U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Expansion of the Family-to-Family Health Information Centers

Funding Opportunity Number: HRSA-18-115
Funding Opportunity Type: New
Catalog of Federal Domestic Assistance (CFDA) Number: 93.504

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Application Due Date: July 19, 2018

MODIFIED on June 19, 2018:
Revised Period of Performance Start Date

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: May 21, 2018

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Authority: Social Security Act, Title V, § 501(c) (42 U.S.C. § 701(c)), as amended by § 216 of the Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act of 2015 (P.L. 114-10), and § 50501 of the Bipartisan Budget Act of 2018 (P.L. 115-123).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2018 for the Expansion of the Family-to-Family Health Information Centers (F2F HIC) Program. The purpose of this program is to provide information, education, technical assistance, and peer support to families of children and youth with special health care needs and the professionals who serve them. This program will fund **one** F2F HIC in each of the following **five** United States (U.S.) Territories - American Samoa, Guam, Puerto Rico, the Northern Mariana Islands and the U.S. Virgin Islands; and up to **three** F2F HICs to serve American Indians/Alaska Natives.[1]

Funding Opportunity Title:	Expansion of the Family-to-Family Health Information Centers
Funding Opportunity Number:	HRSA-18-115
Due Date for Applications:	July 19, 2018
Anticipated Total Annual Available FY 2018 Funding:	Up to $774,000
Estimated Number and Type of Awards:	Up to eight grants
Estimated Award Amount:	Up to $96,750 per year dependent on the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 30, 2018 through May 31, 2022 (Up to 3 years and 8 months)

[1] Section 50501 of the Bipartisan Budget Act of 2018 (P.L. 115-123) provides authority and funding to develop Family-to-Family Health Information Centers in the U.S. Territories and to serve Indian tribes. The term "Indian tribe" is defined in this statute as having the same meaning as in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603), which defines the term "Indian Tribe" as "any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688), which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians." Accordingly, this NOFO will also refer to individuals of this population as American Indian and/or Alaska Native, as appropriate.

Eligible Applicants:	Eligible applicants for the Expansion of the Family-to-Family Health Information Centers program include any domestic public or private entity. Domestic faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply. Eligibility for this funding opportunity is limited to applicants within the five United States Territories (American Samoa, Guam, Puerto Rico, the Northern Mariana Islands and the U.S. Virgin Islands) and entities that will serve American Indian and/or Alaska Native tribes. See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide,* available online at 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, June 19, 2018
Time: 3 – 4 p.m. ET
Call-In Number: 866-662-1955
Participant Code: 9336249
Web link: https://hrsa.connectsolutions.com/f2f_hic/

Playback information will be available at
https://mchb.hrsa.gov/fundingopportunities/default.aspx

Table of Contents

I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION 1

1. PURPOSE 1
2. BACKGROUND 4

II. AWARD INFORMATION 6

1. TYPE OF APPLICATION AND AWARD 6
2. SUMMARY OF FUNDING 6

III. ELIGIBILITY INFORMATION 7

1. ELIGIBLE APPLICANTS 7
2. COST SHARING/MATCHING 7
3. OTHER 7

IV. APPLICATION AND SUBMISSION INFORMATION 8

1. ADDRESS TO REQUEST APPLICATION PACKAGE 8
2. CONTENT AND FORM OF APPLICATION SUBMISSION 8
i. Project Abstract *9*
ii. Project Narrative *9*
iii. Budget *16*
iv. Budget Narrative *16*
v. Program-Specific Forms *17*
vi. Attachments *17*
3. DUN AND BRADSTREET DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER AND SYSTEM FOR AWARD MANAGEMENT 18
4. SUBMISSION DATES AND TIMES 19
5. INTERGOVERNMENTAL REVIEW 19
6. FUNDING RESTRICTIONS 19

V. APPLICATION REVIEW INFORMATION 20

1. REVIEW CRITERIA 20
2. REVIEW AND SELECTION PROCESS 26
3. ASSESSMENT OF RISK AND OTHER PRE-AWARD ACTIVITIES 27
4. ANTICIPATED ANNOUNCEMENT AND AWARD DATES 27

VI. AWARD ADMINISTRATION INFORMATION 28

1. AWARD NOTICES 28
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS 28
3. REPORTING 28

VII. AGENCY CONTACTS 31

VIII. OTHER INFORMATION 30

I. Program Funding Opportunity Description

1. Purpose

This notice solicits applications for the Expansion of the Family-to-Family Health Information Centers (F2F HICs) Program in U.S. Territories and for American Indians/Alaska Natives. The purpose of this program is to provide information, education, technical assistance, and peer support to families of children and youth with special health care needs (CYSHCN) and the professionals who serve them. This program will fund **one** F2F HIC in each of the following **five** U.S. Territories - American Samoa, Guam, Puerto Rico, the Northern Mariana Islands and the U.S. Virgin Islands; and up to **three** F2F HICs to serve American Indians/Alaska Natives.

Program Goal
The goal of the Expansion of the F2F HICs Program is to promote optimal health for CYSHCN by helping families and health professionals to partner in health care decision-making and facilitating access to cost-effective, quality health care.

Program Objectives:
The recipients will be responsible for collecting data on these objectives for the purposes of monitoring and evaluating the overall effectiveness of the program. Baselines should be established for these measures within the first year of the award.

- By 2022, increase by 5 percent from baseline the number of families of CYSHCN and professionals who have received information, education, and/or training from F2F HICs.
- By 2022, increase by 5 percent from baseline the number of CYSHCN and families, particularly families from underrepresented and diverse communities, trained to partner at all levels of shared decision-making.
- By 2022, increase by 10 percent from baseline the number and type of territory/tribal/state agencies/programs and community-based organizations assisted in providing services/information to families of CYSHCN.

Program Requirements
The F2F HICs are required to:

- Assist families of CYSHCN in making informed choices about health care in order to promote good treatment decisions, cost effectiveness and improved health outcomes;
- Provide information regarding the health care needs of, and resources available to, CYSHCN;
- Identify successful health care delivery models for CYSHCN;
- Develop, with representatives of health care providers, managed care organizations, health care purchasers, and appropriate territory/tribal/state

agencies, a model for collaboration between families of CYSHCN and health professionals;

- Provide training and guidance regarding the care of CYSHCN;
- Conduct outreach activities to families of CYSHCN, health professionals, schools and other appropriate entities and individuals; and
- Staff centers with families of CYSHCN who have expertise in federal and territory/tribal/state public and private health care systems, and with health professionals.

In addition to the seven required activities listed above, the F2F HICs are expected to:

- Use evidence-based practices related to family-centered care to:
    - Provide one-to-one, family-to-family, and peer-to-peer support;
    - Help families navigate health care systems;
    - Link families to resources and information;
    - Connect families to other families for information and peer support;
    - Provide outreach and training to families, particularly those from underrepresented and diverse communities, to learn how to partner with professionals, identify needs and strategies to obtain supports, and share decision-making at the individual and systems level;
    - Train professionals to work with families with CYSHCN; and
    - Offer strategies/training to families to assume ongoing leadership and advisory roles in systems that serve CYSHCN.
- Develop partnerships with organizations serving CYSHCN and their families, especially in activities addressing disparities and emerging health trends. Partnerships should include, but not be limited to: HRSA-funded state/territory Maternal and Child Health (MCH) Title V programs and other state/territory/tribal agencies and/or programs; other programs serving children such as early education and early intervention initiatives; primary care organizations; parent/family-led organizations; patient navigator programs; federal agencies, such as the Centers for Disease Control and Prevention (CDC), the Indian Health Service, Substance Abuse and Mental Health Services Administration; and other HRSA programs/award recipients. (To search for HRSA-funded programs in your community, visit https://datawarehouse.hrsa.gov/tools/findgrants.aspx)
- Use and promote evidence-based/informed practices that reflect cultural and linguistic competencies such as:
    - Ensuring policies are in place to support culturally and linguistically competent practices;
    - Demonstrating evidence of appropriate language access that has current, accurate and culturally/linguistically appropriate information and education for families, accounting for their health literacy levels; and
    - Engaging with cultural brokers and/or community health workers.
- Develop resources such as brochures, frequently asked questions and answers, webinars, web-based resources, or other resources for families and providers

regarding the health care needs of CYSHCN and resources available in their territory/region/state.

- Identify and track changes in health care delivery including changes in territory/tribal/state law that impact families.
- Integrate the following Family/Professional Partnership Program principles throughout project policies and activities: (1) family-centered care, (2) cultural and linguistic competence, and (3) shared decision-making between families of CYSHCN, health professionals and appropriate territory/tribal/state and community organizations.
- Demonstrate and promote family leadership and connection to the territory/tribal/state systems of care for CYSHCN, through such activities as membership or involvement on territory/tribal-wide/state advisory councils, partnerships with entities such as departments of public health, education, social services, or housing.
- Collect, monitor, analyze, and report on data to: (1) measure the number and types of families served (e.g., race, ethnicity, language); (2) measure how effective F2F HICs have been in providing information, mentoring, and training to families and providers in engaging families of CYSHCN as they make informed health care decisions; and (3) inform program development and service delivery.

Additional Program Information

HRSA expects you to identify and apply to serve as an F2F HIC for one of two target areas: (1) a specific U.S. Territory - American Samoa, Guam, Puerto Rico, the Northern Mariana Islands or the U.S. Virgin Islands; or (2) American Indians/Alaska Natives . You can only apply to one of the aforementioned areas. HRSA will make one award in each of the five U.S. Territories and up to three awards to serve American Indians/Alaska Natives.

You are expected to demonstrate and use a strengths-based approach that focuses on the strengths of the CYSHCN and families served.[2] Also, it is expected that you will have personnel on staff who are capable of engaging directly with families of the population(s) to be served.

You may use until June 1, 2019, of the grant period to complete a planning process period that can be used to formalize stakeholder engagement and/or develop a data collection and implementation plan. If you choose to include a planning process period in your application, you will be expected to describe the planning activities and how the activities will enhance the ability to fully implement the program. You are expected to demonstrate that you can begin to fully implement the required activities no later than June 1, 2019.

If you wish to implement a planning process period, HRSA expects that the planning process period will include successful completion of the following activities:

[2] King, S., Teplicky, R., King, G., & Rosenbaum, P. (2004). Family-Centered Service for Children With Cerebral Palsy and Their Families: A Review of the Literature. Seminars in Pediatric Neurology; 11(1): 78-86.

- Securing formal documentation of engagement from diverse stakeholders who will participate in the implementation of this program, including letters of commitment and Memoranda of Understanding/Agreement
- Developing an implementation plan, including formalizing capacity to work with families of CYSHCN, identifying community resources, and developing dissemination/communication plans and training plans for families and health care providers
- Developing a data collection plan, including identifying baseline numbers of CYSHCN to be served and determining how data will be collected and analyzed

Target Area 1: U.S. Territories

You are expected to identify which Territory you will serve. You are expected to be located and able to work directly in the Territory to which you are applying. You are expected to include a description of the specific issues regarding successful service delivery for CYSHCN in the Territory.

Target Area 2: American Indians/Alaska Natives

Up to three (3) F2F HICs will be developed to serve the specific needs of American Indians/Alaska Natives.

You are expected to clearly describe the geographic area and the tribe(s) to be served. To the extent possible, awards will be made so as not to duplicate coverage of an area or populations served by another tribal F2F HIC. You should describe how you will interact with the state F2F(s) that serve that area, so as not to duplicate services.

It is expected that you will clearly demonstrate knowledge of working with tribes and existing professional working relationships with the tribe(s) with whom you intend to work with. It is expected that you will also demonstrate knowledge and understanding of tribal leadership and governance systems. It is expected that you will demonstrate existing professional/working relationships with the American Indian/Alaska Native tribe(s) you seek to work with and you will provide documentation of these relationships. In addition, it is preferred that the staffing plan include representation from both the community and the Tribal Chairman/Governor's office.

2. Background

This program is authorized by the Social Security Act, Title V, §501(c) (42 U.S.C. § 701(c)), as amended by § 216 of the Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act of 2015 (P.L. 114-10), and §50501 of the Bipartisan Budget Act of 2018 (P.L. 115-123).

Among U.S. children 0 -17 years of age, 14.2 million children have a special health care need.[3] CYSHCN are *those that have, or are at risk of having, a chronic physical, developmental, behavioral, or emotional condition and who require health and related services of a type or amount beyond that required by children generally.*[4] Studies demonstrate that engaging families as equal partners in their child's health care decision-making reduces unmet health needs, problems with specialty referrals, out-of-pocket expenses and improves patient physical and behavioral function.[5] Family engagement is defined as "patients, families, their representatives, and health professionals working in active partnership at various levels across the health care system to improve health and health care."[6]

Due to the growing numbers of CYSHCN and the complexity of their health care needs, CYSHCN may require a variety of services from multiple, diverse systems and often must access a number of different funding sources to pay for those services. A major challenge for families is accessing services in a system of care, which is often fragmented, that will adequately address their children's needs.[7] In many cases, there is a lack of available specialty services, and those that are available may not be coordinated with primary care or other community-based services. In addition, coverage for services may not be comprehensive. To meet all of the needs of their children, families of CYSHCN require an in-depth understanding of the health care system and options for health care. Unfortunately, there often is no clear, family-friendly, easily accessible, and objective source for this information. For many parents/families, the best sources of information are their peers – other families of CYSHCN whose extensive experiences with navigating the health care system can provide them with a wealth of relevant information and knowledge.

In order to help address the challenges for families in accessing care, the F2F HICs Program was developed to fill the gaps in information and support for families of CYSHCN and the providers who care for them. Originally funded through a Special Projects of Regional and National Significance (SPRANS) pilot program in 2005, and currently authorized and funded under Section 501(c)(1)(a) of the Social Security Act, the network of F2F HICs is a cornerstone of ongoing family engagement efforts. These centers are staffed by family members who have first-hand experience using health care services and programs for CYSHCN. This experience is used to provide support, patient-centered information, resources, and training to families and professionals around health issues faced by CYSHCN. Since the program's inception in 2005, the network has grown from 29 to a total of 51 funded F2F HICs (one in each of the 50

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[3] Child and Adolescent Health Measurement Initiative. Data Resource Center for Child and Adolescent Health. 2016 National Survey of Children's Health (NSCH) data query. Retrieved [09/19/17] from http://www.childhealthdata.org. CAHMI: http:/www.cahmi.org.

[4] McPherson M., Arango P., Fox H. A new definition of children with special health care needs. Pediatrics. 1998; 102: 137-140.

[5]Smalley et al. (2014). Family perceptions of shared decision-making with health care providers: Results of the National Survey of CSHCN, 2009-2010. doi: 10.1007/s10995-013-1365-z.

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

[7]Huang, Z. J., Kogan. M.D., Yu, S. M., & Strickland, B. (2005). Delayed or forgone care among children with special health care needs: An analysis of the 2001 National Survey of Children with Special Health Care Needs. Ambulatory Pediatrics, 5, 60-67.

states and the District of Columbia), and the centers have more than quadrupled the number of families served. Data collected from June 1, 2016 to May 31, 2017 revealed that F2F HICs provided outreach and information to 929,444 families and 341,390 professionals and served a total of 184,002 families and 85,556 health professionals through individualized assistance and/or training from an F2F HIC.

F2F HICs have worked with American Indian/Alaska Native populations through outreach activities, trainings, and workshops for tribal organizations. F2F HICs have also worked with U.S. Territories by providing training and support to other HRSA-funded programs.

The F2F HIC program was recently re-authorized and expanded to create centers to address the specific needs of families of CYSHCN in the U.S. Territories of American Samoa, Guam, Puerto Rico, the Northern Mariana Islands and the U.S. Virgin Islands, as well as for American Indian/Alaska Native families of CYSHCN. This program expansion is intended to address the unique circumstances that these families face, including physical barriers (geographic isolation to availability of providers) and cultural approaches regarding provision of health care for CYSHCN.

F2F HICs seek to address health inequities and meet the needs of diverse families of CYSHCN by disseminating culturally competent materials and resources in multiple languages, conducting outreach to culturally diverse communities, partnering with non-profit groups that represent the interest and needs of ethnic and cultural minorities, providing support groups and subcontracting with members of specific communities to coordinate trainings.

F2F HICs fill a critical need for reliable information and support for all families with CYSHCN. Additionally, they serve as an important complement to, and resource for, other HRSA-funded programs that support direct health care service delivery or system infrastructure, such as HRSA-funded MCH Title V, and other programs that serve families with condition-specific health care needs.

For additional information about existing centers, please visit http://www.fv-ncfpp.org/f2fhic/find-a-f2f-hic/.

II. Award Information

1. Type of Application and Award

Types of applications sought: New.

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA expects approximately $774,000 to be available annually to fund up to **eight** recipients. You may apply for a ceiling amount of up to $96,750 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of

performance is September 30, 2018 through May 31, 2022 (3 years and 8 months). Funding beyond the first year is dependent on the availability of appropriated funds for the Expansion of the F2F HICs Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

The awards to serve American Indians/Alaska Natives will reflect a consideration of geographic distribution in order to prevent duplication of service areas.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants for the Expansion of the F2F HICs program include any domestic public or private entity. Domestic faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply. Eligibility for this funding opportunity is limited to applicants within the five U.S. Territories (American Samoa, Guam, Puerto Rico, the Northern Mariana Islands and the U.S. Virgin Islands) and entities that will serve American Indian and/or Alaska Native tribes.

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. You can only apply to **one** of the aforementioned target areas: (1) U.S. Territories or (2) American Indians/Alaska Natives. The application must clearly identify the target area.

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

IV. Application and Submission Information

1. Address to Request Application Package

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

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing this notice of funding opportunity (NOFO) (also known as "Instructions" on Grants.gov) or workspace application package. This allows Grants.gov to email organizations in the event HRSA changes and/or republishes the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the For Applicants page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

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

See Section 8.5 of the *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 workspace application package do not count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment,

declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachments 9-15: 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*.

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. 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:

INTRODUCTION -- Corresponds to Section V's Review Criterion # 1 Need

- This section should briefly describe the purpose and goals of the proposed project including a discussion of CYSHCN and their needs. The application should clearly identify the proposed target area: (1) U.S. Territory or (2) American Indians/Alaska Natives. If you plan to serve American Indians/Alaska Natives, you should clearly describe the geographic area and American Indian/Alaska Native tribes to be served. You should concisely describe the problem, summarize the proposed intervention, and summarize the anticipated benefits of the project to the territory/tribe(s), HRSA, and a national network of F2F HICs. The project should clearly demonstrate that families of CYSHCN are partners in decision-making at all levels of care.

NEEDS ASSESSMENT -- Corresponds to Section V's Review Criteria #1 Need and #4 Impact

- This section should describe the identified population of families of CYSHCN to be served by the proposed project. The description should include the territory's/tribe's Maternal and Child Health (MCH)/CYSHCN community and their partners, socio-cultural determinants of health, health disparities, and document the identified population's unmet needs related to the program

purpose. Examples of partners could include territory/tribal/state agencies, other programs serving children and families such as early education and early intervention initiatives, primary care organizations, parent/family led organizations, federal agencies, and HRSA-funded programs. HRSA expects that applications proposing to serve in a Territory will include a description of the specific issues regarding successful service delivery to CYSHCN in the Territory. HRSA expects that applications proposing to serve American Indians/Alaska Natives will demonstrate knowledge and understanding of Tribal leadership and governance systems of the tribe(s) to be served.

- Demographic data, including geographic, economic, racial/ethnic and linguistic data, should be included and cited whenever possible to support the information provided. Data can be both quantitative and qualitative. Relevant data from current/past activities, the National Survey for Children's Health (NSCH), HRSA-funded MCH Title V Block Grant activities supporting CYSHCN and other sources can be used. Please discuss any relevant contributing factors and barriers in the territory/tribe(s)/state(s) that the project will work to overcome. Also, discuss any needs of the territory/tribe(s)/state(s) as they relate to health insurance, and improving the health literacy of those who are currently insured.

- Include a description of the process for engaging key stakeholders in the needs assessment process including the CYSHCN program under the HRSA-funded MCH Title V Block Grant, families and members of the identified communities/population group. Other stakeholders could include community and faith-based organizations, Tribal councils/governments, and representatives from underrepresented and diverse communities.

METHODOLOGY -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact

In this section, propose methods that will be used to meet each of the project goals and objectives. You should propose methods that address the following:

- **Required activities** *(*please refer to page 1 for the full description) related to: 1) assisting families to make informed choices; 2) providing information; 3) identifying successful health care delivery models; 4) developing models for collaborations; 5) providing training and guidance; 6) conducting outreach activities; and 6) staffing by families and health professionals.

- **Additional activities** (please refer to pages 2-3 for the full description) addressing the following: 1) evidence-based practices; 2) partnerships; 3) cultural and linguistic competency; 4) development of resources; 5) identification of changes in health care delivery that impact families; 6) integration of Family/Professional Partnership program values; 7) demonstration of family leadership; and 8) collection, monitoring, analysis and reporting on data, including program objectives as outlined on page 1.

- If you wish to implement a planning period, you should describe how the proposed activities will enhance the ability of your organization to fully implement

the program. HRSA expects that the planning period will consist of the following activities:

- Securing formal documentation of engagement from diverse stakeholders to implement this program including letters of commitment and Memoranda of Understanding/Agreement
- Developing an implementation plan, including formalizing capacity to work with families of CYSHCN, identifying community resources, and/or developing dissemination/communication plans and training plans for families and health care providers
- Developing a data collection plan, including identifying baseline numbers of CYSHCN served and determining how data will be collected and analyzed

In addition, you should address how you will achieve the following in your response:

- Identifying meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities including development of the proposal, including the extent to which these contributors reflect the cultural, racial/ethnic, linguistic, and geographic diversity of the populations and communities served. HRSA expects that applications for Target Area 2 (American Indians/Alaska Natives) will demonstrate existing professional/working relationships with the American Indian/Alaska Native tribe(s) you plan to work with, and applications will include documentation of these relationships. HRSA expects that for Target Area 2 (American Indians/Alaska Natives), you will demonstrate how your organization will collaborate with the F2F HIC(s) that also serve in your identified geographic area.
- Implementing activities that have a **focus on overall health** for CYSHCN (as defined by HRSA).[8] For example, if you are a family organization with a history of funding that is condition-specific or related to the education, mental health or developmental disabilities sectors, evidence of activities that address health for the broad CYSHCN population should be included in their application. Likewise, if you plan to represent a primary medical focus, you should provide information about how families with questions in other sectors, for example, mental health or educational, will be served or referred to appropriate services.
- Implementing activities that demonstrate and use a strengths-based approach that focuses on the strengths of the CYSHCN and the families served.
- Implementing a plan for promoting the F2F HIC as a resource to serve families in the Territory/Tribe(s). You could address this activity through partnerships with health clinics, mental and behavioral health groups, providers, community groups, and others.
- Implementing a plan for project sustainability after the period of federal funding ends. HRSA expects the recipient to sustain key elements of the project, e.g., strategies or services and interventions, which have been effective in improving

[8]McPherson, M., Arango, P., Fox, H., Lauver, C., McManus, M., Newacheck, P. W., et al. (1998). A new definition of children with special health care needs. *Pediatrics, 102(1 pt 1)*, 137-140.

practices and those that have led to improved outcomes for the identified population.

- Designing activities to achieve results that will have territory/tribal and/or national level impact and/or are replicable in other settings.
- Implementing a plan to ensure that project results will be effectively disseminated to key stakeholder audiences including HRSA-funded MCH Title V, families, providers, policy makers, other federal programs, and members of the identified communities/population groups.

WORK PLAN -- Corresponds to Section V's Review Criteria #2 Response, #3 Evaluative Measures, and #4 Impact

Describe the activities or steps you will use to achieve each of the core activities proposed in the methodology. Clearly link the proposed activities to the project goals and objectives. The application should show compelling evidence that such plans are supported and can be accomplished and sustained throughout the proposed period of performance.

- Clearly describe an approach that is specific, measurable, attainable, realistic, and time-bound (SMART). Use a time line, time allocation table, graph, or chart that includes each activity and identifies responsible staff and partners, proposed outcome, intended impact, and how you will measure the activity's outcome and impact.
- Provide evidence of partnerships by including a letter of commitment (LOC) or memorandum of understanding/agreement (MOU/MOA) between your organization and partnering organizations. LOCs or MOU/MOAs must be included as part of Attachment 4 of the application.
    - HRSA expects applications for Target Area 2 (American Indians/Alaska Natives) will include an LOC, MOU or MOA with the Tribal council/government for the American Indian/Alaska Native tribe(s) you plan to serve and/or documentation of working relationships with the American Indian/Alaska Native tribe(s) you plan to serve.
    - HRSA expects applications for Target Area 2 (American Indians/Alaska Natives) will describe relationships to existing F2F HICs in the state(s) that fall within the project's identified geographical area.
- Report on the number of partnerships and demonstrate partner involvement in activities via the project work plan. Examples of partners include, but need not be limited to the following: HRSA-funded MCH Title V programs and other territory/tribal/state agencies/programs; child-focused programs, primary care organizations; parent/family-led organizations; patient navigator programs; federal agencies; and HRSA programs/award recipients.
- Provide a logic model within Attachment 1 of the application. Refer to *Section VIII (Other Information)* of this NOFO for information on developing a logic model.

Applications lacking a complete and well-conceived evaluation protocol or plan to develop the evaluation protocol may not be funded.

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

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

EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion #3 Evaluative Measures

Describe the activities or steps you will take to implement the evaluation activities by the end of the period of performance.

- Project-level evaluation methodology should be specific and related to the stated goals, objectives, and priorities of the project. The evaluation plan should include mechanisms to determine if families felt the services provided them the information, skills and support about health care and the health care system to make informed choices about health care that promote good treatment decisions, cost effectiveness and improved health outcomes, and to better find and access community services.
- You should propose a plan to collect, analyze, and report on information that measures how F2F HICs disseminate information, mentor, and train families and professionals to enable families of CYSHCN to make informed health care decisions **or**, if you have a planning process period in your application, discuss how you will develop the plan to collect, analyze, and report on information that measures how F2F HICs disseminate information, mentor and train families and professionals to enable families of CYSHCN to make informed health care decisions. This information should be collected by conducting follow-up with the families and professionals served through the project. All funded F2F HICs will report this data to HRSA or the National Center for Family/Professional Partnerships to be aggregated periodically throughout the year. Data should include:
    - The number of families who have been provided:
        - Information via direct one-on-one contact through an in person contact or by telephone (unduplicated number - only including initial and not repeat contacts);
        - Educational material via listservs, conferences, printed materials, newsletters, or other mechanisms; and
        - Training via presentations during conference sessions, workshops and other activities.
    - The increase in the number of families with CYSHCN who partner in decision making as a result of services/mentoring/training/education from the F2F HICs. Data should be captured both on the individual level (e.g., families receiving one-to-one assistance to partner in decisions related to their child) and the systems level (e.g., families who partner in

decision making with both local and territory/tribal/state service systems such as HRSA-funded MCH Title V, the Indian Health Service, and Medicaid).
    - Models of successful service delivery for CYSHCN.
    - The types of information on activities related to outreach and education to help families navigate health care systems (including mental and behavioral health systems) and promote health literacy.

- Applications should clearly present an evaluation plan that contains: (1) strategies to identify/use appropriate data sources and collect and analyze data that will measure outcomes/impact of the project; (2) strategies to collect, analyze, and track data to measure outcomes/impact as it relates to different socio-cultural groups (e.g., race, ethnicity, language); (3) mechanisms to monitor and evaluate the efficiency of the proposed project activities/process; and (4) an explanation of how the data will be used to inform and improve the quality of program development and service delivery. Describe any data collection tools to be used (e.g., surveys, database) and key elements of those tools that will be used in the evaluation strategy.
- You should describe the data collection and calculation methods to meet the objectives of the program, specifically:
    - By 2022, increase by 5 percent from baseline the number of families of CYSHCN and professionals who have received information, education, and/or training from F2F HICs.
    - By 2022, increase by 5 percent from baseline the number of CYSHCN and families, particularly families from underrepresented and diverse communities, trained to partner at all levels of shared decision-making.
    - By 2022, increase by 10 percent from baseline the number and type of territory/tribal/state agencies/programs and community-based organizations assisted in providing services/information to families of CYSHCN.

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

- Provide information on your organization's current mission and structure; fiscal, administrative, and managerial viability; and scope of current activities.
- Describe the organization's proven and successful leadership role in activities undertaken related to the functions of F2F HICs and proposed activities.
- Provide information that demonstrates how the program meets the requirement of being a family (of CYSHCN) staffed organization. If your organization is a university or other type of organization, family staff must have equal decision-making authority for the F2F HICs project and a memorandum of understanding/agreement between the your organization and the staff must be included in Attachment 4 of the application. Describe how these all contribute to the ability of your organization to conduct the program requirements and meet program expectations.
    - HRSA expects that applications will have personnel, in the staffing plan,

who are capable of engaging directly with families of the population(s) to be served.

- HRSA prefers applications for Target Area 2 (American Indians/Alaska Natives) to include representation from both the community and the Tribal Chairman/Governor's office.

- Provide an organizational chart (a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators) and include it as Attachment 5 of the application.
- Describe the staffing plan, which includes current experience, expertise, skills, and knowledge of staff, contractors, and partners; data collection capabilities; and previous work and materials. Include a description of the existing available resources (staff, funds, related projects, in-kind contributions) and supports available at the community, territory/tribal/state, regional and/or national levels to support/carry out your project.
- Provide information on the organization's resources and capabilities to support provision of culturally and linguistically competent health literacy services proposed for the project. Any relevant contracts must specify tasks, activities, duties, and timelines.
- Describe the organization's capacity to manage federal funds. You must demonstrate **existing and effective** fiscal, administrative and management systems.
- Include a staffing plan and job descriptions for key faculty/staff in Attachment 2 (Staffing Plan and Job Descriptions). Biographical sketches must be included in Attachment 3, and, at minimum, contain the following elements: (1) related employment history with a summary of job responsibilities and (2) educational background. Biographical sketches must also contain information regarding the faculty/staff personal experience with CYSHCN, if applicable.
- Address how the proposal builds upon your organization's previous accomplishments and reflects documented success in working collaboratively with families, territory/tribal/state and community programs and health agencies for CYSHCN, including existing F2F HICs, HRSA-funded MCH Title V and other relevant organizations.

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**
Introduction	(1) Need
Needs Assessment	(1) Need and (4) Impact

Methodology	(2) Response and (4) Impact
Work Plan	(2) Response, (3) Evaluative Measures, and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures
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 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.

iv. Budget Narrative

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

In addition, the Expansion of the F2F HICs program requires the following:

- **Award-related Meetings:** You should include sufficient funding to support one (1) F2F HIC staff to attend an annual technical assistance meeting and participation in monthly/quarterly conference calls.
  FOR PACIFIC ISLAND TERRITORIES ONLY: This is a program requirement that can be further negotiated with HRSA after an award is made.
- **Access Accommodations**: You should include the cost of access accommodations as part of your project's budget. This includes sign language interpreters; plain language and health literate print materials in alternate formats (including Braille, large print, etc.); and/or cultural/linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings, clinical encounters, and conferences.

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

v. Program-Specific Forms

Program-specific forms are not required for application.

vi. Attachments

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

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative. Include the logic model within this attachment. Refer to *Section VIII (Other Information)* of this NOFO for information on developing a logic model. Applications lacking a complete and well-conceived evaluation protocol may not be funded.

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.

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 Commitment, Memoranda of Understanding/Agreement, and/or Description(s) of Proposed/Existing Contracts (project-specific)

Provide any documents that describe working relationships between your agency/organization and other agencies and programs cited in the proposal. Documents that confirm actual or pending contractual agreements must clearly describe the roles of the subcontractors and any deliverables. Letters of Commitment, Memoranda of Understanding/Agreement, and contracts must be dated, signed, and specifically state details of commitments.

Attachment 5: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators.

Attachment 6: Tables, Charts, etc.

Include tables, charts and other resources that will give further details about the proposal, such as advisory committees, publications, PERT or Gantt charts, etc.

Attachments 7 – 15: Other Relevant Documents

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

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

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

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

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that 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*.

ALERT from SAM.gov: You must now provide an original, signed notarized letter stating that you are the authorized Entity Administrator before your registration will be activated by SAM.gov. Please read these FAQs to learn more about this process change. Plan for additional time associated with submission and review of the notarized letter. This requirement is effective March 22, 2018 for **new** entities registering in SAM. This requirement is effective April 27, 2018 for **existing** registrations being updated or renewed. Entities already registered in SAM.gov are advised to log into SAM.gov and review their registration information, particularly their financial information.

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 *July 19, 2018 at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 days before the deadline** to allow for any unforeseen circumstances.

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

5. Intergovernmental Review

The Expansion of the F2F HICs Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 3 years and 8 months, at no more than $96,750 per year (inclusive of direct and indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this notice may not be used for the following purposes:

> **Shared Staffing**: If you are proposing to utilize the same director or contractual staff across multiple awards, you should indicate this and assure that the combined funding for each position does not exceed 100 percent FTE. If such an irregularity is found, funding will be reduced accordingly.
>
> **Cash Stipends/Incentives**: Funds cannot be utilized for cash stipends/monetary incentives given to clients **to enroll** in project services. However, funds can be used to **facilitate participation** in project activities (e.g., transportation costs/tokens), as well as for services rendered to the project. In addition, cash stipends or incentives must be of a reasonable amount.

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. 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 awards under the program will be the addition/additive alternative. You can find post-award requirements for program income 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.

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 Expansion of the F2F HICs Program has six review criteria:

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

The extent to which the proposal describes:

Purpose and Population **(5 points)**

- The proposed target area: (1) what U.S. Territory to be served or (2) what geographic area and American Indian/Alaska Native tribe(s) to be served.
- The purpose of the proposed project and the needs of CYSHCN in the Territory or the identified American Indian/Alaska Native tribe(s).
- The rationale that families of CYSHCN are partners in decision-making at all levels of health care.
- The identified population to be served using demographic and other data to illustrate the needs/problems/barriers and associated contributing factors of the problem, including socio-cultural determinants of health, health disparities, and the population's unmet needs.
- For Target Area 1 (U.S. Territories): the specific issues regarding successful service delivery for CYSHCN in the identified Territory.
- For Target Area 2 (American Indians/Alaska Natives): the knowledge and understanding of Tribal leadership and governance systems of the tribe(s) to be served

Partners and Process **(5 points)**

- The Territory's or American Indian/Alaska Native tribe(s) MCH/CYSHCN community and their partners, socio-cultural determinants of health, health disparities, and document the identified population's unmet needs related to the program purpose.
- The needs assessment process and the extent to which it integrated the inclusion of the HRSA-funded Title V CYSHCN program, families, members of the identified communities/population group, and other key stakeholders to assess program needs.

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

The extent to which the applicant proposes methods and activities that address each of the project's goals and objectives. The extent to which the applicant proposes methods that address the following: **(10 points)**

- **Required activities** *(*please refer to page 1 for the full description) related to: 1) assisting families to make informed choices; 2) providing information; 3) identifying successful health care delivery models; 4) developing models for collaborations; 5) providing training and guidance; 6) conducting outreach activities; and 6) staffing by families and health professionals.

- **Additional activities** (please refer to page 2-3 for the full description) addressing the following: 1) evidence-based practices; 2) partnerships 3) cultural and linguistic competency; 4) development of resources; 5) identification of changes in health care delivery that impact families; 6) integration of Family/Professional Partnership program values; 7) demonstration of family leadership; and 8) collection, monitoring, analysis and reporting on data, including program objectives as outlined on page 1.

The extent to which the applicants describe how they will achieve the following: (15 points)

- Identifying meaningful support and collaboration with key stakeholders in the territory/tribe/state or region to be served.
- Planning, designing, and implementing all activities including development of the proposal, and including the extent to which these contributors reflect the cultural, racial, ethnic, linguistic, and geographic diversity of the populations and communities served.
- Implementing activities that have a **focus on overall health** for CYSHCN (as defined by MCHB).[9] For example, if an applicant is a family organization with a history of funding that is condition-specific or related to the education, mental health or developmental disabilities sectors, evidence of activities that address health for the broad CYSHCN population should be included in their application. Likewise, applicants that represent a primary medical focus should provide information about how families with questions in other sectors, for example, mental health or educational, will be served or referred to appropriate services.
- Implementing activities that demonstrate and use a strengths-based approach that focuses on the strengths of CYSHCN and the families served.

[9]McPherson, M., Arango, P., Fox, H., Lauver, C., McManus, M., Newacheck, P. W., et al. (1998). A new definition of children with special health care needs. *Pediatrics, 102(1 pt 1)*, 137-140.

- Implementing a plan for promoting the F2F HICs as a resource to serve families in the territory/tribe/state. This activity could be addressed through partnerships with health clinics, mental and behavioral health groups, providers, community groups, and others.
- For applicants that proposed a planning process period, describing the extent to which the applicant proposes a detailed plan for full implementation of the F2F HIC project by June 1, 2019 that includes the following:
    - Formal documentation of engagement from diverse stakeholders to implement this program including letters of commitment and Memoranda of Understanding/Agreement
    - An implementation plan, including formalizing capacity to work with families of CYSHCN, identifying community resources, dissemination/communication plans and training plans for families and health care providers
    - A data collection plan, including identifying baseline numbers of CYSHCN served and determining how data will be collected and analyzed

- Including formal documentation of engagement from diverse stakeholders who will participate in the implementation of this program, to include letters of commitment and Memoranda of Understanding/Agreement.

- Including an implementation plan which formalizes capacity to work with families of CYSHCN, including identifying community resources, and/or developing dissemination/communication plans and training plans for families and health care providers.
- Including a data collection plan, which identifies baseline numbers of CYSHCN to be served and describes how data will be collected and analyzed.

The extent to which the applicants describe how they will do the following: (5 points)

- Propose a plan for project sustainability after the period of federal funding ends. The applicant is expected to sustain key elements of the project, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the identified population.
- Propose and ensure that successful activities will be sustained beyond federal funding or sustained through other community/territory/tribal/state activities (e.g., in HRSA-funded MCH Title V CYSHCN Block grant, Medicaid, and other territory/tribal/state and local activities) and the extent to which active and planned sustainability efforts can be tracked over a period of time.
- Address challenges that are likely to be encountered and include practical approaches that will be used to resolve such challenges.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's Work Plan, and Evaluation and Technical Support Capacity

The effectiveness of the methods proposed to monitor and evaluate the project results. Evaluative measures should be able to assess: (1) to what extent the program objectives have been met; and (2) to what extent these can be attributed to the project.

Evaluation Design **(8 points)**

The extent to which:

- The applicant provides a logic model.
- The project activities are SMART, and the applicant has identified the responsible staff and/or consultants, and partners.
- The application clearly presents an evaluation plan that contains (1) strategies to identify/use appropriate data sources, and collect and analyze data that will measure outcomes/impact of the project; (2) strategies to collect, analyze, and track data to measure outcomes/impact as it relates to different socio-cultural groups (e.g., race, ethnicity, language); (3) mechanisms to monitor and evaluate the efficiency of the proposed project activities/process; and (4) an explanation of how the data will be used to inform and improve the quality of program development and service delivery or a plan, as part of the planning process, to develop this evaluation plan.

- The project level evaluation methodology is specific and related to the stated goals, objectives, and priorities of the project and describes any data collection tools to be used (e.g., surveys, database) and key elements of those tools that will be used in the evaluation strategy.
- The evaluation protocol is capable of demonstrating and documenting measurable progress toward achieving the project's stated goals and impact/outcomes including 1) impact of partnerships in increasing access to services for CYSHCN and their families, particularly those that are medically underserved; and 2) mechanisms to determine if families felt the services provided them the information, skills and support about health care and the health care system to make informed choices about health care that promote good treatment decisions, cost effectiveness and improved health outcomes, and to better find and access community services.

Data Collection **(7 points)**

- The ability of the applicant to collect and report on the required performance measures as specified in *Section VI. Performance Measures and Program Data* of this NOFO including the ability to collect information on race, ethnicity, sexual orientation, primary language, and disability status.

The extent to which the applicant describes the data collection and baseline calculation methods to meet the objectives of the program, specifically:

  - By 2022, increase by 5 percent from baseline the number of families of CYSHCN and professionals who have received information, education, and/or training from F2F HICs.
  - By 2022, increase by 5 percent from baseline the number of CYSHCN and families, particularly families from underrepresented and diverse communities, trained to partner at all levels of shared decision-making.
  - By 2022, increase by 10 percent from baseline the number and type of territory/tribal/state agencies/programs and community-based organizations assisted in providing services/information to families of CYSHCN.

- The extent to which the data collection system can track the Expansion of the F2F HICs Program objectives listed in *Section I (Funding Opportunity Description)* of this NOFO, including:
  - The number of families who have been provided:
    - Information via direct one-on-one contact around a family health or access issue in person or by telephone (unduplicated number);
    - Educational material via listservs, conferences, printed materials, newsletters, etc.; and
    - Training via presentations during conference sessions, workshops and other activities.
  - The increase in the number of families with CYSHCN who partner in decision making as a result of services/mentoring/training/education from the F2F HICs (individual and systems level);
  - Models of successful service delivery for CYSHCN; and
  - The types of information on activities related to outreach and education to help families navigate health care systems (including mental and behavioral health systems) and promote health literacy.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's Needs Assessment, Work Plan, and Methodology

- The extent to which project results have territory, regional, tribal, state and/or national level impact and/or degree to which the project activities are replicable. **(3 points)**
- The extent to which the proposal presents a well-designed and coherent plan that describes how project results will be effectively disseminated to key stakeholder audiences including HRSA-funded MCH Title V, families, providers, policy makers, other federal programs, and identified communities/population groups. **(3 points)**
- The extent to which the proposed project shows meaningful support and collaboration with key stakeholders, including HRSA-funded Title V's CYSHCN program and families in the planning, designing and implementation of all activities as well as in the development of the application and collaboration with

existing F2F HIC for Target Area 2 (American Indians/Alaska Natives) applicants. This collaboration should be representative of culturally, linguistically and geographically diverse individuals. **(3 points)**

- The extent to which the proposal provides evidence of partnerships by including an LOC or MOU/MOA between the applicant and partnering organizations or a plan to engage partners as part of the planning process period. For applications to Target Area 2 (American Indians/Alaska Natives) only: The extent to which there are agreements and/or working relationships with the Tribal council/government for the American Indian/Alaska Native tribe(s) the applicant plans to serve. **(3 points)**
- The extent to which the proposal describes how the program will report on the number of partnerships and demonstrates partner involvement in activities via the project work plan. Example of partners include, but need not be limited to the following: HRSA-funded MCH Title V programs and other territory/tribal/state agencies/programs; child-focused programs, primary care organizations; parent/family-led organizations; patient navigator programs; federal agencies and HRSA programs/award recipients. **(3 points)**

Criterion 5: RESOURCES/CAPABILITIES (25 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 (which includes the ability to engage directly with families of the population(s) to be served), the capabilities of the applicant organization, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. **(3 points)**
- The project is staffed by CYSHCN families who have expertise in federal and territory/tribal/state public and private health care systems, and by health professionals, and **(6 points)**
    - The applicant, for Target Area 2 (American Indians/Alaska Natives) includes representation from both the community and the Tribal Chairman/Governor's office within the staffing plan.
- The organization has the capacity to successfully implement the F2F HICs project and demonstrates sound experience, leadership roles, expertise, skills, and knowledge of staff, contractors, and partners; data collection capabilities; and previous work related to the Expansion of the F2F HICs program purpose; **(3 points)**
- The applicant provides information on the organization's resources and capabilities to support provision of culturally and linguistically competent health literacy services proposed for the project. The applicant provides an organizational chart (a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators) **(4 points)**

- The applicant agency's current mission and structure, scope of current activities, and applicant's organizational structure (as depicted in the organizational chart) is suitable to the proposed activities; **(3 points)**
- The proposal builds upon previous accomplishments achieved and reflects documented success of the applicant in working collaboratively with families, territory/tribal/state and community programs and health agencies for CYSHCN, including HRSA-funded MCH Title V, and other relevant organizations in functions similar to those of an F2F HIC. **(3 points)**
- The applicant organization has the necessary infrastructure already in place to achieve the purpose of this initiative to include: **(3 points)**
    - A staffing plan and job descriptions for key faculty/staff. Biographical sketches must be included and, at minimum, should contain the following elements: (1) related employment history with a summary of job responsibilities and (2) educational background. Biographical sketches must also contain information regarding the faculty/staff personal experience with CYSHCN, if applicable.
    - Effective fiscal, administrative and management systems (e.g., book-keeper/accountant, intake and tracking forms, data system, financial tracking system, and employee handbook).
    - Applicable contracts with specified tasks, activities, duties and timelines.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's Budget and Budget Narrative

The reasonableness of the proposed budget in relation to the objectives, the complexity of the activities, and the anticipated results. The extent to which the budget narrative/justification incorporates:

- Funding to support family participation (e.g., transportation, child care, salaries, etc.), ADA requirements and cultural/linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings and conferences; and
- Funding to support one trip, for at least one staff person, to Washington, DC for a topical meeting. FOR PACIFIC ISLAND TERRITORIES ONLY: This is a program requirement that can be further negotiated with HRSA after an award is made.

2. Review and Selection Process

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

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

3. Assessment of Risk and Other Pre-Award Activities

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

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

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

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

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

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 30, 2018.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 30, 2018. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

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

Requirements under Subawards and Contracts under Grants

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

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. The agency will communicate with recipients and provide instructions on how to access the system for reporting. HRSA will also provide technical assistance via webinars, written guidance, and one-on-one sessions with an expert, if needed.

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

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

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

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

2) **Final Report Narrative.** The recipient must submit a final report narrative to HRSA after the conclusion of the project.

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

a) Performance Measures and Program Data

To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are at https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H84_4.HTML and below.

Administrative Forms			
TA/Collaboration Form			
Products, Publications, and Submissions Data Collection Form			
Form 1: Project Budget Details			
Form 2: Project Funding Profile			
Form 4: Project Budget and Expenditures			
Form 6: Maternal & Child Health Discretionary Grant			
Form 7: Discretionary Grant Project			
Updated DGIS Performance Measures, Numbering by Domain *(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
CB 3	New	N/A	Impact Measurement
CB 4	Revised	5	Sustainability
CB 6	New	N/A	Products

Children and Youth with Special Health Care Needs			
CSHCN 1	Revised	7	Family Engagement

Expansion of the Family-to-Family Health Information Center Program:

Performance Measure	New/Revised Measure	Previous Performance Measure Number	Topic
F2F 1	Revised	70	Provide National Leadership for families with children with special health needs

b) Performance Reporting Timeline

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

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

c) Period of Performance End Performance Reporting

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

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:

LaQuanta Smalley, MPH, BSN, RN
Public Health Analyst, Division of Services for Children with Special Health Needs
Attn: Expansion of the Family-to-Family Health Information Centers (H84) Program
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 18W-09A
Rockville, MD 20857
Telephone: (301) 443-2372
Fax: (301) 443-2960
Email: LSmalley@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://grantsportal.psc.gov/Welcome.aspx?pt=Grants

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

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

VIII. Other Information

Logic Models

You can find additional information on developing logic models at the following website: http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf.
Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. You can find information on how to distinguish between a logic model and work plan at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf.

Technical Assistance

HRSA has scheduled the following technical assistance webinar:

Webinar

Day and Date: Tuesday, June 19, 2018
Time: 3 – 4 p.m. ET
Call-In Number: 866-662-1955
Participant Code: 9336249
Web link: https://hrsa.connectsolutions.com/f2f_hic/

Playback information will be available at
https://mchb.hrsa.gov/fundingopportunities/default.aspx

Tips for Writing a Strong Application

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