U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

Maternal and Child Health
Division of Child, Adolescent and Family Health and
Division of Healthy Start and Perinatal Services

National Fetal, Infant, and Child Death Review Program

Funding Opportunity Number: HRSA-18-089
Funding Opportunity Type(s): New, Competing Continuation
Catalog of Federal Domestic Assistance (CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Application Due Date: April 2, 2018

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

Issuance Date: February 1, 2018

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA)'s Maternal and Child Health Bureau's Division of Child, Adolescent and Family Health (DCAFH) and Division of Healthy Start and Perinatal Services (DHSPS) are accepting applications for the fiscal year (FY) 2018 National Fetal, Infant, and Child Death Review Program (FICDRP). This program works to reduce fetal, infant, and child deaths by improving the quality of fatality reviews and providing evidence-based prevention strategies.

The program will fund organization(s) to support data collection, training, and technical assistance for the Fetal and Infant Mortality Review (FIMR) programs and the Child Death Review (CDR) teams across the country. The systematic fatality reviews of these programs are integral to State Title V Maternal and Child Health Block Grant Programs and Healthy Start Programs' ability to implement effective efforts to prevent fetal, infant, child, and adolescent deaths. Through the delivery of data, training, and technical support, the recipient(s) of this NOFO will assist state and community programs in using FIMR and/or CDR to:

- address adverse maternal, fetal, infant, and child outcomes;
- monitor progress toward improving maternal and child health systems;
- improve the quality and effectiveness of the CDR and/or FIMR processes;
- increase the availability and use of data to measure performance;
- inform prevention efforts; and
- disseminate the results nationally.

Funding Opportunity Title:	National Fetal, Infant, and Child Death Review Program
Funding Opportunity Number:	HRSA18-089
Due Date for Applications:	April 2, 2018
Anticipated Total Annual Available FY18 Funding:	Total funding: $1,100,000 for two awards: Category I - FIMR Program and Category II - CDR Program
Estimated Number and Type of Award(s):	Up to two cooperative agreements
Estimated Award Amount:	Category I: one award at $300,000 per year Category II: one award at $800,000 per year
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	July 1, 2018 through June 30, 2022 (4 years)

Eligible Applicants:	Any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b), is eligible to apply for this federal funding. See 42 CFR § 51a.3(a). See Section III-1 of this notice of funding opportunity (NOFO), formerly known as the funding opportunity announcement (FOA), for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this NOFO to do otherwise. A short video explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

Technical Assistance

HRSA has scheduled the following technical assistance webinar:

Webinar

Day and Date: Tuesday, February 20, 2018
Time: 2 - 3 p.m. ET
Call-In Number: 1-866-917-4660
Participant Code: 68594605
Weblink: https://hrsa.connectsolutions.com/r5u7cuebcsr/

A recorded archive of this webinar will be posted on http://www.hrsa.gov/grants/.

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I. Program Funding Opportunity Description

1. Purpose

This notice of funding opportunity (NOFO) solicits applications for organization(s) to lead the National Fetal, Infant, and Child Death Review Program (FICDRP). Up to two awards will be made, pending availability of funds. Please read the entire NOFO carefully before completing the application. Failure to follow the NOFO may result in HRSA marking your application as "non-responsive."

The purpose of the FICDRP is to reduce fetal, infant, and child deaths by improving the quality of fatality reviews and providing evidence-based prevention strategies. Currently, there are approximately 1,350 Child Death Review (CDR) teams and 175 Fetal Infant Mortality Review (FIMR) programs in the United States. This cooperative agreement will provide two categories of funding to improve and strengthen state and local capacity of the FIMR programs and CDR teams to perform complete and accurate fetal, infant, and child death reviews.

This program supports two categories of separate awards – applicants can apply for one or both awards. If applying for both awards, two separate applications must be submitted.

Category I- Fetal and Infant Mortality Review Program. FIMR is a community-based, continuous quality improvement process aimed at guiding communities to identify and solve problems contributing to poor reproductive outcomes and infant health with the ultimate goal of enhancing assessment, capacity, and policy development. The award recipient will provide training and technical assistance to all FIMR programs across the country. The activities include, but are not limited to, training and technical assistance to the State Title V agencies and communities including Healthy Start Programs; educating FIMR programs on techniques for developing, implementing, and sustaining FIMR as a community-based process to assess and improve services and systems for women and children. See Activities and Targets Section on page 2 for more information.

Category II- Child Death Review Program. CDR is a process where multidisciplinary teams at the community or state level review the circumstances around child deaths to better understand why children die and to identify ways to prevent future deaths. The award recipient will provide training and technical support to CDR teams around the country[1] as well as support a multi-state case reporting system for CDR and FIMR programs. In addition, the program is expected to:

- increase capacity of CDR teams and other stakeholders in applying CDR data to identify and address issues related to adverse maternal, infant, and child outcomes;
- improve the quality and effectiveness of CDR and FIMR data;

[1] List of teams available at: https://www.ncfrp.org/cdr-programs/u-s-cdr-programs/

- increase the availability and use of data to measure performance and inform prevention efforts; and
- disseminate the results nationally.

ACTIVITIES AND TARGETS:

This program has two categories of award with the following overarching activities:

Category I- Fetal and Infant Mortality Review Program

1) Provide leadership, training, and technical support to FIMR programs.
2) Collaborate with CDR recipient to standardize data collection and streamline the quality improvement process.
3) Develop a centralized national network to coordinate and disseminate information and findings related to FIMR.

Category II- Child Death Review Program

1) Provide leadership, training, and technical support to CDR teams.
2) Support standardized CDR and FIMR data collection and data quality improvement through collaboration with FIMR recipient.
3) Coordinate and disseminate information and findings related to CDR.
4) Facilitate the translation of recommendations from CDR teams into action and practice.

Program Targets

HRSA expects the recipient(s) to achieve the following targets during the 4-year period of performance:

Category I- Fetal and Infant Mortality Review Program

The Program will demonstrate the following improvements from the Year 1 (2018) baseline:

- By 2022, 70 percent of participating local FIMR programs will submit quality (e.g., complete, accurate, timely) data to the FIMR web-based case reporting system.
- By 2022, 75 percent of local FIMR programs will report satisfaction with the training and technical assistance received by the national FIMR program.
- By 2022, publish at least two articles in peer-reviewed journals using the FIMR data.

Category II- Child Death Review Program

The Program will demonstrate the following improvements from the Year 1 (2018) baseline:

- By 2022, the number of CDR teams satisfied with the quality of training and technical support will increase by 30 percent.
- By 2022, the number of FIMR programs using the web-based case reporting system will increase by 50 percent, working in collaboration with the Category I recipient.
- By 2022, the number of fetal, infant, child, and adolescent fatality cases entered into the data registry will increase by 50 percent.
- By 2022, the number of child fatality cases in the case reporting system with documented interventions to prevent future deaths will increase by 25 percent.
- By 2022, the number of data publications will increase by 25 percent.
- By 2022, a biennial summary data report on the quality and completeness of reviews will be provided to all of the CDR and FIMR programs participating in the case reporting system.

Examples of program partners and products for these awards are listed below:

National organizations and federal partners for the recipient to collaborate with include, but are not limited to:

- Category I: American College of Obstetrics and Gynecology (ACOG); HRSA maternal and child health programs/initiatives, such as the State Title V Maternal and Child Health Block Grant Program, the Healthy Start program, the Maternal, Infant, and Early Childhood Home Visiting Program; as well as HRSA's Collaborative Improvement and Innovation Network to Reduce Infant Mortality (IM CoIIN) and Children's Safety Network (CSN).
- Category II: Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the American Academy of Pediatrics (AAP), ACOG, the Association of Maternal and Child Health Programs (AMCHP), the Association of State and Territorial Health Officers (ASTHO), CityMatCH (the national organization of urban MCH leaders), the Substance Abuse and Mental Health Agency (SAMHSA),and HRSA's IM CoIIN and CSN.

Key products for the recipients to develop include:

- Both Category I and II: website, listserv, newsletters, webinars, relevant training materials, toolkits, curricula, online courses, and other virtual training and technical support resources
- Category II: web-based case reporting system (CRS); data summaries

Examples of activities that meet the purpose and goals of these programs are described below.

Category I- Fetal and Infant Mortality Review Program Activities

Category I-Activity 1: Provide leadership, training, and technical support on the FIMR process to FIMR programs.

This cooperative agreement will play a critical role in building collaboration among national, state and local partners in working together to improve outcomes for the maternal and child health (MCH) population as well as providing training and technical support to FIMR programs. To accomplish this, the recipient's work plan may include:

a. A FIMR National Consortium that promotes the FIMR process.
b. An environmental scan of the FIMR communities.
c. A faculty of experts to assist with training and technical support.
d. Technical assistance (TA) calls and webcasts targeted to FIMR programs.
e. Training and technical support to states and communities, including Healthy Start Programs.
f. A protocol for on-site and web-based training curricula.
g. Training FIMR programs on the FIMR processes.
h. Tracking and reporting on training efforts and TA requests and pre- and post-site evaluations of the FIMR programs.
i. A list of resources and disseminating technical and promotional materials to states and local communities.
j. An evaluation plan to monitor implementation of the FIMR Program activities and measure the impact of the FIMR Programs.
k. Identifying ways to better coordinate review processes.
l. A process for collaboration with national groups that informs national planning, program, and policy development around FIMR activities.
m. A process to assess MCH trends and state of the field and their relevance to the FIMR process.

Category I-Activity 2: Collaborate with CDR recipient to standardize data collection and streamline the data quality improvement process.

This cooperative agreement will assist state and local CDR teams and FIMR programs in collection of data and improving data quality. As part of this objective, the Category II recipient will maintain a web-based case reporting system (CRS) for both CDR and FIMR and support teams/programs in collecting quality data, which is essential to understanding and mitigating factors related to fetal, infant, or child death. The recipient will work closely and collaboratively with the CDR recipient and HRSA to ensure the following:

- FIMR programs utilize the web-based CRS for FIMR.
- FIMR programs receive technical assistance related to data, measurement, and other data quality needs.
- FIMR programs work collaboratively to avoid any duplication of efforts and share lessons learned/best practices.

The case reporting system should be web-based; be able to create a file that can be downloaded by the local team or program; have the capacity to run standardized reports. One example of capabilities that a web-based CRS is expected to have can currently be found at: https://www.ncfrp.org/resources/national-cdr-case-reporting-system/.

Category I-Activity 3: Develop a centralized national network to coordinate and disseminate information and findings related to FIMR.

Information gathered from these reviews is used at the local, state, and federal levels to focus planning and policy development, quality improvement, and health systems development, and to enhance efforts to develop and maintain risk reduction and prevention programs for mothers, infants, and children. To accomplish this, the recipient's work plan may include:

a. A website to serve as a centralized repository for TA products.
b. Efforts to monitor training, measurement, technical support activities.
c. Dissemination of lessons learned from local and state programs.
d. A quarterly newsletter.
e. Marketing plans that will inform states and communities, including Healthy Start Programs.
f. A national peer-to-peer mentoring network.
g. A process for FIMR programs to access shared resources and peer-to-peer mentors.
h. Modifications of the FIMR process necessary to broaden its usage to other mortality/morbidity reviews.
i. A process for collaboration to promote the use of findings from the reviews and inform prevention activities and policy changes.

Category II- Child Death Review Program Activities

Category II-Activity 1: Provide leadership, training, and technical support to CDR teams.

This cooperative agreement will play a critical role in building collaboration among national partners and other partners in working together to improve outcomes for the MCH population as well as providing training and technical support to CDR teams. The recipient's work plan may include:

a. An environmental scan of the CDR teams to assess their training and technical support needs.
b. Training and technical support to state and local CDR teams on the CDR process, the collection and use of data, and development and use of effective recommendations to prevent child deaths, including at least one collaborative learning process during the award focused on improving the quality of the review process or data collection.
c. Standardized curricula and educational materials, relevant toolkits, checklists, and materials to support the training protocols used in workshops on starting a CDR team, lessons learned, and best practices.

d. A faculty of experts to assist with training and technical support.
e. Meetings with CDR state coordinators to promote and support states and communities in their CDR work.
f. Online resources and materials for states and local communities.
g. An evaluation plan to monitor Center activities and track technical support activities.
h. Assistance to state and community programs in understanding how CDR can be used to address emerging issues related to adverse maternal, infant, and child outcomes.
i. CDR Steering Committee to help identify and guide Center priorities and activities.

<u>Category II-Activity 2</u>: Support standardized CDR and FIMR data collection and data quality improvement through collaboration with FIMR recipient.

This cooperative agreement will assist state and local CDR teams and FIMR programs in collection of data and improving data quality. As part of this objective, the recipient will maintain a CDR and FIMR Case Reporting System (CRS) for both, and will support those teams and programs to collect quality data, in collaboration with the Category I recipient for FIMR programs. The recipient's work plan may include:

a. A secure web-based case reporting system (CRS) for state and local CDR teams and FIMR programs that includes the functionality for teams to enter and download data, run standardized reports, and document prevention interventions implemented, and impact achieved. The CRS should include the ability to expand by adding new modules of interest to key stakeholders or to address time-sensitive events to capture data around deaths as funding allows.
b. Data- sharing agreements with CDR and FIMR teams using the CRS.
c. Process to monitor data quality and completeness and provide feedback to participating teams and programs.
d. Technical support to teams and programs to improve the data quality including timeliness, completeness of data elements, and proportion of deaths reviewed.

<u>Category II-Activity 3</u>: Coordinate and disseminate information and findings related to CDR.

Information and data from these reviews can be used at the local, state, and federal levels for planning and policy development, quality improvement, health systems development, and to target efforts to develop and maintain risk reduction and prevention programs for infants, children, and adolescents. The recipient's work plan may include:

a. A website clearinghouse for training materials, curricula, online courses, and other virtual training and technical support resources.
b. Creating lessons learned from local and state programs to improve the quality of processes and effectiveness of CDRs and other perinatal systems or other networks across the country.
c. Promote and increase the use of fatality data as a foundation in efforts to prevent child deaths at the local, state, and national levels.
d. A Data Dissemination Committee to review and approve requests from researchers to use the CDR or FIMR data.
e. Communication tools for CDR teams such as a listserv and a newsletter.

Category II-Activity 4: Facilitate the translation of recommendations from CDR programs into action and practice.

Translating data into action at the community, state, and national levels will maximize the impact of this program on fetal, infant, and child deaths. The recipient's work plan may include:

a. Collaborate to disseminate and promote use of the findings from the reviews to inform prevention activities and policy changes.
b. Educate national public and private organizations on the use of the CDR process and findings to help subject matter experts develop high-impact strategies for improving child survival.
c. Document changes to state and local policies and practices as a result of the death reviews.

2. Background

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

Child Death Review and Fetal Infant Mortality Review programs provide valuable information regarding fetal, infant, and child deaths, and provide insight into gaps in services, systems, and modifiable risk factors not obtained from administrative surveillance systems. Information from these reviews can be used at the local, state, and federal levels for planning and policy development, quality improvement and health systems development, and to enhance efforts to develop and maintain risk reduction and prevention programs for healthy pregnancies, infants, children and adolescents.

The National FICDRP sustains critical training and technical support to CDR teams and FIMR programs, whose systematic fatality reviews are integral to State Title V and Healthy Start Programs' ability to implement effective efforts to prevent fetal, infant, child, and adolescent deaths. The FICDRP provides unique and valuable support to ensure these fatality review processes function well and can use information from these reviews to improve health outcomes and decrease mortality.

In 2015, there were 39,958 deaths of children ages 0-18 with 59 percent of these occurring in infancy.[2] The leading causes of death for children 1-18 years in 2015 were unintentional injury, suicide, and homicide. The leading causes of death for infants in 2015 were congenital anomalies, short gestation, sudden infant death syndrome (SIDS), and maternal pregnancy complications.[3] In 2013, approximately 24,000 stillbirths were reported in the United States.[4]

When a fetal, infant, child, or adolescent death occurs, FIMR programs and CDR teams at the state or local levels conduct systematic fatality reviews to identify risk factors that

[2] Source: Data obtained from CDC Wonder May 2017: https://wonder.cdc.gov/
[3] Source: Data obtained from CDC Wonder May 2017: https://wonder.cdc.gov/
[4] MacDorman MF, Gregory ECW. Fetal and perinatal mortality: United States, 2013. National vital statistics reports; vol 64 no 8.Hyattsville, MD: National Center for Health Statistics. 2015

contributed to the death. Although the composition and location vary by state, FIMR programs and CDR teams include professionals from a variety of disciplines who conduct fatality reviews. State Title V, Healthy Start, and other state and local programs that aim to improve pregnancy outcomes and reduce fetal, infant, child, and adolescent deaths use the findings from these reviews to address risk factors and prevent future deaths. MCHB's past investment in FIMR and CDR technical support has resulted in increased capacity of these review teams; maintenance of a centralized, web-based case reporting system (CRS) for CDR and FIMR programs (the only free registry for these teams); and sharing of best practices across the two programs.

Category I- Fetal and Infant Mortality Review

FIMR is a community-based, action oriented, continuous quality improvement process aimed at guiding communities to identify and solve problems contributing to poor reproductive outcomes and infant health with the ultimate goal of enhancing assessment, capacity, and policy development. The FIMR methodology is a unique strategy that improves services and resources for women, infants, and families by using fetal or infant death as a sentinel event, multidisciplinary FIMR teams systematically examine a broad array of factors that play a role in events preceding the death. Community leaders then use the recommendations from these reviews for planning and policy development, and to implement programs for women, infants, and families. The continuous nature of the FIMR methodology provides a feedback mechanism to assess community action and changes in community systems related to infant deaths. According to the national evaluation of FIMR, the local FIMR process is a "successful perinatal intervention".[5]

The FIMR approach is unique because it includes a maternal interview as part of the review process. The maternal interview provides the mother's perspective on the infant's death and allows her to describe her experiences in her own words. The maternal interview yields valuable information that is not usually captured in routinely collected health records about social and environmental aspects surrounding the fetal or infant death.

The FIMR model strongly emphasizes the importance of a community-based, two-tiered process that promotes the use of separate groups to carry out an analytic function and a subsequent action function. The Community Review Team has the role of reviewing cases and drafting recommendations. Furthermore, the Community Action Team helps disseminate findings and facilitates implementation of recommended policies and interventions. Most FIMR communities select the cases for review based on risk and/or population factors such as vital statistics data. FIMR is a useful tool in helping to understand and intervene to correct factors that may contribute to disparities in infant health outcomes.

Specifically, using infant death as a sentinel event, FIMR is a systematic examination of the factors that play a role in an infant's death, integrating information about the health of individuals with information descriptive of medical care and community health and

[5] Strobino DM, Baldwin KM, Grason H, Misra DP, McDonnell KA, Liao M. Allston AA. The relation of FIMR programs and other perinatal systems initiatives with maternal and child health activities in the community. Matern Child Health J 2004;8(4):239-49.

social/welfare systems. Cases are de-identified to assure focus on systemic (not individual practice) issues. Information from these reviews is used to inform planning and policy development, and to enhance efforts to develop and maintain quality programs for women and children. The FIMR process has been adapted to examine other adverse events affecting maternal and child health, such as maternal-fetal transmission of HIV, congenital syphilis, fetal alcohol syndrome, and maternal influenza.

The FIMR program is also an important component of many of HRSA's Healthy Start Programs and other local health department initiatives that provide evidence based interventions crucial to improving infant health in high-risk communities.

Category II- Child Death Review

CDR is a process in which multidisciplinary teams come together at the local, regional, or state level in order to examine factors contributing to a child's death at the individual, environmental, clinical, or systems levels that could be mitigated to prevent future deaths. HRSA has supported CDR through Technical Assistance and Data Support Cooperative agreements for nearly 16 years. Currently, multidisciplinary CDR teams operate in all 50 states, the District of Columbia, and Guam. HRSA's support has led to the development of a coordinated network of CDR Coordinators in every state; a standardized CDR process and data collection form; and a free web-based CDR case reporting system (CRS). The data reporting system is in use by 45 states, an increase from 30 states in 2009. Currently there are more than 189,000 cases that have been entered into the system by CDR teams; 43 states use these data to produce annual reports.[6] The current CDR CRS is working to add a FIMR data module in 2017 for FIMR teams to enter data from their reviews.

Although the origins of CDR teams were rooted in a criminal justice/child protection model, the majority of teams have evolved along a public health model approach. Instead of focusing on identifying culpability for an individual loss, modern CDR teams, with HRSA's support and guidance use their data to drive community- and state-level prevention.[7] The CDR Program has helped states move towards prevention-focused models that are part of a continuous quality improvement approach for maternal and child health systems.

Federal agencies and national partners have recognized the value of the CDR process and its data, which provide information not found in vital statistics. State and local communities also retain ownership of their data in the CRS. Teams have access to standardized reports from the system and can download their own data for analysis. Researchers can apply to use de-identified data through review and approval by a Data Dissemination Committee. The current CRS is a key component for several national research and program efforts, including:

- Sudden Unexplained Infant Death (SUID) Initiative Case Registry: The Centers for Disease Control and Prevention (CDC) funds a module in the CRS to capture

[6] The National Center for Fatality Review and Prevention State Profile Database, Michigan Public Health Institute, May 2017. Available at: https://www.ncfrp.org/wp-content/uploads/NCRPCD-Docs/CDRinUS_2016.pdf

[7] Covington TM. The US National Child Death Review Case Reporting System. Inj Prev 2011;17:Suppl I i34-i37

information on SUID deaths and has funded 16 states and 2 jurisdictions to collect the information and is expanding those states. Funding is provided to participating states to improve the quality and timeliness of the SUID data collection.[8,9]

- Sudden Death in the Young (SDY) Case Registry: The National Institutes of Health (NIH) and the CDC fund funding states to collect SDY data and to obtain genetic samples for NIH to conduct genetic studies in the CRS to help diagnosis these deaths. Information collected can be helpful to future researchers examining ways to prevent future sudden deaths.
- Research to Support Federal and State Prevention Efforts: There have been at least 16 publications in peer-reviewed journals contributing new information about the leading risk factors for child death using the CDR data.
- The American Academy of Pediatrics (AAP) released a Policy Statement in 2010 supporting the CDR process, encouraging pediatricians to participate in state and local reviews of child deaths, and supporting national leadership to expand death review and prevent unnecessary child deaths.[10] In 2016, the AAP created a Child Death Review and Prevention Section to foster increased engagement of pediatricians within CDR teams.[11]

[8] Shapiro-Mendoza CK1, Camperlengo LT, Kim SY, Covington T. The sudden unexpected infant death case registry: a method to improve surveillance. Pediatrics. 2012 Feb;129(2):e486-93
[9] More information on the SUID registry is available at: http://www.cdc.gov/sids/CaseRegistry.htm.
[10] Christian C, Sege R, AAP Committees on Child Abuse and Neglect, Injury, Violence, and Poison Prevention, and the Council on Community Pediatrics. Pediatrics, 2010. 126: 592-596
[11] https://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Child-Death-Review/Pages/default.aspx

II. Award Information

1. Type of Application and Awards

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

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

The recipient(s) are expected to collaborate with MCHB and its contractors to achieve the expectations described in this section, in Section I (Funding Opportunity Description), and Section IV (Application Review Information). Certain activities must be planned jointly and milestones related to performance include MCHB's input and approval. HRSA must be aware of all project activities in sufficient time to provide input and/or assistance.

Joint Responsibilities of Recipient(s) and HRSA

HRSA and the recipient(s) have a joint responsibility to determine which issues will be addressed during the project period, the sequence in which they will be addressed, what approaches and strategies will be used to address them, and how relevant information will be transmitted to specified target audiences and used to enhance project activities and advance the program.

Responsibilities of HRSA

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, HRSA Program responsibilities include:

- Assurance of the availability of the services of experienced HRSA personnel to participate in the planning and development of all phases of this cooperative agreement.
- Support dissemination of publications completed under the cooperative agreement, and cooperating on the referral of inquiries and request for publications and other information.
- Participation on the recipients' Steering Committee, the FIMR National Consortium group and the Category II Data Dissemination Committee.
- Assistance in establishing federal interagency, state contacts national organizations, or other recipients necessary for the successful completion of tasks and activities identified in the approved scope of work.
- Participating in the design, direction, and evaluation of activities, meetings, and selection of FIMR and/or CDR approaches and mechanisms.
- Review and approval of a revised annual work plan, as needed if there are changes from the application work plan.
- Assisting the recipient to establish, review, and update priorities for activities conducted under the auspices of the cooperative agreement.

- Reviewing and providing feedback on publications, audiovisuals, and other materials produced, as well as meetings/conferences planned (including from concept, drafts and final versions).
- Ensuring integration of these CDR and FIMR activities into MCHB programmatic and data report efforts.

The cooperative agreement recipient's responsibilities include (both Category I & II unless explicitly stated otherwise):

- Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds (see Acknowledgement of Federal Funding in Section 2.2 of HRSA's SF-424 the Application Guide).
- Assuring HRSA will be identified as a funding sponsor on written products and during meetings and conferences relevant to cooperative agreement activities.
- Utilizing a strategy to improve relevant MCH health outcomes and systems through collaboration with HRSA and organizations and systems that serve the MCH population.
- Collaborating with the federal project officers when hiring new key project staff and planning/implementing new activities.
- Consulting with the federal project officers before scheduling any meetings that pertain to the scope of work and at which the project officer/s attendance would be appropriate.
- Providing the federal project officers with a revised CDR work plan for approval at the beginning of each year of the cooperative agreement, as needed if there are changes from the application work plan.
- Providing the federal project officers with the opportunity to review and provide advisory input on publications, audiovisuals, and other materials produced, as well as meetings/conferences planned under the auspices of this cooperative agreement.
- Providing the federal project officers with an electronic copy of, or electronic access to, each product including presentations and manuals developed under the auspices of this project.
- Participating in the implementation of recipient performance measures, including the collection of information and administrative data.
- Ensuring that all products developed or produced, either partially or in full, under the auspices of this cooperative agreement are fully accessible and available free to members of the public.
- Providing summary aggregate data to HRSA upon request, in particular be able to provide data on emergent issues.
- Category II- Producing quarterly activity summaries and participating in meetings with HRSA staff twice a year, either virtually or in person.

2. Summary of Funding

Approximately $1,100,000 is expected to be available annually to fund two recipients. You may apply for a ceiling amount of up to $300,000 for Category I and $800,000 for Category II total cost (includes both direct and indirect, facilities and administrative costs) per year.

NOTE: The same organization may apply for both Category I (FIMR) and Category II (CDR). However, the applications must be submitted separately and propose separate and distinct projects (e.g., FIMR and CDR).

The actual amount available will not be determined until enactment of the final FY 2018 federal appropriation. 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 project period is July 1, 2018 through June 30, 2022 (4 years). Funding beyond the first year is dependent on the availability of appropriated funds for National Fetal, Infant, and Child Death Review Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b), is eligible to apply for this federal funding. See Title 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are also eligible to apply for funding.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this notice.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.4* will be considered non-responsive and will not be considered for funding under this notice.

NOTE: Multiple applications from an organization with the same DUNS number are allowable if the applications propose separate and distinct projects.

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 **for the same project/category**, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically through Grants.gov. You must use the SF-424 application package associated with this NOFO following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

Effective December 31, 2017 - You **must** use the Grants.gov Workspace to complete the workspace forms and submit your application workspace package. After this date, you will no longer be able to use PDF Application Packages.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing the notice of funding opportunity (NOFO) (also known as "Instructions" on Grants.gov) or application package. This allows Grants.gov to email organizations that supply an email address in the event the NOFO is changed and/or republished 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 Find Grant Opportunities page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 Application Guide* provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where you are instructed in the NOFO to do otherwise. You must submit the application(s) in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

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

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachment #11: Other Relevant Documents.

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

i. Project Abstract

See Section 4.1.ix of HRSA's *SF-424 Application Guide*.

Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please prepare the abstract so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the needs addressed, the proposed services, and the population group(s) served.

The project abstract must be single-spaced and limited to one page in length.

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed program. It should be succinct, self-explanatory 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:

- NEEDS ASSESSMENT
- METHODOLOGY
- WORK PLAN
- RESOLUTION OF CHALLENGES
- EVALUATION AND TECHNICAL SUPPORT CAPACITY
- ORGANIZATIONAL INFORMATION

Category I- Fetal and Infant Mortality Review Program & Category II- Child Death Review Program applications will contain the information below.

Category I Applicants - Fetal and Infant Mortality Review Program

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

  The needs assessment should help reviewers understand the need for training and technical assistance for FIMR programs.

(1) You should describe the current status and needs for technical support and training to states, including State Title V agencies, communities, and MCH programs, particularly Healthy Start Programs, as they develop, implement, sustain and improve FIMR as a community-based process that can assess and improve services and systems for mothers, infants, children and adolescents.
(2) You should describe how the unique needs of the target populations of the communities served are routinely assessed and improved.
(3) You should describe the current gaps and challenges in the field in the areas of the three activities on page 2 of the NOFO.
(4) You should provide and cite the most current demographic data whenever possible and relevant to support the information provided.
(5) You should provide an inclusive description of its national target audiences as well as its proposed strategies for reaching these audiences, including FIMR programs reaching communities with greater disparities.
(6) You should discuss ability and expertise in locating potential training and technical assistance recipients, based on needs assessments.
(7) You should describe how and to what extent the proposed project activities will directly contribute to improved health status among mothers, infants, and children.
(8) You should describe the challenges in meeting the expectations MCHB identified for all tasks under this funding notice.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion(a) #2 Response and #4 Impact*

(1) You should propose clear and concise methods that will be used to meet the program requirements and expectations in this NOFO, specifically how you will achieve the activities described in this NOFO in Section I (Purpose). Include development of effective tools and strategies for ongoing training, outreach, collaborations, clear communication, and information sharing. Include a plan to disseminate reports, products, and/or grant project outputs so project information is available to key target audiences.
(2) You should demonstrate that the proposed methodological approaches are national in scope and contribute to strengthening state and local capacity to perform complete and accurate FIMR reviews.
(3) You should provide objectives for each proposed project goal that are specific; measurable; achievable within a given timeframe and available resources; relevant to and congruent with the larger project goal; and time-framed.

(4) You should provide information that shows understanding of the challenges faced in providing training and technical assistance to FIMR programs across the country addressing the needs of diverse communities. Strategies in the work plan should address the needs and challenges that have been identified.
(5) You should describe the specific activities described in this NOFO in Section I (Purpose) necessary to carry out each methodological approach. The chosen approaches should be well reasoned and appropriate to accomplish the goals, objectives strategies, and activities of the program. Outline the strategies to establish management of any potentially problematic aspects of the project.
(6) You should address in the methodology how you will coordinate and collaborate with the CDR recipient, assuring seamless coordination between the FIMR recipient and the CDR recipient for the purpose of the web-based Case Reporting System (CRS) and training associated with the CRS.
(7) You should also provide information on innovative approaches (i.e. peer-to-peer mentoring, webcast, etc.) you would use to address the activities of this funding notice.
(8) You should extend the description of the project methodology across all 4 years of the project. You should clearly identify the outcomes you expect to achieve by the end of the 4-year period of performance period.
(9) You should provide evidence that the methodology used can be effective. Literature relevant to the methodology may be cited as appropriate. You should list these references as part of Attachment 10 (see **Section IV.2.vi**).
(10) You should submit a logic model for designing and managing the project (in Attachment 8). See Section VIII. Other Information of this NOFO for further guidance on logic models.

- *WORK PLAN -- Corresponds to Section V's Review Criterion(a) #2 Response*

  Your work plan:

(1) should be well designed, comprehensive, and adequate to achieve the intended program outcomes and carryout the proposed objectives and is sufficient for implementing and managing the project and personnel and resources, and tracking activities.
(2) may include the following in the work plan: a) statement of need or problem statement; b) goals; c) specific, time-framed, measurable objectives; d) key action steps; e) timeframe for completion; f) staff responsible; and g) methods of ongoing evaluation and quality improvement.
(3) may include a detailed timeline of proposed project activities, and include as Attachment 1 (see **Section IV.2.vi**). The timeline must link activities to project objectives and should cover the 4 years of the project period.
(4) should describe an efficient and effective plan for managing the project, including personnel, resources and activities, and maintaining communication among any subcontractors and how you will ensure consistent, timely, and high quality work regardless of which organization is leading the specific task.
(5) should describe the use of the FIMR National Consortium and your role in relation to the work of the National FICDRP.
(6) should describe the ability to support a cohesive system of data collection and training for FIMR.

(7) should describe the expectation to use multiple methods of providing culturally and linguistically appropriate training and technical support.

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

  You should 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. Include challenges in working with partner organizations.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion(a) #3 Evaluation Measures and #4 Impact*

  You should describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. The emphasis should be focused on experience related to providing training and technical assistance, and creating technical assistance materials for local FIMR programs (Category I).

Instructions for this section are divided into two sub-sections: EVALUATION and PERSONNEL AND TECHNICAL SUPPORT CAPACITY

EVALUATION

(1) You should provide a well-conceived and logical plan for assessing the achievement of the project's process and outcome objectives and for evaluating changes in the specific problems and the contributing factors. The evaluation plan should focus primarily on outcomes over which the project has influence and that have the capacity to produce meaningful data on an annual basis.
(2) The program performance evaluation should monitor ongoing processes and the progress towards goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.
(3) You should 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 service delivery.
(4) You should describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

PERSONNEL AND TECHNICAL SUPPORT CAPACITY

(1) You should name the proposed project director and describe his/her qualifications and experience. The project director should demonstrate they have extensive experience at the national level working on issues relevant to fetal and infant mortality reviews. You should identify all project personnel, including those individuals for whom support is not requested. You should describe and document national level expertise and experience of key project staff (e.g., project director), including any consultants, in death reviews.
(2) You should demonstrate that the proposed project personnel have the ability and experience to conduct a project that is national in scope; provide leadership to the field of maternal, fetal, infant fatality reviews; and work collaboratively with partners from a variety of organizations and professional disciplines.
(3) You should describe appropriate support to facilitate the functioning of the professional staff. You should describe a sufficient number of staff overall to be able to conduct the work of the project. (Attachment 2)
(4) A summary curriculum vitae (biographical sketch), maximum of two pages, should be provided for each professional staff member as part of Attachment 3 (see **Section IV.2.vi**).
(5) You should demonstrate capacity for project monitoring, and conducting process and outcome evaluations.
(6) You should demonstrate experience with developing and disseminating FIMR educational and communications materials (i.e. web-based education) for community-level and national audiences.
(7) You should describe any previous work of a similar nature, including the outcomes of, and products developed by, the efforts.

- ORGANIZATIONAL INFORMATION -- *Corresponds to Section V's Review Criterion(a) #5 Resources/Capabilities*

(1) You should clearly describe your agency's/parent organization's mission, structure and scope of current activities.
(2) You should clearly describe the project's organizational structure, including your:
    a. Relationship to and placement within any umbrella or parent organization;
    b. Relationships to any agencies or organizations with which you intends to partner, collaborate, coordinate efforts, or receive consultation from, while conducting project activities;
    c. Governance structure, including any boards of directors and/or advisory groups;
    d. Project structure and organization of project staff, including volunteers.

(3) You are required to summarize organizational information into at least one organizational chart, included as Attachment 5 (see **Section IV.2.vi**).
(4) You should describe the resources available for carrying out the project and conducting activities, including capability for collecting and storing data in a secure way, ability to conduct web-based trainings, facilities and physical space, equipment, and information technology resources. You should include resources that are in-kind by other agencies or organizations.
(5) You should describe your organization's capacity and national content expertise to provide training and technical support on FIMR. At a minimum, address the following:
    a. Describe the scope of current technical assistance, training and other educational activities in which your organization engages;
    b. Demonstrate a proven track record of providing technical support and training to organizations addressing maternal and child health issues.
    c. Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health literate services.
    d. Demonstrate your organization's ability to prepare guidance documents, technical assistance documents, case studies, and scientific publications -- and to summarize these documents and publications in a digestible, user-friendly form for dissemination to relevant and various stakeholders;
    e. Demonstrate your organization's ability to support platforms for disseminating best practices, case studies, and relevant information to relevant stakeholders, as well as platforms to facilitate sharing of information among stakeholders; and
    f. Demonstrate FIMR national expertise that is available within core staff and not through consultants.
(6) You must disclose in writing any potential conflict of interest to HRSA in accordance with HRSA's policy. Include this as an Attachment under Other Relevant Documents.

Category II Applicants – Child Death Review Program

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

The needs assessment should help reviewers understand the need for training and technical support for CDR teams. This section should briefly describe the purpose of the proposed project. You should clearly exhibit expert understanding of CDR programs processes and needs and the activities/tasks included in this cooperative agreement as well as the expected outcomes.

(1) You should describe the purpose of the proposed project.
(2) You should describe the current status and needs for technical support and training to states, particularly State Title V agencies, communities, and MCH programs as they develop, implement, sustain and improve fatality reviews.
(3) You should include a description of the current gaps and challenges in the field in the areas of the activities and targets in this NOFO in Section I (Purpose) and describe the national target audiences.
(4) Cite current demographic data whenever possible and cite relevant citations to support the information provided.
(5) You should describe how and to what extent the proposed project activities will directly contribute to improved health status among mothers, infants, and children.

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

(1) You should propose clear, concise, and feasible methods that will be used to meet the program requirements and expectations in this NOFO, specifically how you will achieve the activities described in this NOFO in Section I (Purpose). The proposed methodological approaches should be national in scope and contribute to strengthening state and local capacity to perform complete and accurate child death reviews.
(2) You should provide outcome objectives for each proposed project goal that are specific; measurable; achievable within a given timeframe and available resources; relevant to and congruent with the larger project goal; and time-framed. This section should also provide information on approaches (i.e. peer-to-peer mentoring, webcasts, etc.) to be used to address the activities of this funding notice.
(3) You should extend the description of the project methodology across all 4 years of the period of performance and clearly identify the outcomes you expect to achieve by the end of the 4-year period of performance.
(4) You should provide evidence that the methods can reasonably be expected to be effective. Literature relevant to the methodology may be cited as appropriate. Describe how and to what extent the proposed project activities are culturally and linguistically appropriate and will contribute to improved outcomes for children.
(5) You should include a discussion of how you will engage and use the Steering Committee to impact the project.
(6) You should address how you will coordinate and build consensus to support a cohesive system of data collection and training for the two types of review teams and coordinate closely with the Category I recipient.
(7) You should address the methods to establish and maintain memorandums of understanding (MOUs) or data sharing agreements with states or local teams or programs, ensure case confidentiality and web security.

- *WORK PLAN -- Corresponds to Section V's Review Criterion(a) #2 Response and #4 Impact*
  You should include a work plan (Attachment 1) that describes the sequence of specific activities and steps that will be used to carry out each proposed methodological approach. The expected activities are listed in this NOFO in Section I (Purpose).

  (1) You should include the following in the work plan: a) statement of need or problem statement; b) goals; c) specific, time-framed, measurable objectives; d) key action steps; e) timeframe for completion; f) staff responsible; and g) methods of ongoing evaluation and quality improvement.
  (2) Ensure the work plan includes targets for key activities such as provision of technical assistance and trainings, webinars or products, and improving the quality of CDR data.
  (3) You should submit a logic model for designing and managing the project (in Attachment 8). See **Section VIII. Other Information** of this NOFO for further guidance on logic models. A detailed timeline of proposed project activities should be developed and included as Attachment 1 (see **Section IV.2.xi**). The timeline should link activities to project objectives and should cover the 4-year period of performance.
  (4) You should describe an efficient and effective plan for monitoring and tracking project activities.
  (5) You should describe an effective plan for managing the project, including its personnel and resources and activities. Describe how you will maintain communication among any subcontractors and how they will ensure consistent and timely, high quality work regardless of which organization is leading the specific task.

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

  (1) Discuss challenges that are likely to be encountered in designing and implementing the activities described in the work plan, and approaches that maybe used to resolve such challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion(a) #3 Evaluative Measures and #5 Resources/ Capabilities*

  Instructions for this section are divided into two sub-sections: EVALUATION and PERSONNEL and TECHNICAL SUPPORT CAPACITY

  EVALUATION

  (1) Provide a well-conceived and logical plan for assessing the achievement of the project's process and outcome objectives and for evaluating changes in the specific problems and the contributing factors. The evaluation plan should focus primarily on outcomes over which the project has influence and that have the capacity to produce meaningful data on an annual basis.
  (2) Describe the data collection strategy/ quality improvement process to collect, analyze and track data, including the targets and activities in Section 1 (Purpose) that will measure process and impact/outcomes as well as the process to assess data completeness, response or outreach to teams and reassessment at least annually.
  (3) Your evaluation plan should also address how to document policy/practice changes at state and local levels due to CDR and include discussion of how you will disseminate project results.
  (4) Describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

  PERSONNEL AND TECHNICAL SUPPORT CAPACITY

  (1) You should demonstrate that the proposed project personnel have the knowledge and experience to conduct a project that is national in scope; provide leadership to the field of maternal, fetal, infant, and child fatality reviews, child health and safety; and work collaboratively with partners from a variety of organizations and professional disciplines. You should describe a sufficient number of staff overall to be able to conduct the work of the project. Include a staffing plan and job descriptions as Attachment 2.
  (2) You should name the proposed director and describe his/her qualifications and experience. The project director should demonstrate experience at the national level relevant to CDR and injury and violence prevention among infants, children and adolescents. The project director should also document any executive or leadership experience; the ability to communicate effectively in oral presentations and through published materials geared for a variety of professional audiences; and the ability to work collaboratively with peers representing a variety of organizations and disciplines relevant to the health and safety of infants, children and adolescents.
  (3) You should identify all key project personnel, including those individuals for whom support is not requested. You should describe and document national level expertise and experience of key project staff, including any consultants, in death reviews and working with CDR teams at the national, state or community level. Describe CDR national expertise that is available within core staff and not only through consultants.
  (4) You should describe the experience and capacity to establish and maintain memorandums of understanding (MOUs) or data sharing agreements with

states or local teams or programs, ensure case confidentiality, creating technical assistance modules and materials, managing a case reporting system and web security.

(5) Devote at least 1.5 FTEs of effort to database management, data analysis and data quality and timeliness improvement.

(6) Provide a biographical sketch, maximum of two pages for key staff, as Attachment 3 (see **Section IV.2.vi**). Sketches should contain information about education; professional certifications and licensure; professional positions/employment in reverse chronological order; current grant and contract support; representative publications; and, any additional information that would contribute to the Objective Review Panel's understanding of relevant qualifications, expertise and experience.

(7) You should perform a substantive role in carrying out the proposed project; subcontracts awarded under this initiative to another party should be clear and well justified.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion(a) #5 Resources/ Capabilities*

(1) You should clearly describe your agency's/parent organization's mission, structure and scope of current activities and include an organizational chart, as Attachment 5 (see **Section IV.2.vi**).

(2) You should clearly describe the project's organizational structure, including its:

a. Relationship to and placement within any umbrella or parent organization, if applicable;
b. Relationships to any agencies or organizations with which it intends to partner, collaborate, coordinate efforts, or receive consultation from, while conducting project activities;
c. Governance structure, including any boards of directors and/or advisory groups;
d. Project structure and organization of project staff, including volunteers.

(3) You should describe the resources available for carrying out the project and conducting its activities, including capability for collecting and storing data in a secure way, ability to conduct web-based trainings, as well as its facilities and physical space, equipment, and information technology resources. You should include resources that are to be contributed by other agencies or organizations.

(4) You should demonstrate the capacity to establish and maintain MOUs or Data Sharing Agreements (DSAs) with states or community teams or programs, ensuring case confidentiality and web security as well as database management and security

(5) You must disclose in writing any potential conflict of interest to HRSA in accordance with applicable HRSA policy. Include this as an Attachment under Other Relevant Documents.

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.	
Narrative Section	**Review Criteria**
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures, (4) Impact and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative (below)	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA's *SF-424 Application Guide*. Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and by carefully following the approved plan can help to 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.

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The Consolidated Appropriations Act, 2017 (P.L.115-31), Division H, § 202, states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in FY 2018, as required by law.

iv. Budget Narrative

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

In addition, the National Fetal, Infant, and Child Death Review Program requires the following:

The budget justification narrative should clearly describe each cost element and explain how it relates to the project's objectives**.** Please HRSA's SF-424 Application Guide for additional information.

In addition, include the following in the Budget Justification narrative:

Travel: The budget should include travel to DC for a joint Category I and Category II kickoff meeting at the beginning of Year 1.

Category I: The budget should include expectations for travel to Washington, DC for one national meeting as well as travel for Consortium Committee members to attend one in-person meeting annually in the Washington, DC area.

Category II: The budget should include expectations for travel to regional or national CDR meetings every other year as well as travel for Steering Committee members to one in-person meeting annually in the Washington, DC area. In addition, any meetings noted in the Purpose section that require travel should be included.

v. Program-Specific Forms

Program-specific forms are not required for application.

vi. Attachments

Please provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled**.

Attachment 1: Work Plan and Timeline

Attach the work plan and timeline for the project that includes all information detailed in Section IV. ii. Project Narrative. If funds will be subawarded or expended on contracts, describe how your organization will ensure the funds are properly documented and how oversight is accomplished.

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

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

Attachment 3: Biographical Sketches of Key Personnel

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

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

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable(s). Letters of agreement must be signed and dated from relevant partners including stakeholders involved with, or that intersect with, CDR and/or FIMR, State Title V, and Healthy Start.

Attachment 5: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators as well as the project's Steering/consortium group. The organizational chart should also depict where the project fits in within its parent organization.

Attachment 6: Letters of Support and Letters from Potential Members of Project's Steering Committee /Consortium

Include letters of support and letters from organizations that impact or are impacted by this work and individuals indicating willingness to serve on the project's Steering Committee. These letters must be dated. Include only letters of support (LOS) that specifically indicate a commitment to the project/program such as in-kind services, dollars, staff, space, equipment, etc. Potential key partners for LOS are included in the Purpose section of this NOFO. List all other support letters that do not indicate a specific commitment to the project on one page.

Attachment 7: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts

Provide any documents that describe working relationships between your organization and other agencies and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverable. Letters of agreement must be dated from relevant partners including stakeholders involved with or that intersect with CDR, FIMR, State Title V, and Healthy Start.

Attachment 8: Logic Model

Attachment 9: Proposed or Current Data Use Agreement

Attachments 10-15: Other Relevant Documents

Include here any other documents that are relevant to the application and give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

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

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d))**.**

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

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

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

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

For further details, see Section 3.1 of HRSA's *SF-424 Application Guide*.

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 *April 2, 2018 at 11:59 p.m. Eastern Time*.

See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The National Fetal, Infant, and Child Death Review Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a project period of up to 4 years, at no more than $300,000 per year (inclusive of direct **and** indirect costs) for Category I – Fetal and Infant Mortality Review Program and no more than $800,000 per year (inclusive of direct **and** indirect costs) for Category II- Child Death Review Program. 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.

NOTE: The same organization may apply for both Category I (FIMR) and Category II (CDR). However, the applications must be submitted separately and propose separate and distinct projects (e.g., FIMR and CDR).

The General Provisions in Division H of the Consolidated Appropriations Act, 2017 (P.L. 115-31) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in FY 2018, as required by law.

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

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. Post-award requirements for program income can be found at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

HRSA has instituted procedures for assessing the technical merit of applications to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. HRSA has developed critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. See the review criteria outlined below with specific detail and scoring points.

Review criteria are used to review and rank applications. 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.

NOTE: Both Category I- Fetal and Infant Mortality Review Program and Category II- Child Death Review Program have the same overall categories of criteria with same scoring.

The National Fetal, Infant, and Child Death Review Program has six review criteria:

Criterion 1: NEED (10 points) – Corresponds to Section IV's Needs Assessment
The extent to which the application demonstrates the problem and associated contributing factors to the problem.

PROGRAM REVIEW SUB-CRITERIA

Category I- Fetal and Infant Mortality Review Program

The extent to which the application demonstrates and describes:

(1) The current status and need for technical support and training to states, including State Title V agencies, communities, and MCH programs, particularly Healthy Start Programs, as they develop, implement, sustain and improve FIMR as a community-based process that can assess and improve services and systems for mothers and infants.
(2) A thorough understanding of the FIMR processes, their role in improving the health of women and infants and children, and factors that contribute to the successful implementation as related to the purpose, outcomes and requirements of a National Fetal, Infant, and Child Death Review Program supported by this cooperative agreement.
(3) The current gaps and challenges in the field in the areas of the overarching activities described in this NOFO in Section I (Purpose).
(4) The most current data with citations from relevant sources to support the information provided.
(5) An inclusive description of its national audiences as well as its proposed strategies for reaching these audiences, including FIMR programs reaching communities with greater disparities.
(6) The ability and expertise in identifying potential training and technical assistance recipients.
(7) How the proposed project activities will directly contribute to improved health status among mothers, infants and children.
(8) Challenges meeting the expectations MCHB identified for all tasks under this funding notice.

Category II- Child Death Review Program

The extent to which the application demonstrates and describes:

(1) The purpose of the proposed project and a thorough understanding of the CDR process and its role in preventing deaths.
(2) The current status and need for technical support and training to state and local CDR teams.
(3) The concerns, needs, challenges, and gaps involved in implementing and sustaining the CDR programs in states and communities.

(4) The target audiences of this project including national partners.
(5) Citations and current data from relevant sources to support its presentation and discussion.
(6) How the project will improve the health status of mothers, infants and children.

Criterion 2: RESPONSE (35 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges

The extent to which the proposed project responds to the "Purpose" included in the program description including:

- The clarity 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.

This section addresses the methodology, work plan, and resolution of challenges. The weighting of the review of these sections should be as follows: Methodology (20 pts), work plan (10 pts), and Resolution of Challenges (5 pts).

PROGRAM REVIEW SUB-CRITERIA

Category I- Fetal and Infant Mortality Review Program

METHODOLOGY (20 points)

The extent to which the application demonstrates and describes:

(1) Clear and concise methods that will be used to meeting program requirements and expectations in this NOFO, specifically, how the applicant will achieve the activities for each Category of award described in this NOFO in Section I (Purpose). Include development of effective tools and strategies for ongoing training, outreach, collaborations, clear communication, and information sharing. Include a plan to disseminate reports, products, and/or grant project outputs so project information is available to key target audiences.
(2) How the proposed methodological approaches are national in scope and contribute to strengthening state and local capacity to perform complete and accurate FIMR reviews.
(3) Objectives for each proposed goals that are specific; stated in measurable terms; achievable within a given timeframe and available resources; relevant to and congruent with the larger project goal; and include a specific time frame for achievement.
(4) Information that shows understanding of the challenges faced in providing training and technical assistance to FIMR programs across the country addressing the needs of diverse communities. Strategies in the work plan should address the needs and challenges that have been identified.
(5) Specific activities described in this NOFO in Section I (Purpose) necessary to carry out each methodological approach across the 4 years of the project. The chosen approaches should be well reasoned and appropriate to accomplish the mission, goals, strategies, and activities of the program. The strategies should be outlined to establish management of any potentially problematic aspects of the project.
(6) How the applicant will coordinate and collaborate with CDR recipient, assuring seamless coordination between the FIMR programs and the CDR recipient for the purpose of the web-based case reporting system (CRS) and training associated with the CRS.
(7) Information on innovative approaches (i.e. peer-to-peer mentoring, webcast, etc.) to be used to address the activities of this funding notice.
(8) The outcomes the applicant expects to achieve by the end of the 4-year project period.
(9) Evidence that the methods can be reasonably expected to be effective. Literature relevant to the methodology is cited as appropriate. These references must be listed as part of Attachment 10 (see **Section IV.2.vi**).

WORK PLAN (10 points)

The extent to which the application demonstrates and describes:

(1) A work plan that is well-designed, comprehensive, and adequate to achieve the intended program outcomes and carryout the proposed objectives and is sufficient for implementing and managing the project and personnel and resources, and tracking activities.
(2) A work plan that includes: a) statement of need or problem statement; b) goals; c) specific, time-framed, measurable objectives; d) key action steps; e) timeframe for completion; f) staff responsible; and g) methods of ongoing evaluation and quality improvement
(3) A detailed timeline of proposed project activities must be developed by the applicant, and include as Attachment 1 (see **Section IV.2.vi**). The timeline must link activities to project objectives and must cover the 4 years of the project period.
(4) A logic model for designing and managing their project (in Attachment 8). It includes goals, assumptions, inputs, target populations, outputs and outcomes.
(5) A plan for managing the project, including its personnel and resources and activities and how they will maintain communication among any subcontractors and ensure consistent and timely, high quality work irrespective of which organization is leading the specific task. The description of the applicant's plan to oversee the work of all subcontractors and hold them accountable for completing their assigned tasks.
(6) The use of a National FIMR Consortium and their role in relation to the National Fetal, Infant, and Child Death Review Program.
(7) The ability to support a cohesive system of data collection and data training for FIMR.
(8) The expectation to use multiple methods of providing culturally and linguistically appropriate training and technical support.

RESOLUTION OF CHALLENGES (5 points)

The extent to which the application demonstrates and describes:

(1) The challenges that are likely to be encountered in designing and implementing the activities, as well as approaches that would be used to address such challenges.
(2) The proposed resolutions are feasible.

Category II- Child Death Review Program

METHODOLOGY (20 points)

The extent to which the application demonstrates and describes:

(1) Clear and concise methods that will be used to meeting program requirements and expectations in this NOFO, specifically, how the applicant will achieve the activities for each Category of award described in this NOFO in Section I (Purpose). Include development of effective tools and strategies for ongoing training, outreach, collaborations, clear communication, and information sharing. Include a plan to disseminate reports, products, and/or grant project outputs so project information is available to key target audiences.
(2) Outcome objectives included that are specific; stated in measurable terms; achievable within a given time frame and available resources; relevant to and congruent with the larger project goal; and include a specific time frame for achievement.
(3) How the proposed methodological approaches extend across the 4 years of the project, are national in scope and contribute to strengthening state and local capacity to perform complete and accurate CDR reviews.
(4) Literature relevant to the methodology is cited as appropriate.
(5) The effectiveness of the proposed methodology in meeting the needs and challenges described in the narrative.
(6) Meaningful plans for engaging partners and the membership and role of the Steering Committee is clear and ensures meaningful input and engagement from key stakeholders.
(7) The extent to which the applicant demonstrates coordination and consensus building to support a cohesive system of data collection and data training for the two types of review teams and describes how they will coordinate with the Category I recipient..

WORK PLAN (10 points)

The extent to which the application demonstrates and describes:

(1) A work plan that includes the listed components and is well designed, comprehensive and adequate to achieve the intended program outcomes and carryout the proposed objectives and is sufficient for implementing and managing the project and personnel and resources, and tracking activities.
(2) A comprehensive and clear logic model and its fit with the design and methods of the proposed project. The extent to which the logic model explains the relationships between the resources, activities, outputs and outcomes of a program.
(3) A detailed project timeline that is complete, detailed, realistic, and covers the entire 4-year period of the proposed project.
(4) An effective plan for managing the project, including its personnel and resources and activities and how they will maintain communication among any subcontractors and ensure consistent and timely, high quality of work irrespective of which organization is leading the specific task.

(5) If working with subcontractors, information provided on how they will ensure open lines of communication and provide consistent and timely, high quality of work.

RESOLUTION OF CHALLENGES (5 points)

The extent to which the application demonstrates and describes the:

(1) Challenges that are likely to be encountered in designing and implementing the activities, as well as approaches that would be used to address such challenges.
(2) Proposed resolutions are feasible.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity

The effectiveness of the method proposed to monitor and evaluate the project's results. 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.

PROGRAM REVIEW SUB-CRITERIA

Category I- Fetal and Infant Mortality Review Program

The extent to which the application demonstrates and describes:

(1) A well-conceived and logical plan for assessing the achievement of the project's process and outcome objectives and for evaluating changes in the specific problems and the contributing factors. The evaluation plan must focus primarily on outcomes over which the project has influence and that have the capacity to produce meaningful data on an annual basis.
(2) How the program performance evaluation must monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.
(3) 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 service delivery.
(4) Any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

Category II- Child Death Review Program

The extent to which the application demonstrates and describes:

(1) Effective methods to monitor and evaluate the program and program results. The degree to which the proposed evaluation plan is logical, technically sound and practical, and able to yield meaningful findings about key areas of project processes and outcomes, including the activities and targets in Section 1 (Purpose).
(2) The extent to which the applicant discusses how it will use the findings of the evaluation activities to improve the impact of the training and technical support to fatality review programs.
(3) Any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.
(4) The degree to which the proposed evaluation plan will be able to yield meaningful data on an ongoing basis that can be reported annually.
(5) The degree to which the applicant has provided evidence that it has appropriate resources to implement and evaluate training and technical support.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Methodology and Evaluation and Technical Support Capacity

The extent and effectiveness of plans for dissemination of project results, and the extent to which project results may be national in scope and/or the degree to which a community is impacted by the delivery of health services, and/or the degree with which the project activities are replicable, and/or the sustainability of the program beyond the federal funding.

PROGRAM REVIEW SUB-CRITERIA

Category I- Fetal and Infant Mortality Review Program
The extent to which the application demonstrates and describes:

(1) Expected project results are national in scope, applicable, and will improve the health of the MCH population.
(2) How the project will improve data quality and timeliness, deliver training and technical support to FIMR programs around the country.
(3) How appropriate communications materials, products, and resources will be developed for, and disseminated to its national target audiences, and used to improve the health and well-being of the MCH population, including reaching communities of greater disparities.

Category II- Child Death Review Program

The extent to which the application demonstrates and describes:

(1) Expected project results are national in scope, applicable, and will improve the health of the MCH population.
(2) How the project will improve data quality and timeliness, deliver data training and technical support to FIMR and CDR programs around the country.
(3) Plans to document policy/practice changes at the state or local level due to CDR.
(4) How appropriate communications materials, products and resources will be developed for and disseminated to its national target audiences and used to improve the health and well-being of the MCH population.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's Personnel and Technical Support Capacity and Organizational Information

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

PROGRAM REVIEW SUB-CRITERIA

Category I- Fetal and Infant Mortality Review Program

The extent to which the application demonstrates and describes:

(1) Significant national level experience working with FIMR death reviews, providing training and technical support and education at the national, state, and local levels.
(2) All project personnel, including those individuals for whom support is not requested or is in-kind. The applicant must describe and document national level expertise of key project staff (e.g., project director), including any consultants, in death reviews.
(3) Proposed project personnel's ability and experience to conduct a project that is national in scope; provide leadership to the field of maternal, fetal, infant fatality reviews; and work collaboratively with partners from a variety of organizations and professional disciplines.
(4) Support to facilitate the functioning of the professional staff. The applicant must describe a sufficient number of staff to conduct the work of the project.
(5) Capacity for project monitoring, and conducting process and outcome evaluations.
(6) Experience with developing and disseminating FIMR educational and communication materials (i.e. web-based education) for community-level and national audiences.
(7) Any previous work of a similar nature, including the outcomes of, and products developed by, the efforts.

(8) The parent agency mission, structure and how it relates to the scope of the activities and roles/responsibilities outlined in this NOFO.
(9) Organizational structure for governance and oversight, including the components outlined in the instructions. An organizational chart is included.
(10) Organizational structure adequate to implementing and conducting project activities and developing and sustaining relationships between the project and other organizations whose assistance is necessary to plan, implement, and achieve project goals and outcome objectives.
(11) Infrastructure and capacity to implement the project and achieve the project outcomes, including prior experience and capability in providing training and technical support that is national in scope on a variety of MCH issues, mortality review related topics, and in the programmatic areas of expertise, specifically FIMR process.
(12) Organization's capacity and national content expertise to provide training and technical support to FIMR programs.

Category II- Child Death Review Program

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.

The extent to which the application:

(1) Includes proposed staff with significant experience to do the activities in the application including staff with significant national experience with death reviews and training and technical support and education at the state and local level. In addition, the applicant has experience in understanding the unique needs and the challenges faced in increasing uptake of the web-based data registry by CDR and FIMR teams. Applicants demonstrate experience with web-based case reporting systems and maintaining data sharing agreements, data programming, and fetal, infant, and child health and safety data at the national level.
(2) Names a project director with significant national experience as well as demonstrated leadership in the field of CDR and experience working with local teams as well as relevant national organizations and agencies.
(3) Identifies all key project personnel that have experience related to the proposed activities of this project. Proposed staff also have expertise in memorandums of understanding or data sharing agreements, ensuring confidentiality, web security, data programming and data security.
(4) Describes the extent to which key personnel have adequate time devoted to the staff based on the proposed activities. At least one 1.5 FTEs of effort for data systems, analysis and data quality improvement.
(5) The applicant performs a major substantive role in carrying out the proposed project; subcontracts awarded under this initiative to another party should be clear and well justified.
(6) The degree to which the applicant described its parent agency mission and scope of current activity.
(7) An organizational chart is included (Attachment 5). The applicant describes an organizational structure adequate to implementing and conducting project activities and developing and sustaining relationships between the project and

other organizations whose assistance is necessary to plan, implement, and achieve project goals and outcome objectives.

(8) Demonstrates adequate infrastructure and capacity to implement the project and achieve the project outcomes, including prior experience and capability in providing training and technical support that is national in scope on a variety of MCH issues, mortality review related topics, and in the programmatic areas of expertise, specifically the CDR process.

(9) Adequacy of physical space and resources, including information technologies, data security, and web interface, available for conducting project activities.

(10) Demonstrates the capacity to establish and maintain memorandums of understanding or data sharing agreements with states or community teams or programs, ensuring case confidentiality and web security as well as database management and security.

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

The reasonableness of the proposed budget for each year of the project period 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 extent to which key personnel have adequate time devoted to the project to achieve project objectives**.**

PROGRAM REVIEW SUB-CRITERIA

Category I- Fetal and Infant Mortality Review Program

The extent to which the application demonstrates and describes:

(1) A detailed budget request and justification for each year of the 4-year project period.

(2) Degree to which the budget justification documents logically and in adequate detail how and why each line item request (such as personnel, travel, equipment, supplies, information technology, and contractual services) supports the objectives and activities of the proposed project.

(3) Degree to which the budget addresses data collection/quality improvement, leadership, training and technical support, dissemination of findings and translation into practice/programs. The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.

(4) Degree to which the estimated cost to the government of the project is reasonable, considering the proposed staff and its anticipated activities and results. The extent to which key personnel have adequate time devoted to the project to achieve project objectives. The extent to which the budget clearly justifies proposed staff, contracts, and other resources.

(5) Degree to which the applicant performs a major substantive role in carrying out the proposed project; that is, a contract is not used as a conduit for an award under this initiative to another party.

(6) Applicant provides justification on the percentage of the staffing plan that will need to be accomplished through contracts versus in-house.

Category II- Child Death Review Program

(1) Degree to which the budget justification logically documents and adequately details how and why each line item request (such as personnel, travel, equipment, supplies, information technology, and contractual services) supports the objectives and activities of the proposed project. The extent to which the budget clearly justifies proposed staff, contracts, and other resources.
(2) Degree to which the evidence that the estimated cost to the government of the project is reasonable given the scope of work, considering the proposed staff and its anticipated activities and results.
(3) The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
(4) The extent to which the applicant provides justification for the percentage of the staffing plan that will need to be accomplished through contracts versus in-house.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. In addition to the ranking based on merit criteria, HRSA approving officials may also apply other factors in award selection (e.g., geographical distribution), if specified below in this NOFO. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

See Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

3. Assessment of Risk and Other Pre-Award Activities

The Health Resources and Services Administration may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other requirements (45 CFR § 75.205).

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

determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

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

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS (45 CFR § 75.212).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of July 1, 2018.

VI. Award Administration Information

1. Award Notices

HRSA anticipates that it will issue the Notice of Award prior to the start date of July 1, 2018. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.2 of HRSA's *SF-424 Application Guide*.

3. Reporting

The new Discretionary Grant Information System (DGIS) reporting system will continue to be available through the Electronic Handbooks (EHBs). HRSA enhanced the DGIS and these improvements are available for recipient reporting as of October 1, 2017. HRSA will communicate with recipients and provide instructions on how to access the system for reporting. HRSA will also provide technical assistance via webinars, written guidance, and one-on-one sessions with an expert, if needed.

The updated and final reporting package incorporating all OMB-accepted changes can be reviewed at (OMB Number: 0915-0298 Expiration Date: 06/30/2019):

https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection.

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

(1) **Progress Report(s)**. The recipient must submit a progress report to HRSA on an **annual** basis, which should address progress against program outcomes, including any expected outcomes in the first year of the program. Further information will be provided in the Notice of Award.

(2) **Final Report Narrative.** The recipient must submit a final report narrative to HRSA after the conclusion of the project. More information will be provided at a later date by the federal project officers.

(3) **Performance Reports.** HRSA has modified its reporting requirements for Special Projects of Regional and National Significance projects, Community Integrated Service Systems projects, and other grant/cooperative agreement programs to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). GPRA requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act.

a) Performance Measures and Program Data

To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program can be found below.

Category I- Fetal and Infant Mortality Review Program:

https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UG7_2.HTML

Updated DGIS Performance Measures, Numbering by Domain *(All Performance Measures are revised from the previous OMB package)*			
Performance Measure	**New/Revised Measure**	**Prior PM Number (if applicable)**	**Topic**
Core			
Core 1	New	N/A	Grant Impact
Core 2	New	N/A	Quality Improvement
Core 3	New	N/A	Health Equity – MCH Outcomes
Capacity Building			
CB 1	New	N/A	State Capacity for Advancing the Health of MCH Populations
CB 2	New	N/A	Technical Assistance
CB 3	New	N/A	Impact Measurement
CB 4	New	N/A	Sustainability
CB 5	Revised	3, 4	Scientific Publications
CB 6	New	N/A	Products
Perinatal Infant Health			
PIH 1	New	N/A	Safe Sleep

Category II- Child Death Review Program:

https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UG7_3.HTML

Updated DGIS Performance Measures, Numbering by Domain *(All Performance Measures are revised from the previous OMB package)*			
Performance Measure	**New/Revised Measure**	**Prior PM Number (if applicable)**	**Topic**
Core			
Core 1	New	N/A	Grant Impact
Core 2	New	N/A	Quality Improvement
Core 3	New	N/A	Health Equity – MCH Outcomes
Capacity Building			
CB 1	New	N/A	State Capacity for Advancing the Health of MCH Populations
CB 2	New	N/A	Technical Assistance
CB 3	New	N/A	Impact Measurement
CB 5	Revised	3, 4	Scientific Publications
CB 6	New	N/A	Products
Child Health			
CH 4	New	N/A	Injury Prevention
Adolescent Health			
AH 2	New	N/A	Injury Prevention
Perinatal Infant Health			
PIH 1	New	N/A	Safe Sleep

b) Performance Reporting Timeline

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

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

c) Project Period End Performance Reporting

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

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

VII. Agency Contacts

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

Marc Horner
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10N23
Rockville, MD 20857
Telephone: (301) 443-4888
Email: MHorner@hrsa.gov

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

Category I- Fetal and Infant Mortality Review Program

Madelyn Reyes, DNP, MA, MPA, RN
Division of Healthy Start and Perinatal Services
Attn: Fetal and Infant Mortality Review Program
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18NWH04
Rockville, MD 20857
Telephone: (301) 443- 9991
Fax: (301) 594-0186
Email: mreyes1@hrsa.gov

Category II- Child Death Review Program
Diane Pilkey, RN MPH
Division of Child, Adolescent and Family Health
Attn: Child Death Review Program
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18NWH04
Rockville, MD 20857
Telephone: (301) 443- 8927
Fax: (301) 443-1296
Email: Dpilkey@hrsa.gov

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

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

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

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

VIII. Other Information

Logic Models

Additional information on developing logic models can be found at the following website: http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf.

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

Technical Assistance

HRSA has scheduled the following technical assistance webinar:

Webinar

Day and Date: Tuesday, February 20, 2018
Time: 2 - 3 p.m. ET
Call-In Number: 1-866-917-4660
Participant Code: 68594605
Weblink: https://hrsa.connectsolutions.com/r5u7cuebcsr/

A recorded archive of this webinar will be posted on http://www.hrsa.gov/grants/.

IX. Tips for Writing a Strong Application

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