipients (includes \$41,000 for annual grantee meeting and \$25,000 to support teaching in MCH, to be determined after award). The actual amount available will not be determined until enactment of the final FY 2020 federal appropriation. You may apply for a ceiling amount of up to \$350,000 total costs (includes both direct and indirect (facilities and administrative) costs per year for the Centers of Excellence in MCH Program.

In addition, approximately \$218,000 is expected to be available annually to fund 8 MCH Epidemiology Doctoral Training supplements. You may apply for a ceiling amount of up to \$27,250 total costs (includes both direct and indirect (facilities and administrative) costs) per year for MCH Epidemiology Training.

The FY 2020 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. The period of performance is June 1, 2020 through May 31, 2025 (5 years) for both the Centers of Excellence in MCH and MCH Epidemiology Doctoral Training funding. Funding beyond the first year is subject to the availability of appropriated funds for the Centers of Excellence in MCH Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

HRSA will provide funds on a rotating basis to one recipient each year to host the combined Centers of Excellence in MCH and MCH Public Health Catalyst Programs (HRSA-20-041) grantee meeting. Five recipients awarded funds under this competition will be required to plan to develop and convene the grantee meeting during 1 of the years of the period of performance in the amount of \$41,000, pending availability of funds. Even though only five recipients will host the meeting, you should include a brief plan for fulfilling this responsibility along with the statement of willingness and capability. While internal planning for the annual meeting must remain consistent with a budget of \$41,000, do not include these annual meeting costs in the overall budget request, as annual meeting supplemental funding will not be finalized until post-award.

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

Indirect costs under training awards to organizations other than state, local, or Indian tribal governments will be budgeted and reimbursed at 8 percent of modified total direct

costs (MTDC) (i.e., exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$25,000), rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment.⁶

Type of Award	Estimated Number of Awards	Estimated Annual Amount of Award Per Recipient	Anticipated Annual Total Availability of Funds
Centers of Excellence in MCH	13	\$350,000	\$4,550,000
Centers of Excellence in MCH Grantee Meeting	1 new recipient per year	\$41,000	\$41,000
Centers of Excellence in MCH – Teaching in MCH	1 recipient per year	\$25,000	\$25,000
MCH Epidemiology Doctoral Training Supplement	8	\$27,250	\$218,000

III. Eligibility Information

1. Eligible Applicants

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

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

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,

⁶ 45 CFR 75.414(c)(1)(i)

under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

Specifically, organizations applying for the Centers of Excellence in MCH Education, Science, and Practice Program (HRSA-20-042) are not eligible to apply for the MCH Public Health Catalyst Program (HRSA-20-041). It is anticipated that applicants to HRSA-20-042 have well-established MCH programs. Applicants to HRSA-20-041 are anticipated to be developing new or expanding foundational MCH coursework. Applications will be screened by HRSA prior to objective review.

A trainee/fellow receiving support from grant funds must be a citizen of the United States or a foreign national having in his/her possession a visa permitting permanent residence in the United States, or a non-citizen national.⁷ Please see [Appendix A: Applicable Standards for Using Grant Funds to Support Trainees/Fellows](#) for additional trainee/fellow guidelines.

IV. Application and Submission Information

1. Address to Request Application Package

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

The NOFO is also known as “Instructions” on Grants.gov. You must provide your email address when reviewing or preparing the workspace application package in order to receive notifications including modifications and/or republications of 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 R&R Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the *R&R Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA’s [SF-424 R&R Application Guide](#) except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

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

⁷ <https://www.hrsa.gov/sites/default/files/grants/hhsgrantspolicy.pdf>

Application Page Limit

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

Centers of Excellence in MCH	80 pages
MCH Epidemiology Doctoral Training Supplement	15 pages

The page limit for the Centers of Excellence in MCH includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's [SF-424 R&R Application Guide](#) and this NOFO. The page limit for the MCH Epidemiology Doctoral Training supplement includes the project narrative, budget, budget narrative, and any other descriptive information. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Biographical sketches **do** count in the page limitation. 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) You, on behalf of the applicant organization certify, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
- 3) Where you are unable to attest to the statements in this certification, an explanation shall be included in **Attachments #7–15: Other Relevant Documents**.

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

Program-Specific Instructions

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

i. **Project Abstract**

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

ii. **Project Narrative**

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and well-organized so that reviewers can understand the proposed project.

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

- **INTRODUCTION** -- Corresponds to Section V's Review [Criterion #1: Need](#)
Briefly describe the purpose of the proposed project.

You must state the program(s) for which you are applying:

- Centers of Excellence in MCH Education, Science, and Practice Program; **OR**
- Centers of Excellence in MCH Education, Science, and Practice Program with MCH Epidemiology Doctoral Training Supplement

- **NEEDS ASSESSMENT** -- Corresponds to Section V's Review [Criterion #1: Need](#)
Briefly describe the background of the proposal by critically evaluating the national, regional, and local need/demand for the training and specifically identify MCH public health workforce development need(s) to be addressed and gaps which the project is intended to fill.

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

- **METHODOLOGY** -- Corresponds to Section V's Review [Criterion #2: Response](#)

1) PROGRAM PHILOSOPHY, GOALS AND OBJECTIVES

Provide a statement of the program philosophy which provides context within which the MCH curriculum is developed.

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

2) CURRICULUM AND COMPETENCIES

The program should lead to a graduate degree (masters or doctorate), with the MCH curriculum meeting the requirements outlined by the Council for Education on Public Health (CEPH).⁸

⁸ https://media.ceph.org/wp_assets/2016.Criteria.pdf

Describe the required curriculum for the MCH program, including didactic and practicum components. If you are proposing to support both masters and doctoral-level students, include a description of the requirements for both types of degree seekers. A description of required and elective coursework, practicum experiences, and other pertinent information should be included in **Attachment 1**.

Identify the competencies expected of program graduates (both masters and doctoral, as applicable). Indicate how the expected competencies align to the MCH Leadership Competencies (<https://mchb.hrsa.gov/training/leadership-00.asp>). Consider how the curriculum will equip graduates with skills that have been identified as critical to the future of the public health workforce (For example: deBeaumont Foundation (<https://www.debeaumont.org/wp-content/uploads/Building-Skills-for-a-More-Strategic-Public-Health-Workforce.pdf>) and Public Health 3.0 (https://www.cdc.gov/pcd/issues/2017/17_0017.htm)).

Document how the required MCH curriculum aligns with expected competencies of program graduates.

Centers of Excellence in MCH Program recipients are expected to include training content in the following areas:

a. Life Course Approach

Provide substantial exposure to the empirical and/or theoretical basis for a life course perspective, including:

- the interplay of health and development in each life stage;
- trajectories of health and development over time;
- integration of physical and social determinants of health;
- systems integration across multiple public and private sectors in health care, social services, education, environmental protection and economic development, to advance equity; and
- the central role of families and communities in health and development.

Describe how the life course perspective will be incorporated into both didactic and experiential components of the MCH curriculum.

b. Leadership

The Centers of Excellence in MCH Program places a particular emphasis on leadership education. The curriculum is expected to include content and experiences to foster development of leadership attributes. Leadership training prepares MCH public health professionals to be leaders in practice, research, teaching, administration, academia, and advocacy.

The goal of leadership training is to prepare trainees who have shown evidence of leadership attributes and who have the potential for further growth and development as public health leaders. In order to accomplish this goal, trainees should achieve and excel in a variety of areas outlined in the Maternal and Child Health Leadership Competencies. A complete description of the competencies, including definitions, knowledge areas, and basic and advanced

skills for each competence is available at <https://mchb.hrsa.gov/training/leadership-00.asp>.

Describe clearly how you will incorporate all of the MCH Leadership Competencies into the training curriculum, including in didactic and experiential components, and how you will measure their attainment.

c. Title V and Related MCH Legislation

The curriculum should provide a comprehensive historical, legislative, and public health knowledge base regarding Title V and related programs. You should provide trainees with both didactic content, to increase knowledge of Title V, and experiential opportunities to interact with Title V and related MCH professionals. You are encouraged to address contemporary MCH public health priorities outlined by state Title V agencies (see <https://mchb.tvisdata.hrsa.gov/>).

You should also provide students with working knowledge of MCH-related legislation, such as Title XXI (Children’s Health Insurance Program), Title XIX (Medicaid/Early Periodic Screening, Diagnosis and Treatment Program), and the Title V Maternal, Infant, and Early Childhood Home Visiting Program.

d. Cultural Competence

Cultural competence is defined as “a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or amongst professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations.”⁹ Cultural competence is a developmental process that occurs along a continuum and evolves over an extended period.

Demonstrate how the Centers of Excellence in MCH Program will address issues of cultural competence, such as including cultural competence training in the curriculum, administrative procedures, faculty and staff development, and recruiting culturally, racially and ethnically diverse faculty and students.

Demonstrate how the MCH curriculum provides trainees with knowledge and skills necessary to communicate and interact effectively with people regardless of differences and to work across sectors helping to ensure that the needs of all people and communities are met in a respectful and responsive way in an effort to decrease health disparities and lead to health equity.⁹

e. Emerging Issues

Document how trainees gain exposure to emerging MCH and public health issues through didactic and experiential learning opportunities. Also document an ability to develop and adapt curricular materials such as case studies, guest lectures, and community experiences, based on emerging topics that impact MCH populations.

⁹ U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Maternal and Child Health Leadership Competencies. Rockville, Maryland: U.S. Department of Health and Human Services, May 2018.

Highlight the emerging areas that are currently part of your MCH curriculum such as, but not limited to, maternal mortality, mental health, opioid and substance use disorder, and childhood obesity.

f. Research

Document research activities of faculty and students relating to MCH public health and discuss how MCH-related research opportunities will be part of the required MCH curriculum. Each trainee is expected to engage in one or more active research projects during his/her tenure as an MCH trainee.

- Masters-level students are expected to gain knowledge and skills in research methodology and dissemination of research findings to MCH public health professionals.
- Doctoral students should prepare and present findings in peer-reviewed journals and scientific meetings.

You are encouraged to document how faculty and students rigorously generate interdisciplinary evidence for health determinants, and for strategies to improve MCH within a life course framework.

3) INTERPROFESSIONAL EDUCATION AND TRAINING

Document opportunities for trainees to engage with students and professionals outside of public health,¹⁰ including collaborative relationships that have been established with public health-related programs within medical, nursing, social work, public policy, and other relevant disciplines.

Document how your MCH program facilitates a supportive environment in which the skills and expertise of team members from different disciplines, including a variety of professionals, MCH populations, and community partners, are acknowledged and seen as essential and synergistic.⁹

4) TRAINEE RECRUITMENT

The primary purpose of the Centers of Excellence in MCH Program is for the training of graduate and post-graduate public health professionals in MCH. The project narrative should include criteria for and a detailed description of:

- a. An estimate of the number and types of trainees (long-, medium- and short-term¹¹) who will benefit from the program each year;
- b. Methods of recruitment, including the geographic area and types of students to be targeted by the project. Highlight special efforts directed toward recruitment of qualified trainees that are culturally, racially, and ethnically diverse. Document efforts to retain students once they have entered the program;
- c. The criteria for admission to the MCH Program, including methods for selecting students whose career goals are consonant with program objectives;

¹⁰ Accreditation Criteria: Schools of Public Health and Public Health Programs. (2016, October). Retrieved from https://media.ceph.org/wp_assets/2016.Criteria.redline.4-26-18.pdf

¹¹ Short-term trainees are trainees with less than 40 contact hours in 1 year. Medium term trainees are trainees with 40–299 contact hours in 1 year. Long-term trainees are trainees with 300 or more contact hours in 1 year.

- d. Sources of support for trainees. Please review [Appendix A: Applicable Standards for Using Grant Funds to Support Trainees/Fellows](#) for specific information about qualifications, restrictions, allowable and non-allowable trainee costs, and stipend levels. MCH training support (tuition, stipends, travel, etc.) must be limited to students whose background, career goals, and leadership potential are consonant with the intent of the MCH training grant; and
- e. Evidence of the productivity of the current MCH training efforts in terms of the number of trainees who completed the training program and their current professional activities.

5) MCH STUDENT INTEREST GROUP

Document how the Centers of Excellence in MCH Program leads and supports an MCH student organization within the School of Public Health. Organizational activities may include, but are not limited to, journal clubs, community service activities, and MCH seminars or symposia with guest speakers relevant to MCH.

Document how a student-led MCH organization builds interest in MCH coursework, contributes to building a local peer network of students with a shared interest in MCH, and provides opportunities for students to connect with other cohorts of MCH students and professionals nationally.

6) TECHNICAL ASSISTANCE/CONSULTATION AND SUBJECT MATTER EXPERTISE

Centers of Excellence in MCH Programs are expected to provide technical assistance (TA)/consultation and subject matter expertise to the MCH field. For example, to assist Title V agencies in supporting needs assessment and advancing selected state and national performance measures. Technical assistance and consultation refer to mutual problem solving and collaboration on a range of issues, which may include program development, clinical services, program evaluation, needs assessment, and policy and guidelines formulation, as well as site visits and review/advisory functions. The TA and consultation effort may be a one-time encounter or on-going activity of brief or extended frequency depending on the needs of the state or organization, and may be geared to the needs of several states or a HRSA region.¹² List the TA and consultation activities that you may be conducting and how you will market your capabilities.

7) COLLABORATION

HRSA administers the Title V MCH Services program's three components – Formula Block Grants to States, Special Projects of Regional and National Significance, and Community Integrated Service Systems grants. Using these authorities, HRSA has forged partnerships with states, the academic community, health professionals, advocates, communities, and families to better serve the needs of MCH populations and encourages recipients to collaborate across the three components as well.

¹² HRSA Office of Regional Operations: <https://www.hrsa.gov/about/organization/bureaus/oro/index.html>

You are expected to document active, functioning, collaborative academic-practice partnerships with state Title V MCH programs and other relevant state and local public and private sector partners. You are strongly encouraged to collaborate with other HRSA-funded training programs co-located at your academic institution, or within your state and/or region. Joint leadership seminars, trainee research opportunities, and networking events are strongly encouraged. Provide letters of support that demonstrate academic-practice partnerships and linkages with other MCH Training Programs in **Attachment 2**.

8) INTERCHANGE WITH OTHER MCH PUBLIC HEALTH PROGRAMS

Interchange with other Centers of Excellence in MCH Program recipients and MCH Public Health Catalyst Programs is expected. Project directors are expected to participate in regularly scheduled grantee calls to promote cross-grantee interchange and information sharing and assist in the development of collaborative activities. Centers of Excellence in MCH Programs are encouraged to collaborate with, and provide subject matter expertise to MCH Public Health Catalyst Programs as they develop MCH curricula and degree offerings. The project director of each Centers of Excellence in MCH Program is expected to attend the annual grantee meeting and may choose to support additional faculty and/or staff to attend the meeting with grant funds.

Include a statement of willingness and capability to: 1) plan, develop, convene, and manage the annual grantee meeting; and 2) host the related meeting planning calls during 1 year of the 5-year period of performance. MCH Public Health Catalyst programs must be included in the planning and convening of the annual grantee meeting.

The purpose of this annual meeting is to promote interchange, disseminate new information, present new research, and enhance national-level, long-term development in MCH public health training. Five of the programs awarded under this competition will be required to plan, develop, and convene the Centers of Excellence in MCH and Catalyst Programs national grantee meeting during 1 of the years of the period of performance in the amount of \$41,000, pending availability of funds. Funds will be made available on a rotating basis to one grantee each year to host this meeting. Responsibilities of the host program include agenda development, meeting logistics, meeting room rental and audiovisual support, arrangements and expenses for the program speakers, plus meeting meals in lieu of half the per diem. While only five recipients will host the meeting, you are expected to include a brief plan for fulfilling these responsibilities along with the statement of willingness and capability.

Important Note:

While internal planning for the annual grantee meeting must remain consistent with a budget of \$41,000, you should not include these annual meeting costs in your overall budget request. Your proposed Centers of Excellence in MCH budget must not exceed \$350,000 per year, as annual meeting supplemental funding will not be finalized until post-award.

Within 3 months after the start of the period of performance, the 13 awarded Centers of Excellence in MCH Programs will develop a schedule of rotating annual meeting hosting responsibilities for each year of the 5-year period of performance. The host grantee will coordinate with HRSA program staff in selecting both the date and location of the annual meeting to facilitate coordination with other national meetings.

Pending the availability of funds during each year of the period of performance, each year one designated Centers of Excellence in MCH recipient will apply for an administrative supplement of up to \$41,000 post-award to cover the costs of the annual meeting. This annual meeting requirement may be waived during Year 5 of the period of performance.

9) SUPPORT FOR TEACHING IN MCH (OPTIONAL)

You may include a statement of willingness and capability to establish and maintain a forum to support the cadre of current and future MCH faculty, aiming to enhance knowledge and skills essential to teaching in the field of MCH.

Activities may include, but are not limited to, virtual and in-person gatherings to support pathways into academic MCH, a platform for programs to share MCH curricular resources, and support for mentorship between MCH academic programs, to facilitate the ongoing development of MCH Training Programs.

Pending the availability of funds during each year of the period of performance, one designated Centers of Excellence in MCH recipient (of those that included a statement of willingness and capability) will apply for an administrative supplement of up to \$25,000 post-award to cover the costs of providing cross-program support to enhance knowledge and skills essential to teaching in the field of MCH.

Important Note:

A statement of willingness and capability to support MCH teaching resources is not required and will not impact the score of your Centers of Excellence in MCH application.

While internal planning for the provision of MCH teaching support must remain consistent with a budget of \$25,000, you should not include these costs in the overall budget request. Your proposed Centers of Excellence in MCH budget must not exceed \$350,000 per year, as MCH Teaching support supplemental funding will not be finalized until post-award and is pending availability of funds.

- *WORK PLAN -- Corresponds to Section V's Review [Criterion #2: Response](#) and [Criterion #4: Impact](#)*
Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application. Include the work plan as part of **Attachment 3**.

Logic Models

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

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

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a time line used during program implementation; the work plan provides the “how to” steps. You can find additional information on developing logic models at the following website:

<http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf>.

See [Appendix B: Logic Model](#) for the overall program logic model for the Centers of Excellence in MCH Program, provided for informational purposes.

- **RESOLUTION OF CHALLENGES** -- Corresponds to Section V’s Review [Criterion #2: Response](#)
Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.
- **EVALUATION AND TECHNICAL SUPPORT CAPACITY** -- Corresponds to Section V’s Review [Criterion #3: Evaluative Measures](#) and [Criterion #4: Impact](#)
Describe a plan for program evaluation that will contribute to continuous quality improvement. The program evaluation should monitor ongoing processes and the progress toward the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.

Provide a detailed evaluation plan describing how you will measure the effectiveness of activities related to MCH public health graduate education, curriculum development, leadership development, and impact on the practice community through field placements, technical assistance, and product dissemination.

Document a plan for tracking trainees that complete the Centers of Excellence in MCH Program at 2, 5, and 10 years post training to report on the following outcomes: engagement in work focused on MCH populations, demonstration of field leadership in MCH, working in public health, working with underserved or vulnerable populations, and working in an interdisciplinary manner to serve the MCH population.

Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., staff with sufficient training and experience, data management software) in a way that allows for accurate and timely reporting of performance outcomes. Outline a plan for establishing baseline data and targets for required performance measures for the Centers of Excellence in MCH Program. Additional information on performance reporting requirements is in Section VI.

Describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and delivery of MCH training. Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

Dissemination and Sustainability

Document a plan for dissemination of project results and the extent to which project results may be national in scope, and the degree to which the project activities are shared with other stakeholders, including Title V, to strengthen the MCH network. This may include new curricular materials, teaching models, and other educational resources.

Demonstrate compliance with Section 508 requirements (if dissemination plans include designing a publicly available website or online course material).

Propose a plan for project sustainability after the period of federal funding ends. HRSA expects recipients to sustain key elements of their projects, including MCH curricula, student interest groups, and community partnerships, which have contributed to preparing the next generation of MCH public health leaders and extend the impact of federal funding.

- **ORGANIZATIONAL INFORMATION** - *Corresponds to Section V's Review [Criterion #5: Resources/Capabilities](#) and [Criterion #6: Support Requested](#)*
Succinctly describe your organization's current mission and structure, scope of current activities and how these elements all contribute to the organization's ability to carry out required program activities and meet program expectations. Clearly document where the MCH program is located organizationally within the school of public health and document CEPH accreditation as a School of Public Health. Include an organizational chart and documentation of CEPH accreditation as **Attachment 4**. Discuss how the organization will follow the approved plan, as

outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.

Describe briefly the administrative and organizational structure within which the program will function, including relationships with other departments, institutions, organizations, or agencies relevant to the program. Charts outlining these relationships must be included as an attachment or in the narrative. Describe briefly the physical setting(s) in which the program will take place. Faculty and staff office space, classrooms, library, audiovisual and computer resources must be available to the program.

Project Director Qualifications

The project director is expected to be the person having direct, functional responsibility for the Centers of Excellence in MCH Program. She/he should have demonstrated robust leadership in MCH public health, experience, and expertise in graduate-level teaching, and conduct of scholarly research in MCH public health, including a strong track record of publishing in peer-reviewed scientific journals. Project directors are expected to participate in regularly scheduled grantee calls and attend the annual, in-person grantee meeting. **The project director is expected to commit a minimum of 20 percent time/effort, either grant supported or in combination with in-kind support, to the Centers of Excellence in MCH Training Program.** This cannot be a shared position. Effort for the Centers of Excellence in MCH project director does **not** include the project director time/effort for the MCH Epidemiology Doctoral Training supplement (See **Attachment 6**).

Faculty Qualifications

Core faculty are expected to commit adequate time to participate in all components of the Centers of Excellence in MCH Program. Faculty should have demonstrated leadership in MCH, with requisite education, relevant experience, and activities pertaining to MCH science and scholarship. Faculty members are expected to contribute to the development and maintenance of an MCH curriculum within the school of public health.

Document activities that specifically promote the advancement of junior faculty to leadership positions within the Centers of Excellence in MCH Program. You should also recruit faculty with a strong track record in working with trainees from underrepresented backgrounds (including racial and ethnic minorities).

The purpose of providing grant support for faculty salaries is to assure dedicated time for meeting the objectives of the training program.

Document faculty and staff experience with the design, development, implementation, and evaluation of MCH training activities, in addition to management of training resources and working with other training entities.

Include the staffing plan and job descriptions for key faculty/staff in **Attachment 5** (Staffing Plan and Job Descriptions). However, upload the biographical sketches

in the SF-424 RESEARCH & RELATED Senior Key Person Profile form that you can access in the Application Package under “Mandatory.”

NARRATIVE GUIDANCE	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (4) Impact
Organizational Information	(5) Resources/Capabilities and (6) Support Requested
Budget and Budget Narrative	(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 R&R Application Guide](#). Please note: the directions offered in the [SF-424 R&R Application Guide](#) may differ from those offered by Grants.gov. Follow the instructions included in the *R&R Application Guide* and the additional budget instructions provided below. A budget that follows the *R&R Application Guide* will ensure that, if HRSA selects the application for funding, you will have a well-organized plan, and by carefully following the approved plan 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.

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 R&R Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

Indirect costs under training awards to organizations other than state, local, or Indian tribal governments will be budgeted and reimbursed at 8 percent of modified total direct costs (MTDC) (i.e., exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$25,000), rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment.

While internal planning for the annual grantee meeting must remain consistent with a budget of \$41,000, you should not include these annual meeting costs in your overall budget request. Your proposed Centers of Excellence in MCH budget must not exceed \$350,000 per year, as annual meeting supplemental funding will not be finalized until post-award.

iv. Budget Justification Narrative

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

In addition, the Centers of Excellence in MCH Program requires the following:

All budget narratives must provide satisfactory details to fully explain and justify the resources needed to accomplish the proposed training objectives. This justification must provide explicit qualitative and quantitative documentation of required resources, productivity, and expected outcomes. Components to highlight include number of supported long-term trainees expected each year, proposed program activities, collaborative Title V and other MCH Program related activities.

v. Program-Specific Forms

Program-specific forms are not required for this 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.** Proof of non-profit status (if applicable) will not count toward the page limit. You must clearly label **each attachment**.

Attachment 1: MCH Curriculum

Provide a description of required and elective coursework, practicum experiences, and other pertinent curricular information.

Attachment 2: Letters of Support (project-specific)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Letters of support should document strong academic-practice partnerships with Title V and other MCH Training Programs. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

Attachment 3: Work Plan and Logic Model

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#). Also include the required logic model in this attachment.

Attachment 4: Project Organizational Chart and CEPH Documentation

Clearly document where the MCH program is located organizationally within the school of public health and document CEPH accreditation as a School of Public Health.

Attachment 5: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1.vi. of HRSA's [SF-424 R&R Application Guide](#))

Keep each job description to one page in length as much as is possible. Include the roles, 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 6: MCH Epidemiology Doctoral Training Supplement (Optional) - Corresponds to [Section V.2's Funding Selection Method for MCH Epidemiology Doctoral Training Supplement](#) (NOT SCORED DURING OBJECTIVE REVIEW)

This attachment is only required if you are requesting additional funding for this supplement. Applying for this supplement does not impact the Centers of Excellence in MCH Program application score; supplements are scored separately by HRSA staff.

Note: You must apply for the Centers of Excellence in MCH Program in order to apply for this supplement.

Project Narrative for MCH Epidemiology Doctoral Training Supplement

The MCH Epidemiology Doctoral Training Supplement narrative must be no longer than 15 pages; the supplement narrative (**Attachment 6**) does NOT count against the 80-page limit of the Centers of Excellence in MCH Program application.

The MCH Epidemiology Doctoral Training Supplement narrative should include (at a minimum):

- **INTRODUCTION:** Provide a brief description of the purpose of the proposed supplemental project. Specifically, state how the project will address the stated objectives to: (1) provide financial support to doctoral students who conduct state or local level analyses on a public health topic important to MCH populations as the foundation of their dissertation; (2) educate doctoral students in current and emergent emerging topics in MCH epidemiology, data collection, surveillance systems, advanced applied and quantitative analytic methods, and frameworks relevant to state and local MCH populations and programs; and (3) strengthen the evidence base in MCH through publication of dissertation research in peer-reviewed journals.

- a) **PROBLEM:** State the problem(s) addressed by the supplement. Specifically, describe the need for workforce development at the doctoral level in the field of applied MCH epidemiology. Use and cite data whenever possible to support the information provided. Please discuss any relevant barriers currently faced by the academic training program that this supplement will address.
- b) **METHODOLOGY:** Describe the activities proposed to attain the supplement objectives (and comment on innovation, cost, and other characteristics of the methodology). Describe how the supplement project will leverage the resources of the proposed Centers of Excellence in MCH Program and how it will extend the impact of the Centers of Excellence in MCH Program specifically around the development and provision of high-quality doctoral level training in applied MCH epidemiology topics, approaches, and methods. Specifically:
 - i.) Identify the competencies expected of the graduates and the required curriculum, including didactic and practicum components.
 - ii.) Include a brief syllabus, including brief descriptions of courses and community/practicum experiences (differentiating between required and elective components).
 - iii.) Describe how students will be supported through the process of publishing their dissertation research in peer-reviewed journal(s).
 - iv.) Describe the anticipated outcomes and deliverables of the project.
- c) **COLLABORATION:** Describe the collaboration, coordination, and partnerships planned with appropriate national, regional, state, and/or local health agencies and organizations in the area(s) served by the project. Specifically, note linkages and partnerships, e.g., those with Medicaid, PRAMS, and/or Title V, available to support students in successfully undertaking state or local level analyses on a public health topic important to MCH populations in conjunction with their dissertation.
- d) **EVALUATION:** Briefly describe the evaluation methods used to assess program outcomes and impact, including data collection and measures, and the effectiveness and efficiency of the project in attaining the goals and objectives.

Document a plan for tracking trainees that complete the Epidemiology Doctoral Training program at 2, 5, and 10 years post training to report on the following outcomes: engagement in work focused on MCH populations, demonstration of field leadership in MCH, work in an interdisciplinary manner to serve the MCH population, and work in a public health agency or organization. Additional information on performance reporting requirements is in Section VI.

- e) **ORGANIZATIONAL INFORMATION:** Provide information on your ability to train and mentor students who pursue applied MCH epidemiological doctoral research. Describe the roles and responsibilities of key project personnel and how each will support the objectives.

Name the director of the MCH Epidemiology Doctoral Training supplement and outline their qualifications to lead this work. The project director is expected to commit a minimum of **5 percent time/effort**, either grant-supported or in combination with in-kind support, to the MCH Epidemiology Doctoral Training supplement. If you are proposing the same project director for both the Centers of Excellence in MCH and MCH Epidemiology Doctoral Training, indicate their ability to meet the time/effort requirements of both positions. Also list the names and qualifications of other relevant faculty who will be teaching and/or advising MCH Epidemiology Doctoral trainees. Include biographical sketches (biosketches) of key faculty and other personnel as appropriate. You may refer to a biosketch included in the Centers of Excellence in MCH application, as applicable.

- f) **BUDGET AND BUDGET JUSTIFICATION:** A separate line item budget and budget justification is required for the MCH Epidemiology Doctoral Training Supplement. See Section 4.1.v of HRSA's SF-424 R&R Application Guide. You may request up to \$27,250, inclusive of indirect costs, for the proposed MCH Epidemiology Doctoral Training supplement.

Attachments 7–15: 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 it 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 R&R Application Guide](#).

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

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at [SAM.gov](#).

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *January 8, 2020 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 R&R Application Guide](#) for additional information.

5. Intergovernmental Review

The Centers of Excellence in Maternal and Child Health Education, Science, and Practice is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than \$350,000 per year (inclusive of direct **and** indirect costs) for the Centers of Excellence in MCH Program. If applying for the MCH Epidemiology Doctoral Training supplement, the budget for the supplement may not exceed \$27,250 per year (inclusive of direct **and** indirect costs). The maximum total budget is \$377,250, for applicants applying to the Centers of Excellence in MCH Program **AND** the MCH Epidemiology Doctoral Training supplement. The FY 2020 President's Budget does not request funding for this

program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. 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) are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information. Awards will be made subsequent to enactment of the FY 2020 appropriation. The NOA will reference the FY 2020 appropriation act and any restrictions that may apply. Note that these or other restrictions may be updated, as required by law, upon enactment of a FY 2020 appropriations act.

See Restrictions and Non-Allowable Costs in [Appendix A: Applicable Standards for Using Grant Funds to Support Trainees/Fellows](#).

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

V. Application Review Information

1. Review Criteria

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

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

Review criteria are used to review and rank applications. The Centers of Excellence in MCH Program has six review criteria. See the review criteria outlined below with specific detail and scoring points.

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

The extent to which the application effectively demonstrates the problem and associated contributing factors to the problem, to include:

- The quality and reasonableness of the proposed project purpose.
- Evaluation of the national, regional, and local need/demand for MCH professionals.
- Sufficient identification of the problem(s) to be addressed and appropriate gaps which the proposed project is intended to fill.
- Sufficient demonstration of how the proposed project will address critical unmet MCH workforce development training needs.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV’s [Methodology](#), [Work Plan](#), and [Resolution of Challenges](#)

The extent to which the proposed project responds to the “[Purpose](#)” included in the Section I. Program Funding Opportunity Description. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

Sub-criteria Corresponding to Section IV’s Methodology (20 points)

- The quality and reasonableness of the overall goals and specific objectives for the proposed project.
- Sufficient statement of program philosophy appropriately linked to goals and objectives.
- Quality of information about the intervention activities/strategies, expected outcomes, and potential barriers for all anticipated years of the grant.
- Sufficient description of a curriculum of training activities that includes an implementation strategy over the 5-year period of performance, with course descriptions and differentiating required and elective components in **Attachment 1**.
- Sufficient description of academic requirements for completion of Master’s and Doctoral curriculum in MCH.
- Sufficient description of the competencies expected of the trainees upon completion of the training curriculum and the methodology for measuring achievement of these competencies.
- Quality of curriculum that includes content in specific focus areas including life course approach, leadership, Title V and related MCH legislation, cultural competence, emerging issues, and research.
- Quality of training curriculum/content that is interdisciplinary and evidence-based.
- The strength and quality of a plan for trainees to engage with students and professionals outside of public health.
- The quality and feasibility of an outreach, recruitment, and retention strategy for diverse graduate-level public health trainees, including anticipated number and types of trainees who will benefit from the program each year.

- Sufficient description of how the program leads and supports an MCH student organization within the School of Public Health.
- The quality and feasibility of a plan for the provision of technical assistance/consultation and subject matter expertise to the MCH field, including Title V agencies.
- The quality of a strategy for coordination and collaboration with other MCH Training Program investments and state Title V MCH agencies.
- Sufficient description of active, functioning, collaborative academic-practice partnerships between the applicant organization and MCH/CSHCN programs, and other relevant state and local and related public and private sector programs.
- The quality of plans for participation in required annual grantee meetings and regularly scheduled grantee conference calls.
- The quality of plans for the development and management of the annual grantee meeting for 1 year during the 5-year period of performance.

Sub-Criteria Corresponding to Section IV's Work Plan (7 points)

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

Sub-Criteria Corresponding to Section IV's Resolution of Challenges (3 points)

- Sufficient identification of challenges likely to be encountered and the reasonableness of approaches to resolve identified challenges.

Criterion 3: EVALUATIVE MEASURES (20 points) – Corresponds to Section IV's [Evaluation and Technical Support Capacity](#)

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

- The effectiveness of an evaluation plan in addressing how the major goals and objectives of the project will be achieved.
- The quality of a plan to incorporate feedback from evaluation findings into the program for continuous quality improvement.
- Sufficient description of inputs, key processes, and expected outcomes.
- The quality of a plan to measure the effectiveness of activities.
- The quality and reasonableness of a plan for tracking trainees after completion of the Centers of Excellence in MCH Program for up to 10 years post training.
- Sufficient systems and processes to support the organization's performance management requirements through effective tracking of performance outcomes.
- The quality and reasonableness of plans for establishing baseline data and targets for required performance measures.

- The quality and reasonableness of plans for the data to be collected, methods for collection, and the manner in which data will be analyzed and reported, including attention to data quality assurance.
- Assigned project personnel have sufficient training and experience for refining, collecting, and analyzing data for evaluation.

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

The extent to which the proposed project will have a public health impact and 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, and the extent to which project results may be national in scope, and the sustainability of the program beyond the federal funding.

- The strength and reasonableness of a targeted plan for the development and dissemination of educational resources for its target audience and the impact of the program on the MCH workforce.
- Sufficient demonstration of how program activities will be shared with other MCH stakeholders.
- A detailed and targeted plan to disseminate the project’s methodologies and outcomes, including the extent to which the project results and products are national in scope.
- Sufficient demonstration of compliance with Section 508 requirements (if designing a publicly available website or online course material).
- The strength and reasonableness of a plan for project sustainability after the federal funding ends.

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

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

- Sufficient description of factors that contribute to the organization’s ability to carry out required program activities and meet program expectations.
- The effectiveness of the administrative and organizational structure within which the applicant will function, including an organizational chart and documentation of CEPH accreditation as a School of Public Health (**Attachment 4**).
- Sufficient description of how the organization will follow the approved plan, properly account for federal funds, and document costs to avoid audit findings.
- Sufficient available resources – faculty, staff, space, and equipment – to carry out the project.
- Biographical sketches of faculty and staff indicate strong expertise required to carry out the program.

- Key personnel, including the project director, have adequate time devoted to the project to achieve project objectives.
- The project director and faculty have effectively demonstrated robust leadership in MCH public health, post-graduate level teaching, and the conduct of scholarly research in MCH public health, including a strong track record of MCH-related publications in peer-reviewed journals.
- Sufficient activities that promote the advancement of junior faculty to leadership positions within the program.
- The quality and reasonableness of a staffing plan and job descriptions for key personnel (**Attachment 5**).
- Sufficient experience with the design, development, implementation, and evaluation of MCH training activities, in addition to management of training resources and working with other training entities.

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

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

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The proposed budget and budget justification clearly links to the statement of activities, evaluation plan, and expected outcomes, and is reasonable given the scope of work. The proposed budget justification sufficiently provides explicit qualitative and quantitative documentation of required resources, productivity, and expected outcomes.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

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

Funding Selection Method for MCH Epidemiology Doctoral Training Supplement

Supplemental funding will be awarded to up to 8 of the 13 recipients selected for the Centers of Excellence in MCH Program. The recipient(s) for supplemental funds will be the highest rated applicants for the MCH Epidemiology Doctoral Training Supplement.

MCH Epidemiology Doctoral Training Supplement -- Corresponds to **Attachment 6** - MCH Epidemiology Doctoral Training Supplement. Only applies to applicants requesting additional funding under the MCH Epidemiology Doctoral Training supplement. HRSA staff will review.

NOTE: Applying for this supplement does not impact the Centers of Excellence in MCH Program application score. HRSA staff will score supplements separately.

These review elements are specifically for the MCH Epidemiology Doctoral Training Supplement. The quality and degree to which the applicant:

- Provides background data on need for proposed supplement project.
- Identifies the major goals and objectives of the proposed supplement project.
- Describes the proposed activities that will be used to attain the objectives and how the supplement project extends the methodological and topical goals and activities of the Centers of Excellence in MCH Program to specifically address applied MCH epidemiology topics, approaches, and methods.
- Describes a plan for collaboration with appropriate national, regional, state, and/or local health agencies and organizations in the area(s) being served by the project, specifically, mechanisms to support students in successfully undertaking state or local level analyses on a public health topic important to MCH populations in as the foundation for their doctoral dissertation.
- Provides an evaluation plan that addresses outcomes and impact of the project.
- Identifies qualified programmatic leadership and includes qualifications of key faculty and personnel to train and mentor students who pursue relevant doctoral research.
- Demonstrates that the proposed budget and budget justification are reasonable.

3. Assessment of Risk

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

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

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

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

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of June 1, 2020. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

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

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards. See [45 CFR § 75.101 Applicability](#) for more details.

Data Rights

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

Human Subjects Protection

Federal regulations ([45 CFR part 46](#)) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

3. Reporting

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

- 1) **DGIS Performance Reports.** Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report **annually**, by the specified deadline. To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are available at https://perf-data.hrsa.gov/MchbExternal/DgisApp/formassignmentlist/T76_4.html. The type of report required is determined by the project year of the award's period of performance.

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	June 1, 2020 – May 31, 2025 <i>(administrative data and performance measure projections, as applicable)</i>	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	June 1, 2020 – May 31, 2021 June 1, 2021 – May 31, 2022 June 1, 2022 – May 31, 2023	Beginning of each budget period (Years 2–4, as applicable)	120 days from the available date
c) Project Period End Performance Report	June 1, 2024 – May 31, 2025	Period of performance end date	90 days from the available date

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

- 2) **Progress Report(s).** The recipient must submit a progress report narrative to HRSA **annually** via the Non-Competing Continuation Renewal in the EHBs, which should address progress against program outcomes (e.g., accomplishments, barriers, significant changes, plans for the upcoming budget year), and include annual data on performance measures identified in the project narrative, if not captured by DGIS. Submission and HRSA approval of a progress report will trigger the budget period renewal and release of each subsequent year of funding. Further information will be available in the NOA.
- 3) **Final Report.** The recipient must submit a final report narrative to HRSA after the conclusion of the project.
- 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](#).

VII. Agency Contacts

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

Djuana Gibson
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-3243
Email: DGibson@hrsa.gov

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

Michelle Tissue, MPH
Division of MCH Workforce Development
Attn: Centers of Excellence in Maternal and Child Health Education, Science, and Practice
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18W-51
Rockville, MD 20857
Telephone: (301) 443-6853
Email: mtissue@hrsa.gov

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

Grants.gov Contact Center

Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)

Email: support@grants.gov

Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

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

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Thursday, October 24, 2019

Time: 12–1 p.m. ET

Call-In Number: 1-888-972-9928

Participant Code: 9312331

Weblink: <https://hrsa.connectsolutions.com/hrsa20042/>

HRSA will record the webinar and make it available at:

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

Tips for Writing a Strong Application

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

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

A. Definitions

1. A trainee is an individual whose activities within the training program are directed primarily toward achieving an advanced degree.
2. A fellow is an individual who has met at least the minimum standards of education and experience accepted by his/her respective profession and whose activities within the training program are for the primary purpose of obtaining or enhancing particular skills or knowledge.
3. A stipend is allowable as cost-of-living allowances for trainees. A stipend is not a fee-for-service payment and is not subject to the cost accounting requirements of the cost principles.¹³ This is also known as a “participant support cost” per the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at [45 CFR part 75](#).

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

1. A trainee must have at least a baccalaureate degree and be enrolled in a graduate program.
2. A fellow must have achieved the academic degree and completed requisite training which constitutes the basic professional level training for his/her field.
3. A post-doctoral fellow must have an earned doctorate and must have completed any required internship.
4. A post-residency fellow must have an earned medical degree and must have satisfied requirements for certification in a specialty relevant to the purpose of the proposed training.
5. A special trainee or fellow may be approved, upon request to your HRSA project officer, only in those unusual circumstances where particular needs cannot be met within the categories described above.
6. Citizenship – The trainee or fellow receiving a stipend must be a citizen or a non-citizen national of the United States or have been lawfully admitted for permanent residence, as evidenced by a currently valid Permanent Resident Card [USCIS Form I-551] or other legal verification of such status, by the start of the training grant, fellowship or traineeship, or award. A non-citizen national is a person who, although not a citizen of the United States, owes permanent allegiance to the United States.

¹³ <https://www.hrsa.gov/sites/default/files/grants/hhsgrantspolicy.pdf>

7. Licensure – For any profession for which licensure is a prerequisite, the trainee/fellow must also be licensed by one of the states, or, in the case of foreign graduates, meet other requirements which legally qualify him/her to practice his/her profession in the United States.

C. Restrictions

1. Concurrent Support – Trainees/fellows receiving stipends and/or compensation under this program will generally be full-time, long-term trainees. Stipends and/or compensation generally will not be made available under this program to persons receiving a salary, fellowship, or traineeship stipend, or other financial support related to his/her training or employment for the same hours counted toward his/her HRSA-funded traineeship/fellowship. Exceptions to these restrictions may be requested to the HRSA project officer and will be considered on an individual basis. Tuition support may be provided to full-time or part-time students.
2. Non-Related Duties – The funding recipient shall not use funds from this award to require trainees or fellows to perform any duties which are not directly related to the purpose of the training for which the grant was awarded.
3. Field Training – Funding recipients may not utilize grant funds to support field training, except when such training is part of the specified requirements of a degree program, or is authorized in the approved application.
4. Grant funds may not be used:
 - a) for the support of any trainee who would not, in the judgment of the recipient, be able to use the training or meet the minimum qualifications specified in the approved plan for the training;
 - b) to continue the support of a trainee who has failed to demonstrate satisfactory participation in the training program;
 - c) for support of candidates for undergraduate or pre-professional degrees, or the basic professional degree.

D. Trainee Costs

1. Allowable Costs are defined by both the Uniform Administrative Requirements ([UAR 45 CFR § 75.466\(a\)](#)) and the [HHS Grants Policy Statement \(HHS GPS\)](#):
 - a) Stipends and/or compensation (except as indicated above)
 - b) Tuition and fees, including medical insurance
 - c) Travel related to training and field placements (international travel requests will require prior approval)
 - d) Tuition remission and other forms of compensation¹⁴

¹⁴ Under 45 CFR 75.466(a), tuition remission and other forms of compensation paid as, or in lieu of, wages to students (including fellows and trainees) performing necessary work are allowable provided that there is a bona fide employer-employee relationship between the student and the institution for the work performed, the tuition or other payments are reasonable compensation for the work performed and are conditioned explicitly upon the performance of necessary work, and it is the institution's practice to similarly compensate students in non-sponsored as well as sponsored activities. Other requirements also apply.

2. Non-Allowable Costs

- a) Dependent/family member allowances
- b) Travel between home and training site
- c) Fringe benefits or deductions which normally apply only to persons with the status of an employee

3. Stipend Levels

All approved stipends indicated are for a full calendar year, and must be *prorated for an academic year or other training period of less than 12 months*. The stipend levels may, for the Division of MCH Workforce Development, be treated as ceilings rather than mandatory amounts, i.e., stipends may be less than *but may not exceed the amounts indicated*. However, where lesser amounts are awarded, the awarding institution must have established, written policy which identifies the basis or bases for such variation and which ensures equitable treatment for all eligible trainees/fellows. These stipend levels, which apply to the National Institutes of Health, the Agency for Healthcare Research and Quality, and the Health Resources and Services Administration training grantees, were updated on November 27, 2018, <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-19-036.html> (pre-doctoral and post-doctoral). *Dollar amounts indicated in this NOFO are subject to update by the agency as reflected in this issuance.*

Supplements to Stipends – Stipends may be supplemented by an institution from **non-federal funds**. **No federal funds may be used for stipend supplementation unless specifically authorized under the terms of the program from which the supplemental funds are derived.**

a) Pre-Doctoral

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

Career Level	Years of Experience	Stipend for FY 2019	Monthly Stipend
Pre-doctoral	All	\$24,816	\$2,068

b) Post-Doctoral

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

Career Level	Years of Experience	Stipend for FY 2019	Monthly Stipend
Post-doctoral	0	\$50,004	\$ 4,167
	1	\$50,376	\$ 4,198
	2	\$50,760	\$ 4,230
	3	\$52,896	\$ 4,408
	4	\$54,756	\$ 4,563
	5	\$56,880	\$ 4,740
	6	\$59,100	\$ 4,925
	7 or More	\$61,308	\$ 5,109

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

Appendix B: Logic Model

PROGRAM INPUTS	PROGRAM OUTPUTS		PROGRAM OUTCOMES	
	ACTIVITIES	PRODUCTS / SYSTEMS	SHORT-TERM / INTERMEDIATE	LONG-TERM / IMPACT
Eligible Entities, Stakeholders & Key Resources	Activities to create/improve health/service systems and infrastructure (What will program inputs do?)	Health/service systems and infrastructure created to support desirable systems or behaviors (What will be created as a result of the activity?)	Health/service systems or behaviors that lead to improved health outcomes (What will change as a result of the product/system implemented?)	Improved health or health care outcomes (What will change if short-term / intermediate outcomes are achieved?)
MCHB grant funding Faculty/staff time, knowledge, and partnerships Stakeholders/partners in Title V agencies and community-based partners University support/resources for curriculum development	<u>Base Centers of Excellence in MCH (CoE) –</u> Provide public health training (masters or doctoral) in MCH that leads to a graduate degree (i.e., MPH, PhD, DrPH). Develop and offer a MCH curriculum that addresses a broad public health perspective including (but not limited to) life course theory; comprehensive historical, legislative, and public health knowledge base regarding Title V and related programs; cultural competence; and emerging MCH public health issues. Recruit diverse public health students (masters and doctoral) to participate in CoE training and activities as long-term trainees (>300 contact hours). Engage trainees in the MCH public health research activities of CoE faculty.	<u>Base CoE –</u> 13 training programs (1 per grantee) in MCH public health that lead to a graduate degree (i.e., MPH, PhD, DrPH). 13 MCH curricula (1 per grantee) that address a broad MCH public health perspective. Diverse trainees (masters and doctoral) enrolled in CoE training and activities as long-term trainees. MCH Trainees engaged in MCH-related faculty research activities (e.g., community-based	<u>Base CoE -</u> Increased knowledge and skill of CoE graduates in MCH public health competencies, including the MCH leadership competencies. Increased access to MCH-specific public health training opportunities, including practicum opportunities, at the masters and doctoral level. Increased diversity of the MCH public health workforce.	<u>Base CoE –</u> Increased number and percentage of CoE program graduates at 2-, 5-, and 10-years post training, who work with MCH populations, demonstrate field leadership, and work in an interdisciplinary manner to serve MCH populations. Increased percentage of CoE graduates working in state and local MCH agencies. Increased capacity of MCH practitioners and leaders working in state, local, and community MCH setting to address current and emerging public health issues for MCH populations.

PROGRAM INPUTS	PROGRAM OUTPUTS		PROGRAM OUTCOMES	
	ACTIVITIES	PRODUCTS / SYSTEMS	SHORT-TERM / INTERMEDIATE	LONG-TERM / IMPACT
Eligible Entities, Stakeholders & Key Resources	Activities to create/improve health/service systems and infrastructure (What will program inputs do?)	Health/service systems and infrastructure created to support desirable systems or behaviors (What will be created as a result of the activity?)	Health/service systems or behaviors that lead to improved health outcomes (What will change as a result of the product/system implemented?)	Improved health or health care outcomes (What will change if short-term / intermediate outcomes are achieved?)
		participatory research, data gathering, manuscript preparation).		Strengthened academic-practice partnerships between CoEs and state and local MCH agencies. <u>Base CoE –</u>
	Support MCH students to participate in a practicum experience with a national, state, or local MCH organization.	Student practicums completed with a national, state, or local MCH organization.		
	<u>Base CoE –</u> Identify MCH competencies expected of program graduates, ensuring alignment of competencies with didactic and experiential offerings through the CoE and the MCH Leadership Competencies.	<u>Base CoE –</u> MCH Leadership Competencies incorporated into didactic and experiential CoE offerings.	<u>Base CoE -</u> Increased knowledge and skill of CoE graduates in MCH public health competencies, including the MCH leadership competencies.	Increased number and percentage of CoE program graduates at 2-, 5-, and 10-years post training, who work with MCH populations, demonstrate field leadership, work in public health, work with underserved or vulnerable populations, and work in an interdisciplinary manner to serve MCH populations.
	Conduct 2-, 5-, and 10-year follow-up for long-term trainees to report on the number and percentage of graduates who work in the MCH field, enter leadership positions, work in public health, work with underserved or vulnerable populations, and work in an interdisciplinary manner to serve MCH populations.	2-, 5-, and 10-year follow-up data that demonstrate the outcomes of long-term trainees who complete a CoE training program.	Increased access to MCH-specific public health training opportunities, including practicum opportunities, at the masters and doctoral level.	Increased percentage of CoE graduates working in state and local MCH agencies.
	Establish and maintain partnerships with Title V agencies and MCH community partners.	Partnerships established with Title V agencies and MCH community partners.	Increased diversity of the MCH public health workforce, including racial/ethnic diversity.	Increased capacity of MCH practitioners and leaders

PROGRAM INPUTS	PROGRAM OUTPUTS		PROGRAM OUTCOMES	
	ACTIVITIES	PRODUCTS / SYSTEMS	SHORT-TERM / INTERMEDIATE	LONG-TERM / IMPACT
Eligible Entities, Stakeholders & Key Resources	Activities to create/improve health/service systems and infrastructure (What will program inputs do?)	Health/service systems and infrastructure created to support desirable systems or behaviors (What will be created as a result of the activity?)	Health/service systems or behaviors that lead to improved health outcomes (What will change as a result of the product/system implemented?)	Improved health or health care outcomes (What will change if short-term / intermediate outcomes are achieved?)
	Provide technical assistance (TA) and consultation to Title V agencies and MCH community partners.	At least 300 TA and consultative activities provided to Title V agencies and MCH community partners on public health topics (e.g., needs assessments, evaluation).		working in state, local, and community MCH setting to address current and emerging public health issues for MCH populations.
	Provide mentorship and support to MCH public health program faculty funded through the Catalyst Program.	Partnership and mentoring relationships established and maintained between CoE and Catalyst Program faculty.		Strengthened academic-practice partnerships between CoEs and state and local MCH agencies.
	Participate in grantee collaborative activities, including monthly calls and an annual grantee meeting with other funded CoE and MCH Catalyst Programs.	Monthly grantee calls and an annual grantee meeting that includes both CoE and Catalyst Program grantees.		

PROGRAM INPUTS	PROGRAM OUTPUTS		PROGRAM OUTCOMES	
	ACTIVITIES	PRODUCTS / SYSTEMS	SHORT-TERM / INTERMEDIATE	LONG-TERM / IMPACT
Eligible Entities, Stakeholders & Key Resources	Activities to create/improve health/service systems and infrastructure (What will program inputs do?)	Health/service systems and infrastructure created to support desirable systems or behaviors (What will be created as a result of the activity?)	Health/service systems or behaviors that lead to improved health outcomes (What will change as a result of the product/system implemented?)	Improved health or health care outcomes (What will change if short-term / intermediate outcomes are achieved?)
	<p><u>MCH Epi –</u></p> <p>Fund doctoral training for selected students to focus their dissertations on topics relevant to state and local MCH program, and which use state or local data.</p> <p>Support training to ensure that trainees graduate with methodological expertise and capacity to address state, local, and national MCH issues through rigorous applied research methods.</p> <p>Facilitate connections with Title V MCH agencies to improve collaboration and the provision of epidemiological support.</p>	<p><u>MCH Epi –</u></p> <p>At least 16 doctoral students supported per year (2 per grantee/year)</p> <p>MCH curriculum at 8 grantee sites, which includes training in applied research methods.</p> <p>Partnerships established with at least 8 Title V MCH Agencies (at least 1 collaboration per grantee) to improve collaboration and provision of epidemiological support.</p>	<p><u>MCH Epi –</u></p> <p>Increased knowledge and skill of doctoral students in applied research methods.</p> <p>Increased access to MCH-specific training in methodological expertise.</p> <p>Increased knowledge and skill of doctoral students in applied research methods.</p> <p>Increased access to epidemiological support for Title V agencies and strengthened academic-practice partnerships.</p>	<p><u>MCH Epi –</u></p> <p>Increased capacity of the state and local MCH public health workforce in epidemiology to address current and emerging MCH epi challenges.</p> <p>Strengthened academic-practice partnerships between CoEs and MCH Epi practitioners at the state and local level.</p>
	<p><u>Post-Doctoral Fellowships* –</u></p> <p>Recruit and support at least 2 diverse post-doctoral fellows per year (per grantee).</p>	<p><u>Post-Doctoral Fellowships* –</u></p> <p>At least 10 post-doctoral fellows supported per year (2 per grantee/per year).</p>	<p><u>Post-Doctoral Fellowships* –</u></p> <p>Increased skill and knowledge of MCH post-doctoral fellows in research, teaching, curriculum</p>	<p><u>Post-Doctoral Fellowships* –</u></p> <p>Increased percentage of post-doctoral fellowship graduates that enter MCH academe and secure</p>

PROGRAM INPUTS	PROGRAM OUTPUTS		PROGRAM OUTCOMES	
	ACTIVITIES	PRODUCTS / SYSTEMS	SHORT-TERM / INTERMEDIATE	LONG-TERM / IMPACT
Eligible Entities, Stakeholders & Key Resources	Activities to create/improve health/service systems and infrastructure (What will program inputs do?)	Health/service systems and infrastructure created to support desirable systems or behaviors (What will be created as a result of the activity?)	Health/service systems or behaviors that lead to improved health outcomes (What will change as a result of the product/system implemented?)	Improved health or health care outcomes (What will change if short-term / intermediate outcomes are achieved?)
			development, developing and submitting peer-reviewed articles, and MCH leadership. Increased access to MCH-specific post-doctoral training opportunities.	tenure-track faculty positions. Increased capacity of academic MCH leaders who are engaged in MCH at the state and national levels, hold elected positions in professional organizations, and participate on journal editorial boards. Improved capacity of the MCH workforce to translate research findings to programs/policies and improve MCH population health.

* Additional competitive supplemental opportunity to be released in 2020, pending availability of funds.