

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Health Resources & Services Administration

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

Maternal and Child Health Workforce Development Center Program

Funding Opportunity Number: HRSA-21-043
Funding Opportunity Type(s): Competing Continuation, New
Assistance Listings (CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: April 6, 2021

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

Issuance Date: January 4, 2021

Michelle Tissue, MPH
Supervisory Public Health Analyst
Telephone: (301) 443-6853
Email: MTissue@hrsa.gov

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Maternal and Child Health (MCH) Workforce Development Center Program. The purpose of this program is to strengthen the practicing and future MCH workforce by providing training and collaborative learning for State Title V Maternal and Child Health Services Block Grant Program leaders and staff. Training will focus on three key topic areas related to health transformation, including ongoing implementation of the Title V Block Grant: (1) systems integration; (2) change management and adaptive leadership; and (3) evidence-based decision making.

Also in this notice is the opportunity to apply for additional funding to support *Building Capacity to Advance Population Health Approaches for Children and Youth with Special Health Care Needs (CYSHCN)*. Applying for additional funding to support *Building Capacity to Advance Population Health Approaches for CYSHCN* is optional.

Funding Opportunity Title:	Maternal and Child Health Workforce Development Center Program
Funding Opportunity Number:	HRSA-21-043
Due Date for Applications:	April 6, 2021
Anticipated Total Annual Available FY 2021 Funding:	MCH Workforce Development Center: \$1,720,000 Additional Funding - Building Capacity to Advance Population Health Approaches for Children and Youth with Special Health Care Needs (CYSHCN): \$250,000
Estimated Number and Type of Award(s):	MCH Workforce Development Center: Up to one cooperative agreement Additional Funding - Building Capacity to Advance Population Health Approaches for CYSHCN: Up to one MCH Workforce Development Center recipient may receive this additional funding
Estimated Award Amount:	MCH Workforce Development Center: Up to \$1,720,000 Additional Funding - Building Capacity to Advance Population Health Approaches for CYSHCN: Up to \$250,000 for the budget period September 1, 2021 through August 31, 2022

Cost Sharing/Match Required:	No
Period of Performance:	<p>MCH Workforce Development Center: September 1, 2021 through August 31, 2026 (5 years)</p> <p>Additional Funding - Building Capacity to Advance Population Health Approaches for CYSHCN: September 1, 2021 through August 31 2022 (1 year)</p>
Eligible Applicants:	<p>Domestic public or nonprofit private institutions of higher learning may apply for MCH training grants. See 42 CFR § 51a.3(b).</p> <p>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>

Application Guide

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

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Thursday, January 14, 2021
Time: 1–2 p.m. ET
Call-In Number: 1-888-989-4421
Participant Code: 4023609
Weblink: <https://hrsa.connectsolutions.com/r5lmf5omnzfu/>

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

Table of Contents

I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION	1
1. PURPOSE	1
2. BACKGROUND.....	1
II. AWARD INFORMATION.....	4
1. TYPE OF APPLICATION AND AWARD	4
2. SUMMARY OF FUNDING	5
III. ELIGIBILITY INFORMATION	6
1. ELIGIBLE APPLICANTS	6
2. COST SHARING/MATCHING.....	6
3. OTHER	6
IV. APPLICATION AND SUBMISSION INFORMATION	7
1. ADDRESS TO REQUEST APPLICATION PACKAGE	7
2. CONTENT AND FORM OF APPLICATION SUBMISSION	7
i. <i>Project Abstract</i>	8
ii. <i>Project Narrative</i>	9
iii. <i>Budget</i>	16
iv. <i>Budget Justification Narrative</i>	17
v. <i>Attachments</i>	18
3. DUN AND BRADSTREET DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER TRANSITION TO THE UNIQUE ENTITY IDENTIFIER (UEI) AND SYSTEM FOR AWARD MANAGEMENT (SAM)	20
4. SUBMISSION DATES AND TIMES	21
5. INTERGOVERNMENTAL REVIEW.....	21
6. FUNDING RESTRICTIONS	21
V. APPLICATION REVIEW INFORMATION.....	22
1. REVIEW CRITERIA	22
2. REVIEW AND SELECTION PROCESS	25
3. ASSESSMENT OF RISK	26
VI. AWARD ADMINISTRATION INFORMATION.....	26
1. AWARD NOTICES.....	26
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS	26
3. REPORTING	28
VII. AGENCY CONTACTS	29
VIII. OTHER INFORMATION.....	30
APPENDIX: MCH WORKFORCE DEVELOPMENT CENTER PROGRAM LOGIC MODEL ..	31

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Maternal and Child Health (MCH) Workforce Development Center Program (the Center). The purpose of the program is to strengthen the practicing and future MCH workforce by providing training and collaborative learning for State Title V Maternal and Child Health Services Block Grant Program leaders and staff. Training will focus on three key topic areas related to health transformation¹, including ongoing implementation of the Title V Block Grant: (1) systems integration; (2) change management and adaptive leadership; and (3) evidence-based decision making.

The objectives of the program are to (1) coordinate and implement a national training strategy to address all three key topic areas within the Center's purview; (2) develop and offer multiple modalities of training to Title V leaders and staff, emphasizing project-based, collaborative learning for cross-sector state teams and real-time application of knowledge and skills in an MCH context; (3) support summer practicum/internship placements for the future Title V workforce (undergraduate and graduate students); and (4) establish and strengthen academic-practice partnerships with state Title V Programs and national public health practice partners.

Also in this notice is the opportunity to apply for additional funding to support *Building Capacity to Advance Population Health Approaches for Children and Youth with Special Health Care Needs (CYSHCN)*. Applying for additional funding to support *Building Capacity to Advance Population Health Approaches for CYSHCN* is optional.

2. Background

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

Need for the MCH Workforce Development Center Program

The 2017 Public Health Workforce Interests and Needs Survey (PH WINS) data show that only 14 percent of the state and local governmental MCH workforce has received formal training in public health, 25 percent of this workforce plan to leave their position in the next year, and 22 percent intend to retire in the next 5 years.² A qualitative analysis of Fiscal Year (FY) 2018 Title V Block Grant Application/Annual Reports also highlights challenges with retention of qualified staff, an aging workforce, and ongoing barriers to accessing training.³ As Title V leaders and staff continue to navigate evolving health care and public health systems, there is a need to prepare and strengthen the MCH workforce to implement the HRSA-funded Title V MCH Block Grant and drive improvements in MCH population health.

¹ Margolis, L., Mullenix, A., Apostolico, A. A., Fehrenbach, L. M., & Cilenti, D. (2017). Title V Workforce Development in the Era of Health Transformation. *Maternal and Child Health Journal*, 21(11), 2001-2007. doi:10.1007/s10995-017-2335-7

² Public Health Workforce Interests and Needs Survey 2017 National Findings. (2019, October). Retrieved from <https://www.debeaumont.org/ph-wins/>

³ State Application/Annual Report. (2018). Retrieved September 20, 2020, from <https://mchb.tvisdata.hrsa.gov/Home/StateApplicationOrAnnualReport>

The 2017 PH WINS results show that over 50 percent of the MCH workforce expressed skill gaps in systems and strategic thinking, and change management. The survey also highlighted ongoing workforce development needs related to the collection and use of data for decision-making.⁴ The September 2020 revision to the [10 Essential Public Health Services](#) reaffirms the need for technical, strategic, and leadership skills at all levels of the public health workforce.⁵

The Center's focus areas will continue to be responsive to identified MCH workforce needs by building capacity across three key areas:

- 1) **Systems Integration:** Title V of the Social Security Act charges states with developing integrated MCH service delivery systems. To effectively develop integrated clinical and public health systems and improve population health, Title V leaders and staff must have the capacity to identify and understand the multiple systems contributing to MCH problems.⁶ Additionally, as Title V Programs move forward with developing and implementing their updated 5-year State Action Plans, the MCH workforce must have skills to work across sectors to build partnerships, leverage resources, and implement programs to address complex systemic challenges.⁷
- 2) **Change Management and Adaptive Leadership:** Title V leaders and staff continue to face dynamic, complex challenges that require capacity to quickly adapt and effectively manage and communicate change.⁸ Transformation in Title V, including an ongoing shift from the provision of direct services to population health approaches, necessitates an MCH workforce that can understand and adopt change to improve efficiency and effectiveness.⁹ Ongoing changes also require adaptive leadership skills to help individuals and organizations through times of uncertainty. Adaptive challenges are dynamic, hard to identify, and do not have a linear solution.^{10,11} As Title V leaders and staff navigate dynamic, multi-sector challenges, the workforce also needs skills to think creatively and innovatively about new approaches to solve complex MCH problems.¹²

⁴ Margolis, L., Mullenix, A., Apostolico, A. A., Fehrenbach, L. M., & Cilenti, D. (2017). Title V Workforce Development in the Era of Health Transformation. *Maternal and Child Health Journal*, 21(11), 2001-2007. doi:10.1007/s10995-017-2335-7

⁵ 10 Essential Public Health Services Futures Initiative Task Force. 10 Essential Public Health Services. September 9, 2020. <https://phnci.org/uploads/resource-files/EPHS-English.pdf>

⁶ National Consortium for Public Health Workforce Development. Building skills for a more strategic public health workforce: a call to action. 2017. Available at: <https://www.debeaumont.org/wp-content/uploads/Building-Skills-for-a-More-Strategic-Public-Health-Workforce.pdf>. Accessed September 21, 2020.

⁷ Bogaert, K., Castrucci, B. C., Gould, E., Rider, N., Whang, C., & Corcoran, E. (2019). Top Training Needs of the Governmental Public Health Workforce. *Journal of Public Health Management and Practice*, 25. doi:10.1097/phh.0000000000000936

⁸ Raskind, I.G., Chapple-McGruder, T., Mendez, D.D. *et al.* MCH Workforce Capacity: Maximizing Opportunities Afforded by a Changing Public Health System. *Maternal Child Health J* 23, 979–988 (2019). <https://doi.org/10.1007/s10995-018-02728-7>

⁹ Lee, T. P. (2017). Discussing Change Management in Public Health. Retrieved from <https://phnci.org/journal/discussing-change-management-in-public-health>

¹⁰ Heifetz, R., & Grashow, A. (2009). The Theory Behind the Practice. In *The practice of adaptive leadership: Tools and tactics for changing your organization and the world*. Boston, Mass.: Harvard Business Press.

¹¹ MCH Navigator Public Health Pronto: Module 10.1. (2017). Retrieved from <https://www.mchnavigator.org/pronto/competency-10-1.php>

¹² Locke, R., Castrucci, B. C., Gambatese, M., Sellers, K., & Fraser, M. (2019). Unleashing the Creativity and Innovation of Our Greatest Resource—The Governmental Public Health Workforce. *Journal of Public Health Management and Practice*, 25. doi:10.1097/phh.0000000000000973

- 3) **Evidence-Based Decision Making:** The public health workforce continues to report competency gaps in using evidence to drive program planning and implementation.^{13,14} As Title V Programs develop a 5-year State Action Plan and select evidence-based or [evidence-informed](#) strategies to address MCH priority needs¹⁵, the MCH workforce needs capacity to align program portfolios with evidence-based approaches. Additionally, the Title V workforce must be able to demonstrate the results¹⁶ of state-selected evidence-based strategies, including designing effective quantitative and qualitative evaluations and effectively communicating results to cross-sector partners, stakeholders, and policy makers.¹⁷ Title V leaders also need skills to align and maximize resources (e.g., budgets and personnel) to support the selection, adaptation, implementation, and evaluation of evidence-based programs.¹⁸

About the MCH Workforce Development Center Program

HRSA currently funds one MCH Workforce Development Center Program. Since 2013, the Center has provided project-based, intensive capacity building and coaching to 45 states and jurisdictions, reaching over 1,300 Title V leaders/staff and their key cross-sector partners.¹⁹ Eighty-nine percent of Title V participants reported enhanced skills for their state staff and leaders, and 100 percent of Title V participants reported strengthened cross-sector collaborations. Ninety-two percent of participants indicated that trainings helped them engage with cross-sector partners, including Medicaid, Accountable Care Organizations (ACOs), and primary care providers, and more meaningfully lead their states in health transformation activities.

The Center's tools and trainings also advance long-term programmatic and policy outcomes. For example, Title V staff and leaders in Guam worked with the Center to build process flow mapping skills. These skills were applied to build an island-wide Developmental and Behavioral Screening System to identify children who may be at risk of a developmental delay or disability. As a result, the percent of Medicaid enrollees less than a year old who were screened at least once increased from 11 percent in 2014 to 44 percent in 2016.

Since 2014, the Center has also enhanced the knowledge and skills of the future Title V workforce by placing nearly 100 undergraduate and graduate students in Title V agencies, to provide them with [experiential training and exposure to Title V careers](#). Following their internship experience, students reported more confidence in their ability

¹³ Margolis, L., Mullenix, A., Apostolico, A. A., Fehrenbach, L. M., & Ciletti, D. (2017). Title V Workforce Development in the Era of Health Transformation. *Maternal and Child Health Journal*, 21(11), 2001-2007. doi:10.1007/s10995-017-2335-7

¹⁴ Jacob, R., Baker, E., Allen, P., Dodson, E., Duggan, K., Fields, R., Brownson, R. (2014). Training needs and supports for evidence-based decision making among the public health workforce in the United States. *BMC Health Services Research*, 14(564). August 30, 2020, from <http://www.biomedcentral.com/1472-6963/14/564>

¹⁵ Lu, M., Lauver, C., Dykton, C., Kogan, M., Lawler, M., Watters, K., & Wilson, L. (2015). Transformation of the Title V Maternal and Child Health Services Block Grant. *Maternal and Child Health Journal*. Retrieved August 21, 2020.

¹⁶ Friedman, M. (2009). Results-based Accountability: Producing Measurable Improvements for Customers and Communities. OECD.

¹⁷ Evidence-Informed Public Health: National Collaborating Centre for Methods and Tools. (n.d.). Retrieved from <https://www.nccmt.ca/tools/eiph>

¹⁸ Margolis, L., Mullenix, A., Apostolico, A. A., Fehrenbach, L. M., & Ciletti, D. (2017). Title V Workforce Development in the Era of Health Transformation. *Maternal and Child Health Journal*, 21(11), 2001-2007. doi:10.1007/s10995-017-2335-7

¹⁹ National MCH Workforce Development Center Impact. (2020, February 05). Retrieved from <https://mchwdc.unc.edu/impact/>

to contribute to improvements in MCH population health, and being more prepared to enter the workforce.²⁰

Title V of the Social Security Act

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

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

II. Award Information

1. Type of Application and Award

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

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

HRSA program involvement will include:

- In addition to the usual monitoring and technical assistance provided under the cooperative agreement, MCHB responsibilities will include the following:
 - Make available the services of experienced HRSA/MCHB personnel as participants in the planning and development of all phases of the project;
 - Ongoing review of activities and procedures to be established and implemented for accomplishing the goals of the cooperative agreement;
 - Participate, as appropriate, in conference calls, meetings, and technical assistance sessions conducted during the period of the cooperative agreement;
 - Review of project information prior to dissemination;
 - Assist with and provide referrals for the establishment and facilitation of effective collaborative relationships with federal and state agencies, MCHB award projects, resource centers, and other entities that may be relevant to the project's mission;
 - Provide information and training resources; and

²⁰ Handler, Arden, et al. "Innovations in Maternal and Child Health: Pairing Undergraduate and Graduate Maternal and Child Health Students in Summer Practica in State Title V Agencies." *Maternal and Child Health Journal*, vol. 22, no. 2, 2018, pp. 154–165., doi:10.1007/s10995-017-2412-y.

- Participate with the award recipient in the dissemination of project findings, products, best practices, and lessons learned from the project.

The cooperative agreement recipient's responsibilities will include:

- Complete activities proposed in response to the Program Activities section of this notice of funding opportunity (NOFO);
- Provide the federal project officer with the opportunity to review and discuss any publications, audiovisuals, and other materials produced under the auspices of this cooperative agreement;
- Consult with the federal project officer at the time of concept development of materials and include review of drafts and final products;
- Adhere to HRSA guidelines pertaining to acknowledgment and disclaimer on all products produced with HRSA award funds;
- Participate in meetings and conference calls with HRSA conducted during the period of this cooperative agreement; and
- Collaborate with HRSA on ongoing review of activities, procedures, and budget items.

2. Summary of Funding

HRSA estimates approximately \$1,720,000 to be available annually to fund up to one recipient. You may apply for a ceiling amount of up to \$1,720,000 total cost (includes both direct and indirect, facilities, and administrative costs) per year for the MCH Workforce Development Center Program.

Approximately \$250,000 in additional funding is expected to be available in the first budget period (September 1, 2021 through August 31, 2022) to support Building Capacity to Advance Population Health Approaches for Children and Youth with Special Health Care Needs (CYSHCN). You may apply for a ceiling amount of up to \$250,000 total costs (includes both direct and indirect (facilities and administrative) costs) in the first budget period for the Building Capacity to Advance Population Health Approaches for CYSHCN.

You may apply for a ceiling amount of up to \$1,970,000 in the first budget period (September 1, 2021 through August 31, 2022) if you are applying for the MCH Workforce Development Center Program AND additional funding to support Building Capacity to Advance Population Health Approaches for CYSHCN.

The period of performance is September 1, 2021 through August 31, 2026 (5 years) for the MCH Workforce Development Center Program. Funding beyond the first year is subject to the availability of appropriated funds for the MCH Workforce Development Center 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](#).

Type of Award	Estimated Number of Awards	Estimated Annual Amount of Award Per Recipient	Anticipated Annual Total Availability of Funds
MCH Workforce Development Center Program	1	\$1,720,000	\$1,720,000
Additional Funding - Building Capacity to Advance Population Health Approaches for CYSHCN	1 recipient in the first budget period (September 1, 2021 through August 31, 2022)	\$250,000	\$250,000

Limitations on indirect cost rates

Indirect costs under training awards to organizations other than state, local, or Indian tribal governments will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, and subawards and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

III. Eligibility Information

1. Eligible Applicants

Only domestic public and nonprofit private institutions of higher learning may apply for training grants (See 42 CFR § 51a.3(b)).

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

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

IV. Application and Submission Information

1. Address to Request Application Package

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

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for each NOFO you are reviewing or preparing in the workspace application package in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

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

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

Application Page Limit

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

MCH Workforce Development Center Program	80 pages
Building Capacity to Advance Population Health Approaches for CYSHCN	5 pages

The page limit for the MCH Workforce Development Center Program includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA’s [SF-424 R&R Application Guide](#) and this NOFO. The page limit for the Building Capacity to Advance Population Health Approaches for CYSHCN additional funding includes the project narrative, budget narrative, and any other descriptive information. Standard OMB-approved forms that are included in the workspace application package do not count in

the page limit. Biographical sketches **do** count in the page limitation. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-043, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
- 3) Where you are unable to attest to the statements in this certification, an explanation shall be included in *Attachment #6-15: Other Relevant Documents*.

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

Program-Specific Instructions

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

i. Project Abstract

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

Abstract content:

PROBLEM: Briefly state the principal needs and problems which are addressed by the project.

GOAL(S) AND OBJECTIVES: Identify the major goal(s) and objectives for the period of performance.

METHODOLOGY: Describe the programs and activities used to attain the objectives.

COORDINATION: Describe the coordination planned with appropriate national, regional, state, and/or local health agencies to implement the proposed project.

EVALUATION: Briefly describe the evaluation methods to be used to assess program outcomes and the effectiveness and efficiency of the project in attaining goals and objectives.

ANNOTATION: Provide a three- to a five-sentence description of your project that identifies the project's purpose, the needs and problems which are addressed, the goals and objectives of the project, the activities which will be used to attain the goals, and the materials which will be developed.

ii. **Project Narrative**

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

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

- **INTRODUCTION** -- Corresponds to Section V's Review [Criterion #1: Need](#)
Briefly describe the purpose of the proposed project.
- **NEEDS ASSESSMENT** -- Corresponds to Section V's Review [Criterion #1: Need](#)
Briefly describe the background of the proposal by critically evaluating the national and MCH-specific need/demand for workforce development in the three focus areas (systems integration, change management/adaptive leadership, and evidence-based decision making).

Concisely state the importance of the project by documenting its potential to meet the purpose of the program described in this NOFO and how a well-trained MCH workforce contributes to improvements in MCH population health outcomes.

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

Goals and Objectives

State the overall goal(s) and specific objectives of the project. Include a description of how the proposed goals and objectives respond to the stated need/purpose for this project and how the project will address identified workforce development gaps for Title V MCH leaders and staff. The objectives should be specific, measurable, achievable, relevant, and time-oriented (SMART) with specific outcomes for each project year which are attainable in the stated time frame.

Training Plan

Describe a comprehensive plan for the development and delivery of training and technical assistance for Title V leaders and staff. Include a detailed outline of training opportunities, content, modalities, and competencies across the period of performance as **Attachment 1**.

Your training plan should include the following elements:

a. *Training Opportunities and Reach*

Describe opportunities for Title V leaders and staff to engage with the Center through short- and long-term training experiences, including but not limited to:

1. Universal training: Exposure and access to basic principles in the three focus areas through self-paced, distance learning. Universal training should be accessible for Title V leaders and staff from all 59 states and jurisdictions.
2. Intensive training: Comprehensive training, in-depth technical assistance, and coaching provided to teams of Title V staff and cross-sector partners through a multi-month engagement, with a focus on the application of knowledge and skills to state-specific projects, including implementation of Title V State Action Plans.
 - Present a plan to engage at least **150 Title V staff from 30 states or jurisdictions** in intensive training opportunities by the end of the period of performance.
 - The Title V workforce (leaders and staff) should compose **at least 50 percent** of each state team. Describe a plan to encourage the involvement of diverse perspectives on each state team, including family representatives. Describe how you will obtain the support of Title V leadership prior to participation and how you will sustain team members' participation over the multi-month training period.
 - Discuss how the Center's intensive services will be tailored for each participating state/jurisdiction based on current workforce capacity, identified MCH priorities, and other state-specific factors that may influence the provision of training and technical assistance.

HRSAMCHB encourages you to propose additional, innovative, cross-sector opportunities to build the capacity of Title V professionals and extend the reach of the Center over the period of performance.

b. *Training Content*

Outline the training content for each of the three focus areas ([systems integration](#), [change management/adaptive leadership](#), and [evidence-based decision making](#)), including how the content will align to universal and intensive training opportunities. Discuss how engaging the Title V workforce in training and applied learning across the three areas will build capacity, maximize the impact of training experiences, and enhance implementation of Title V activities, including State Action Plans.

Discuss how you will ensure the training content developed over the period of performance does not duplicate existing public health trainings, such as materials developed by [DMCHWD training programs](#), [Public Health Training Centers](#), [MCH Navigator](#), and [Strengthen the Evidence Base for MCH Programs](#). Discuss how

training content can be shared with and adapted to curriculum in MCHB-funded graduate education programs as they train future Title V professionals.

Describe a plan to develop training content to meet ongoing and emerging priorities aligned with the Center's focus areas over the period of performance, such as health equity, applied implementation science²¹, and family engagement.

c. Training Delivery Methods

Describe how you will offer participants a variety of capacity-building experiences which are interdisciplinary in nature, grounded in adult learning principles, and utilize multiple modalities (e.g., distance learning, blended learning [combining distance with in-person learning], in-person, peer-to-peer learning, comprehensive/in-depth trainings) to meet the needs of the target audience. You may consider using tailored, one-on-one consultations and technical assistance with Title V agencies to accomplish your proposed workforce development activities.

Describe how your proposed intensive training delivery method(s) will provide an opportunity to enhance and apply skills in a project-based, real-world context and with attention to applied implementation to drive the translation of evidence to practice.

d. Competencies

Identify the competencies expected of learners upon completing training activities, aligned to the intensity and modality of the training engagement. Indicate how the expected competencies align with key public health frameworks, including the [MCH Leadership Competencies](#), the de Beaumont Foundation's [Strategic Skills](#), and [foundational skills](#) for achieving the Title V National Performance Measures.

e. Outreach and Recruitment Strategy

Provide a detailed description of how you will recruit Title V leaders and staff to participate in the Center's universal and intensive training opportunities, and how outreach and recruitment activities will support sufficient reach to make a national impact.

Propose a plan for selecting states to participate in intensive training activities.

Describe efforts to recruit [states and jurisdictions](#) who have not previously worked with the Center and how you will ensure geographic diversity of participating states.

f. Engagement with Title V

Describe how you will engage Title V practice professionals in the design and delivery of training on an ongoing basis to ensure training content and modalities continue to meet the needs of the target audience. You may consider convening an advisory committee comprised, in part, of the target audience to assure

²¹ Fleming, W. O., Apostolico, A. A., Mullenix, A. J., Starr, K., & Marqolis, L. (2019). Putting Implementation Science into Practice: Lessons from the Creation of the National Maternal and Child Health Workforce Development Center. *Maternal and Child Health Journal*, 23(6), 722-732. doi:10.1007/s10995-018-02697-x

activities are relevant and appropriate for Title V (MCH) program staff, and to continue to gather information about workforce development needs.

Training the Future Title V Workforce

Describe a plan to enhance the knowledge and skills of the future Title V workforce (undergraduate and graduate MCH students) and provide exposure to careers in state MCH work.

The plan should include self-paced, distance-learning opportunities in the core areas of the Center, and applied learning experiences through practicum or internship placements with Title V agencies. Highlight innovative methods you will use to support and develop the future Title V workforce.

Academic-Practice Partnerships

Document active, functioning, collaborative academic-practice partnerships with Title V MCH programs and other relevant state and local public and private sector programs. You must provide letters of support that demonstrate academic-practice partnerships in **Attachment 2**.

Describe how the Center will encourage Title V programs to strengthen academic-practice partnerships to advance evidence-based decision-making and to implement evidence-based programs and policies. Describe efforts to connect Title V Programs to faculty and/or trainees from local or regional academic institutions and [MCH Training Programs](#) through the Center's intensive training and how these partnerships can contribute to strengthening ongoing workforce development activities.

Ongoing Needs Assessment

Describe a plan to conduct an annual review of Title V workforce needs. Outline the sources for regularly monitoring needs and how the ongoing assessment will inform the continuous review and improvement of training content.

Describe a plan to contribute to the assessment of MCH workforce needs nationally, including how you engage with partners to ensure adequate data are available to inform MCH workforce strategic priorities.

Open Source Content and Collaboration with MCH Navigator

Describe a plan to ensure that all distance-based, self-paced training content that the Center produces is accessible online and free of charge. You are encouraged to use the existing, online learning platform through the [MCH Navigator](#), which will reduce duplication and enhance efficiencies for current and future Title V professionals.

- *WORK PLAN -- Corresponds to Section V's Review Criteria [#2 Response](#) and [#3 Evaluative Measures](#)*

Describe the activities or steps that you will use to achieve each of the objectives proposed in the Methodology section during the entire period of performance. Use a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in

planning, designing and implementing all activities, including developing the application. Include the work plan as **Attachment 3**.

Logic Models

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

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

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a timeline used during program implementation; the work plan provides the “how-to” steps.

See [Appendix: MCH Workforce Development Center Logic Model](#) for the overall logic model for the MCH Workforce Development Center, provided for informational purposes.

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

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

- **EVALUATION AND TECHNICAL SUPPORT CAPACITY** -- *Corresponds to Section V's Review Criteria #3 Evaluative Measures and #4 Impact*
Describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.

Provide a detailed evaluation plan describing how you will measure the effectiveness of training activities (universal, intensive, future Title V workforce)

and the effectiveness of the Center itself as a national training and technical assistance hub.

Describe how you will measure short-, intermediate, and long-term outcomes and how they can advance population health outcomes for MCH populations.

- Short-term and intermediate outcomes include, but are not limited to: increased engagement in workforce development activities by Title V staff and leaders in all 59 states and jurisdictions; increased knowledge and skill of future and practicing Title V workforce in the three core areas of the Center; and an increased number of cross-sector collaborations between Title V and key state and local partners.
- Long-term outcomes include, but are not limited to: enhanced workforce capacity to apply evidence to inform Title V work, to lead and work effectively in teams, and to work across systems to advance MCH outcomes; and strengthened, sustainable long-term collaborations between Title V and cross-sector partners to advance MCH outcomes.

Your evaluation plan should also highlight specific outcomes of interest for the future Title V workforce (undergraduate and graduate MCH students) and may include: increased knowledge of and exposure to Title V careers; strengthened leadership skills and capacity to engage in health transformation upon entry to graduate school or the MCH workforce (e.g., Title V agencies).

In addition, you should describe a plan to assess the impact of this program on enhancing academic-practice partnerships and the transfer of new and/or innovative methods for training and workforce development. Outcomes of interest may include, but are not limited to: increased translation of academic models (e.g., implementation science) into training for MCH public health practice, and increased translation of practice-informed learning materials into graduate education curricula for future Title V leaders.

Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. Describe the current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, 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 the delivery of training and technical assistance. Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

Dissemination and Sustainability

Document a plan for dissemination of Center products, methods, outcomes, and impact. Describe the extent to which project results may be national in scope and the degree to which the project activities are shared with other academic and practice partners, to strengthen the MCH workforce development efforts.

Describe special efforts to disseminate products and project results to MCH public health graduate education programs (including the [Centers of Excellence in Education, Science, and Practice Programs](#) the [MCH Public Health Catalyst Programs](#)), and the [MCH Navigator](#) to facilitate the bi-directional exchange of knowledge and best practices to prepare the future Title V workforce.

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

Propose a plan for project sustainability after the period of federal funding ends. HRSA expects recipients to sustain key elements of their projects, including distance-based learning opportunities and academic-practice partnerships, to extend the impact of federal funding.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criteria #5 Resources and Capabilities*

Organizational Structure and Capacity

Succinctly describe your organization's current mission, structure, and scope of current activities and how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations. Describe the administrative and organizational structure within which the program will function and clearly document where the Center is located organizationally within your entity. Describe briefly the physical setting(s) in which the program will take place. Faculty and staff office space, computer resources, and access to technology to deliver training must be available to the program. Discuss how the organization will properly account for the federal funds, and document all costs to avoid audit findings.

Document key academic and practice partnerships that will contribute to the Center's capacity to design, implement, and evaluate training in all three focus areas of the Center. Include a project organization chart, outlining the structure of the Center and key partnerships, as **Attachment 4**.

Demonstrate your expertise and knowledge in all three focus areas and describe your experience in creating, tailoring, and delivering online and applied learning training opportunities. Expertise, knowledge, and experience in the topic areas and in creating and delivering training content may be demonstrated through formal, strategic partnerships that will contribute to building capacity of the Title V workforce and you should highlight these in the organization chart (**Attachment 4**).

Describe your organization's knowledge and experience with incorporating implementation science best practices to drive the design and delivery of technical assistance and training.

Project Director and Faculty/Staff Qualifications

The project director is expected to be the person having direct, functional responsibility for the MCH Workforce Development Center Program. She/he should have demonstrated robust leadership in MCH public health, experience, and expertise in building capacity of the Title V workforce, and experience in developing and maintaining academic-practice partnerships to advance workforce development. **The project director is expected to commit a minimum of 30 percent time/effort, either grant-supported or in combination with in-kind support, to the MCH Workforce Development Center Program.** This cannot be a shared position.

Key personnel should have adequate time devoted to the project to achieve project objectives. Project personnel should also have experience working with state Title V MCH programs, expertise in successful academic-practice partnerships, and comprehensive knowledge of MCH issues and workforce development. Document staff capacity in adult learning theories and implementation science.

Include the staffing plan and job descriptions for key personnel in **Attachment 5**. However, upload the biographical sketches in the SF-424 RESEARCH & RELATED Senior Key Person Profile form that you can access in the Application Package under "Mandatory." Biographical sketches of the project director, key faculty, and staff should highlight qualifications (education, training, experience, publications, or other skills) in the subject areas described above. Job descriptions should include the qualifications necessary to meet the functional requirements of the position, not the particular capabilities or qualifications of a given individual.

iii. Budget

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

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

The Further Consolidated Appropriations Act, 2020 (P.L. 116-94), Division A, § 202 states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's [SF-424](#)

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

Indirect costs under training awards to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, and subawards and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

iv. Budget Justification Narrative

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

In addition, the MCH Workforce Development Center Program requires the following:

Your budget narrative must provide satisfactory details to fully explain and justify the resources needed to accomplish the proposed program objectives. This justification must provide explicit qualitative and quantitative documentation of required resources, productivity, and expected outcomes and should clearly document partnerships with academic and practice partners to carry out program activities.

NARRATIVE GUIDANCE	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (3) Evaluative Measures
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (4) Impact
Organizational Information	(5) Resources/Capabilities
Budget and Budget Justification Narrative	(6) Support Requested

v. **Attachments**

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment.**

Attachment 1: Training Outline

Provide a detailed outline of training opportunities, content, modalities, and associated competencies across the period of performance.

Attachment 2: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts

Provide documentation of active, functioning, collaborative academic-practice partnerships between the applicant organization, Title V MCH programs, and other relevant state and local public and private sector programs, as appropriate. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable(s). Make sure any letters of agreement are signed and dated.

Attachment 3: Work Plan and Logic Model

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

Attachment 4: Project Organizational Chart

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

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

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

Attachment 6: Building Capacity to Advance Population Health Approaches for CYSHCN – (OPTIONAL: NOT SCORED DURING OBJECTIVE REVIEW. ATTACHMENT 6 DOES NOT COUNT AGAINST THE 80-PAGE LIMIT OF THE MCH WORKFORCE DEVELOPMENT CENTER APPLICATION.)

This attachment is only required if you are requesting additional funding. Applying for this additional funding does not impact the MCH Workforce Development Center Program application score. Additional funding will be finalized post-award.

Note: You must apply for the MCH Workforce Development Center Program in order to apply for this additional funding.

The *Building Capacity to Advance Population Health Approaches for CYSHCN* narrative **must be no longer than 5 pages**; this narrative (**Attachment 6**) does NOT count against the 80-page limit of the MCH Workforce Development Center Program application.

Additional funds should be used to convene a topic-specific applied learning opportunity for up to eight state Title V program teams in the first budget period (September 1, 2021 through August 31, 2022). The applied learning engagement will focus on building capacity in the Center's three focus areas as it relates to developing and implementing population health²² approaches for CYSHCN. Your plan should include the following:

1. a mechanism to recruit up to eight state Title V teams (Title V teams may include, but are not limited to, Title V CYSHCN program staff, families, epidemiologists, health care professionals, Leadership Education in Neurodevelopmental and Related Disabilities (LEND) staff, hospital systems, etc.);
2. a training curriculum that will help state Title V teams build capacity to refine, implement, evaluate, and scale-up population health approaches based on findings from the 5-year needs assessments and priorities for the CYSHCN population; and
3. proposed training modalities that will facilitate peer-to-peer work and interactions across state teams, including virtual and in-person training opportunities if possible.

Possible population approaches for state teams could include, but are not limited to, the following:

- Expanding telehealth across rural areas to increase access to pediatric specialty care
- Incorporating quality of life measures for CYSHCN and families in Medicaid Managed Care contracts
- Aligning state Medicaid priorities with State Title V CYSHCN program priorities
- Developing policy and payment structures with state payers (public and private) to facilitate health care transition from pediatric to adult care

You must document experience working with states to develop capacity to implement population health approaches for CYSHCN. Experience may be demonstrated through strategic partnerships.

A separate line item budget justification is required for the Building Capacity to Advance Population Health Approaches for CYSHCN additional funding. You may request up to \$250,000 inclusive of indirect costs for the proposed additional funding.

²² A population health strategy for Children and Youth with Special Health Care Needs (CYSHCN) intends to improve the health and well-being of an entire group or subgroup. These strategies occur at the policy or systems level and are measurable over time. They are designed to improve health equity and often focus on social and environmental factors.

Attachments 7–15: Other Relevant Documents

Include here any other documents that are relevant to the application

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the *DUNS number will be replaced by the UEI, a “new, non-proprietary identifier” requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following pages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration’s UEI Update](#).

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

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, if you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award and use that determination as the basis for making an award to another applicant.

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

*Currently, the Grants.gov registration process requires information in three separate systems:

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

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

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

In accordance with the Federal Government’s efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA’s application packages and the

updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at [SAM.gov](https://sam.gov).

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *April 6, 2021 at 11:59 p.m.ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 R&R Application Guide](#) for additional information.

5. Intergovernmental Review

The MCH Workforce Development Center Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than \$1,720,000 per year (inclusive of direct **and** indirect costs) for the MCH Workforce Development Center Program. If you are applying for the Building Capacity to Advance Population Health Approaches for CYSHCN additional funding, the budget for the additional funding may not exceed \$250,000 in the first budget period (September 1, 2021 through August 31, 2022), inclusive of direct **and** indirect costs. The maximum total budget is \$1,970,000 in the first budget period (September 1, 2021 through August 31, 2022) for applicants applying to the MCH Workforce Development Center Program **AND** the Building Capacity to Advance Population Health Approaches for CYSHCN additional funding.

Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division A of the Further Consolidated Appropriations Act, 2020 (P.L. 116-94) and Continuing Appropriations Act, 2021 and Other Extensions Act (P.L. 116-159) are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information. Awards will be made subsequent to enactment of the FY 2021 appropriation. The NOA will reference the FY

2021 appropriation act and any restrictions that may apply. Note that these or other restrictions will apply as required by law in subsequent appropriations acts for FY 2021.

Trainees or fellows receiving a stipend under the MCH Workforce Development Center Program must be a citizen or a non-citizen national of the United States or have been lawfully admitted for permanent residence, as evidenced by a currently valid Permanent Resident Card [USCIS Form I-551] or other legal verification of such status, by the start of the training grant, fellowship or traineeship, or award. A non-citizen national is a person who, although not a citizen of the United States, owes permanent allegiance to the United States.

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

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

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

V. Application Review Information

1. Review Criteria

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

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. The MCH Workforce Development Center Program has six review criteria. See the review criteria outlined below with specific detail and scoring points.

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

The extent to which the application demonstrates the problem and associated contributing factors to the problem.

- The quality and reasonableness of the proposed project purpose and how it will meet the purpose of the program described in this NOFO.
- Evaluation of the national and MCH-specific need/demand for workforce development in the three focus areas.

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

The extent to which the proposed project responds to the “Purpose” included in the program description. The extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives.

Sub-criteria Corresponding to Section IV's [Methodology](#) (20 points)

- The quality and reasonableness of the overall goals and specific objectives for the proposed project and how the proposed project will fill identified workforce development gaps.
- The quality of a training outline (**Attachment 1**) that includes training opportunities, content, modalities, and competencies.
- The quality and feasibility of the proposed short- and long-term training opportunities that will reach Title V staff and cross-sector partners nationally, including how the applicant will recruit and select states for training opportunities.
- The quality of a description of training content in each of the three focus areas (systems integration, change management/adaptive leadership, and evidence-based decision making) that aligns to short- and long-term training opportunities.
- The strength and clarity of a description to offer multiple modalities of training to meet the needs of the target audience and how proposed training modalities will provide opportunities for the application of skills.
- Sufficient description of expected competencies, as aligned to training intensity, modality, and key public health frameworks.
- The quality of a plan to increase the knowledge and skills of the future Title V workforce.
- The strength of academic-practice partnerships, as documented by letters of support (**Attachment 2**).
- The quality of a plan to assess Title V workforce needs annually to improve training content.
- The strength of a plan to ensure distance-based content is accessible online and free of charge.

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

- The quality and feasibility of a time-framed work plan (**Attachment 3**) that effectively describes the activities or steps to be used to achieve each of the objectives proposed in the methodology section and which demonstrates meaningful collaboration with key stakeholders.

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

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

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

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

- The quality of a logic model (**Attachment 3**) that effectively demonstrates the relationship among goals of the project, assumptions, inputs, target population, activities, outputs, short- and long-term outcomes, and utility for evaluation.
- The effectiveness and quality of an evaluation plan in addressing how the major goals and objectives of the project will be achieved, including how the applicant will measure the effectiveness of training activities and the Center as a training and technical assistance provider.
- The quality of a plan for measuring short-, intermediate, and long-term outcomes, including outcomes for the future Title V workforce and impact on MCH population health.
- The quality and reasonableness of plans for the data to be collected, methods for collection, and the manner in which data will be analyzed and reported, including attention to data quality assurance.
- Assigned project personnel have sufficient training and experience for refining, collecting, and analyzing data for evaluation.

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

The extent to which the proposed project has a public health impact and the project will be effective, if funded. This may include: the effectiveness of plans for dissemination of project results, the impact results may have on Title V professionals, the extent to which project results may be national in scope, and the sustainability of the program beyond the federal funding.

- The effectiveness of a plan for assessing the program's impact on academic-practice partnerships and the transfer of new and/or innovative methods for training and workforce development.
- A sufficiently detailed and targeted plan to disseminate the project's products, methodologies, and outcomes, including the extent to which the project products and results are national in scope and are shared with academic and practice partners.
- Demonstration of compliance with Section 508 requirements (if designing a publicly available website or online course material).
- The strength and reasonableness of a plan for project sustainability after the federal funding ends.

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

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

- The quality of a description of factors that contribute to the organization's ability to carry out required program activities and meet program expectations.
- Sufficient available resources – staff, space, and equipment – to carry out the project and sufficient description of how the organization will follow the approved plan, properly account for federal funds, and document costs to avoid audit findings.
- The effectiveness of the administrative and organizational structure within which the applicant will function, including an organizational chart that outlines key partnerships (**Attachment 4**).
- The extent to which the applicant organization demonstrates expertise and knowledge in all three focus areas of the Center and in creating and delivering online and applied learning opportunities.
- The project director has effectively demonstrated their qualifications and experience to lead the program.
- The quality and reasonableness of a staffing plan and job descriptions for key personnel (**Attachment 5**); the quality of the description of the experience, knowledge, and skills of project personnel to achieve project objectives; the extent to which key personnel have adequate time devoted to the project to achieve project objectives.

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

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

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

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's [SF-424 R&R Application Guide](#) for more details.

3. Assessment of Risk

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

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

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of September 1, 2021. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

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

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other

Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

Requirements of Subawards

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

Data Rights

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

Human Subjects Protection

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

- Please refer to instructions provided in HRSA's [SF-424 R&R Application Guide](#), Appendix Supplemental Instructions for Preparing the Protection of Human Subjects Section of the Research Plan and Human Subjects Research Policy for specific instructions on preparing the human subjects section of the application.
- Please refer to HRSA's [SF-424 R&R Application Guide](#) to determine if you are required to hold a Federal Wide Assurance (FWA) of compliance from the Office of Human Research Protections (OHRP) prior to award. You must provide your Human Subject Assurance Number (from the FWA) in the application. If you do not have an assurance, you must indicate in the application that you will obtain one from OHRP prior to award.
- In addition, you must meet the requirements of the HHS regulations for the protection of human subjects from research risks, including the following:
 - (1) discuss plans to seek IRB approval or exemption;
 - (2) develop all required

documentation for submission of research protocol to IRB; (3) communicate with IRB regarding the research protocol; (4) communicate about IRB's decision and any IRB subsequent issues with HRSA.

- IRB approval is not required at the time of application submission but must be received prior to initiation of any activities involving human subjects. Do not use the protection of human subjects section to circumvent the page limits of the [Methods](#) portion of the Project Narrative section.

3. Reporting

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

- 1) **DGIS Performance Reports.** Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report **annually**, by the specified deadline. To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are available at <https://grants4.hrsa.gov/DGISReview/FormAssignmentList/UE7.html>. The type of report required is determined by the project year of the award's period of performance.

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	9/1/2021 to 8/31/2026 <i>(administrative data and performance measure projections, as applicable)</i>	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	9/1/2021 to 8/31/2022 9/1/2022 to 8/31/2023 9/1/2023 to 8/31/2024 9/1/2024 to 8/31/2025	Beginning of each budget period (Years 2–4, as applicable)	120 days from the available date
c) Project Period End Performance Report	9/1/2025 to 8/31/2026	Period of performance end date	90 days from the available date

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

- 2) **Progress Report(s)**. The recipient must submit a progress report narrative to HRSA **annually** via the Non-Competing Continuation Renewal in the EHBs, which should address progress against program outcomes (e.g., accomplishments, barriers, significant changes, plans for the upcoming budget year). Submission and HRSA approval of a progress report will trigger the budget period renewal and release of each subsequent year of funding. Further information will be available in the NOA.
- 3) **Integrity and Performance Reporting**. The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

Please note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020.

VII. Agency Contacts

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

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

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

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

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

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

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

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

VIII. Other Information

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Thursday, January 14, 2021
Time: 1–2 p.m. ET
Call-In Number: 1-888-989-4421
Participant Code: 4023609
Weblink: <https://hrsa.connectsolutions.com/r5lmf5omnzu/>

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

Tips for Writing a Strong Application

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

Appendix: MCH Workforce Development Center Program Logic Model

PROGRAM PROCESS What is the planned work for the program?		PROGRAM OUTCOMES What are the program's intended results?	
ACTIVITIES (What will program inputs do?)	OUTPUTS / PRODUCTS (What will be created as a result of the activity?)	SHORT-TERM / INTERMEDIATE (What will change as a result of the product/system implemented?)	LONG-TERM / IMPACT (What will change if short-term / intermediate outcomes are achieved?)
Provide Title V leaders and staff a variety of capacity building opportunities in the three core areas of the Center, with an emphasis on applied learning.	Multiple modalities of training and capacity building available to Title V staff and leaders – including in-person and online training opportunities.	Increased engagement in workforce development activities by Title V staff and leaders in all 59 states and jurisdictions.	Enhanced workforce capacity to apply evidence to inform Title V work, to lead and work effectively in teams, and to work across systems to advance MCH outcomes.
Develop and provide access to online, self-paced learning for Title V leaders and staff and other MCH professionals, in partnership with the MCH Navigator.	At least 15 online, self-paced trainings developed and available on the MCH Navigator over the 5-year period of performance.	Increased access to training materials for future and practicing MCH professionals in the Center's core areas. Increased knowledge and skill of future and practicing MCH professionals (including Title V workforce) in the three core areas of the Center.	Increased capacity of MCH professionals to apply knowledge and skills in the Center's core areas to improve MCH outcomes.
Support teams of Title V staff and cross-sector partners in developing skills across core areas with an emphasis on project-based collaborative learning that allows for the application of skills in an MCH context.	At least 150 Title V staff from 30 states or jurisdictions are supported by the Center over the 5-year period of performance.	Increased knowledge and skill of future and practicing MCH professionals (including the Title V workforce) in the three core areas of the Center. Increased number of cross-sector collaborations between Title V and key state and local partners.	Enhanced workforce capacity to apply knowledge, skills, and evidence to inform Title V work, to lead and work effectively in teams, and to work across systems to advance MCH outcomes. Strengthened, sustainable long-term collaborations between Title V and cross-sector partners to advance MCH outcomes.

PROGRAM PROCESS What is the planned work for the program?		PROGRAM OUTCOMES What are the program's intended results?	
ACTIVITIES (What will program inputs do?)	OUTPUTS / PRODUCTS (What will be created as a result of the activity?)	SHORT-TERM / INTERMEDIATE (What will change as a result of the product/system implemented?)	LONG-TERM / IMPACT (What will change if short-term / intermediate outcomes are achieved?)
Provide undergraduate and graduate MCH students with hands-on experiences in Title V agencies through summer placements.	Undergraduate/graduate students placed in Title V agencies for hands-on experiences (over the 5-year period of performance).	<p>Increased knowledge of and exposure to Title V careers among undergraduate and graduate MCH students.</p> <p>Undergraduate and graduate students are entering graduate school or the MCH workforce (e.g., Title V agencies) with increased capacity to engage in health transformation and strengthened leadership skills.</p>	<p>Increased percentage of MCH graduates working in state and local MCH agencies.</p> <p>Increased capacity of the MCH workforce to apply knowledge and skills in the Center's core areas to improve MCH outcomes.</p>
Assess Title V workforce needs annually	Five (5) assessments of Title V workforce needs	Increased knowledge of Title V workforce needs.	Increased percentage of MCH trainings that are tailored to current and emerging Title V workforce needs.
Establish and maintain partnerships with Title V agencies and MCH organizations/partners.	Partnerships established with Title V Agencies and MCH organizations/partners.	Increased number and strength of academic-practice partnerships between the MCH Workforce Development Center and state Title V Programs and MCH organizations/partners.	<p>Increased translation of academic models (e.g. implementation science) into training for MCH public health practice.</p> <p>Increased translation of practice-informed learning materials into graduate education curricula for future Title V leaders.</p>