U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

Maternal and Child Health Bureau
Division of Services for Children with Special Health Needs
Family/Professional Partnerships Program

National Center for Family/Professional Partnerships

Announcement Type: New and Competing Continuation
Funding Opportunity Number: HRSA-16-049

Catalog of Federal Domestic Assistance (CFDA) No. 93.110

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Application Due Date: December 11, 2015

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

Release Date: October 13, 2015

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB), Division of Services for Children with Special Health Needs (DSCSHN) is accepting applications for the fiscal year (FY) 2016 National Center for Family/Professional Partnerships (NCFPP). The purposes of this program are to (1) provide assistance and support to the HRSA-funded Family-to-Family Health Information Centers (F2F HICs) and other MCHB investments on the topics of family engagement and cultural and linguistic competence; and (2) implement family and youth leadership development and training activities, specifically for racially and ethnically diverse minority families of children and youth with special health care needs (CYSHCN) and youth with special health care needs (YSHCN).

Funding Opportunity Title:	National Center for Family/Professional Partnerships
Funding Opportunity Number:	HRSA-16-049
Due Date for Applications:	December 11, 2015
Anticipated Total Annual Available Funding:	$600,000
Estimated Number and Type of Award(s):	One (1) cooperative agreement
Estimated Award Amount:	Up to $600,000 per year
Cost Sharing/Match Required:	No
Project Period:	June 1, 2016 through May 31, 2019 (three (3) years)
Eligible Applicants:	As cited in 42 CFR Part 51a.3(a), any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450(b) is eligible to apply). Faith-based and community-based organizations are also eligible to apply. (42 CFR 75.52**)**. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

Application Guide

All applicants 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 FOA to do otherwise. A short video for applicants explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

Technical Assistance

A pre-submission technical assistance conference call for all prospective applicants will be held:

Date: Friday, October 30, 2015; **Time:** 4:00 p.m. EST
Dial-in: 1-866-662-1955 / Passcode: 9336249
Web link: https://hrsa.connectsolutions.com/dscshngeneral/
Call Playback link: http://mchb.hrsa.gov/programs/familypropartnerships/index.html

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the National Center for Family/Professional Partnerships (NCFPP). The purposes of this award are to (1) provide assistance and support to the HRSA-funded F2F HICs and other MCHB investments on the topics of family engagement and cultural and linguistic competence; and (2) implement family and youth leadership development and training activities, specifically for racially and ethnically diverse minority families of CYSHCN and YSHCN.

Program Goals
The goal of the National Center for Family/Professional Partnership Program is to improve health and quality of life for CYSHCN (as defined by MCHB)[1].

Program Objectives
Specific NCFPP objectives are as follows:

- Set a baseline and increase by 20% annually, the number of family and YSHCN leaders (as defined by MCHB)[2] who report meaningful participation[3] on community/state/national level teams focused on CYSHCN systems.
- Set a baseline and increase by 10% annually, the number of racially and ethnically diverse family and YSHCN leaders who are trained and serve on community/state/national level teams focusing on CYSHCN systems.
- Set a baseline and increase by 20% annually, the number of family and YSHCN leaders that have been trained who report increased knowledge, skills, abilities and self-efficacy to serve as leaders on systems-level teams.
- By 2019, 90% of F2F HIC respondents will report favorable evaluations in meeting their project goals, as a result of the training and assistance received from the NCFPP.
- By 2019, 75% of maternal and child health (MCH) program respondents receiving assistance from the NCFPP, will report increased ability to partner with and monitor partnerships with families and YSHCN in systems-level initiatives.

2. Background

This FOA is authorized by the Social Security Act, Title V, § 501(a)(2); (42 U.S.C. 701(a)(2)) to "enable each state...to provide and to promote family-centered, community-based, and coordinated care (including care coordination services, for CYSHCN); and to facilitate the development of community-based systems of services for such children and their families."

MCHB definitions and principles of shared decision-making, family-centered care, and cultural and linguistic competence are found in S*ection VIII. Other Information.*

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

[1] MCHB definition of "CYSHCN" is provided in *Section VIII. Other Information* of this FOA. See also McPherson et al. (1998).
[2] MCHB definition of "family leaders" is provided in *Section VIII. Other Information* of this FOA.
[3] MCHB definition of "meaningful participation/role" is provided in *Section VIII. Other Information* of this FOA.

improve health and health care."[4] It is an essential component for meaningful improvements in the quality of health care delivery and the health of the population. A multidimensional framework for family engagement includes three critical aspects: continuum of engagement; levels of engagement, and factors influencing engagement. [5]

Family engagement is necessary at all levels of the health and health care system – direct care, organizational design and governance, and policymaking.[6] For CYSHCN, family engagement can result in improved health outcomes (e.g., physical and emotional function, transition from pediatric to adult health care systems, cost, etc.).[7] Engagement requires the adoption of shared decision-making at all levels for families of CYSHCN, and enables the achievement of national indicators of quality care for CYSHCN.[8]

MCHB's (overarching) Family/Professional Partnership Program assists states to carry out the nation's quality strategy of family engagement[9], specific to: shared decision-making across the continuum; family engagement at all levels of the system; and ability to identify factors that affect family engagement. The Program achieves these objectives through federal leadership strategies and program activities including this cooperative agreement (the NCFPP) and awards to the 51 F2F HICs. Approaches adopted by the (overarching) Family/Professional Partnership Program are grounded in recent studies including the "multidimensional framework for the development of interventions and policies that support patient and family engagement" proposed by Carman and colleagues (2013) and a study conducted by the National Academy of Medicine (formerly the Institute of Medicine (IOM)).[10]

Note: The F2F HICs are family-staffed/run centers that provide information, education, technical assistance and peer support to families of CYSHCN and professionals who serve such families. The goals of the F2F HICs are to promote optimal health for CYSHCN and to facilitate their access to an effective health delivery system by meeting the health information and support needs of their families. There are 51 F2F HICs across the nation, one in each of the 50 states and the District of Columbia. For additional information about the NCFPP and F2F HICs, please visit: http://www.mchb.hrsa.gov/programs/index.html and http://www.fv-ncfpp.org.

A priority for the (overarching) Family/Professional Partnership Program is to target ways to improve the health and quality of life for all CYSHCN, especially children from diverse, racial and ethnic communities. Recent survey data indicate that 70% (approximately 8 million) of U.S. CYSHCN families feel as though they are partners/shared decision-makers in their child's care.[11] However, these data also show notable disparities in how CYSHCN families from racial and ethnic minority groups view their shared decision-making role. Perceived shared decision-making was noted for approximately 64% of non-Hispanic black families and 63% of Hispanic families, in comparison to 74% of non-Hispanic white families. Family members who perceive

[4] Carman et al. (2013)
[5] Carman et al. (2013); the definition of "family engagement" is provided in *Section VII. Other Information* of this FOA.
[6] Institute of Medicine (2011)
[7] Ngui (2006); Scal (2005); Baruffi (2005); Smaldone (2005); Young (2005); Fiks et. al. (2012); Fiks et al. (2010); Jassen et al. (2007); Wilson et al. (2010); Smalley et al. (2014)
[8] IOM (2001); National Priorities Partnership (2008); Berwick et al. (2008)
[9] http://www.ahrq.gov/workingforquality/; See also the National Consensus Framework for Improving Quality Systems of Care for CYSHCN (2014).
[10] Okun et al. (2014); Carman et al. (2013)
[11] Smalley et al. (2014)

that they do not have a shared decision-making role in their child's care may not be as willing to engage in their child's care.

Current efforts in the U.S. to improve family engagement for CYSHCN and develop a network of family and youth leaders are in their nascent stage. True family engagement requires partnership and support for individuals in their roles as family/youth leaders. Families of CYSHCN and YSHCN themselves provide rich information on factors that influence and affect family engagement because of their lived, real world experience. With training and support, families of CYSHCN and YSHCN can help to inform the (overarching) Family/Professional Partnership Program on factors that influence family engagement. Development, implementation, and evaluation of a national MCH family engagement agenda require family and youth leaders who are well trained.

There is a need for a focused family engagement agenda for MCH populations and programs, including CYSHCN. A multi-pronged approach, developed in partnership with family and youth leaders, that addresses changes in culture, processes, and structure across health systems, public health social service agencies, and payors is needed. However, there is a lack of well-coordinated efforts to identify, train, and support a network of family and youth leaders to engage in these efforts.

This funding opportunity is designed to respond to these issues and strengthen existing MCH efforts around family engagement for CYSHCN. It will provide technical assistance and support to MCHB programs (e.g., F2F HICs, etc.) that have an emphasis on family engagement and cultural and linguistic competence. This effort will also provide a coordinated, leadership development training/education opportunity for families and YSHCN – particularly from diverse, racial and ethnic minority families – to help them (1) increase their knowledge, leadership skills and abilities in family engagement methodologies; (2) stay connected to other family leaders across the nation; and (3) receive ongoing training and support.

Maternal and Child Health Bureau
MCHB is a component of HRSA within the U.S. Department of Health and Human Services (HHS). Since its inception, MCH services awards have provided a foundation for ensuring the health of our nation's mothers and children. The mission of MCHB is to provide national leadership in partnership with key stakeholders, to reduce disparities, assure availability of quality care, and strengthen the nation's MCH/public health infrastructure in order to improve the physical and mental health, safety and well-being of the MCH population.

MCHB recently revised its national performance measure (NPM) framework that focuses on the establishment of a set of population-based measures. The 15 NPMs address key national MCH priority areas that represent the following six MCH population domains:
(1) Women/Maternal Health; (2) Perinatal/Infant Health; (3) Child Health; (4) CYSHCN; (5) Adolescent Health; and (6) Cross-cutting or Life Course. Learn more about the MCHB and the six MCH population domains at http://mchb.hrsa.gov.

The Division of Services for Children with Special Health Needs
With the Omnibus Budget Reconciliation Act of 1989, Public Law 101-239 amended Title V of the Social Security Act to extend the authority and responsibility of MCHB to address the core elements of community-based systems of services for CYSHCN and their families. With this amendment, state Title V programs under the MCH Services Block Grant program were given

the responsibility to provide and promote family-centered, community-based, coordinated care for CYSHCN and facilitate the development of community-based systems of services for such children and their families. CYSHCN are defined as "those children and youth who have or are at increased risk for chronic physical, developmental, behavioral or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally."[12] According to the National Survey of Children with Special Health Care Needs (2009/2010), 15.1% of children under 18 years of age in the United States, or approximately 11.2 million children, are estimated to have special health care needs. Overall, 23% of U.S. households with children have at least one child with special health care needs.

Through award initiatives, DSCSHN works to achieve the following six critical systems outcomes:

1) Family/professional partnership at all levels of decision making.
2) Access to coordinated ongoing comprehensive care within a medical home.
3) Access to adequate private and/or public insurance and financing to pay for needed services.
4) Early and continuous screening for special health needs.
5) Organization of community services for easy use.
6) Youth transition to adult health care, work, and independence.

DSCSHN currently supports a variety of programs and activities related to improving systems of services for CYSHCN including the following:

- *National Centers:* To support the programs in each of the six core outcomes, DSCSHN funds several national centers. These national centers include the following: the National Center for Family/Professional Partnerships, the Catalyst Center for Financing Care for CYSHCN, the National Center for Medical Home Implementation, the National Center for Hearing Assessment and Management, and Got Transition/Center for Health Care Transition Improvement.
- *Medical Home:* The medical home has been recognized as a model of care that not only benefits CYSHCN but all children, youth, and adults. In March 2007, the American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Physicians, and the American Osteopathic Association released the "Joint Principles of the Patient-Centered Medical Home" to describe the approach to providing comprehensive primary care for children, youth, and adults in a health care setting.[13] Because of the emergence of the medical home as a strategy to improve quality care, and the success of prior state implementation award recipients in using medical home as a foundation for system change, recipients are strongly encouraged to be knowledgeable about existing medical/health home activities for both children and adults. This knowledge can be as a result of experience partnering with the state Medicaid agency, other professional groups, private foundations, employers and insurers in their state, and other organizations that promote the medical/health home approach to care in their state. Additional information regarding medical home activities can be found at the website for the National Center for Medical Home Implementation, http://www.medicalhomeinfo.org.

[12] McPherson et al. (1998)
[13] See also http://www.aafp.org/dam/AAFP/documents/practice_management/pcmh/initiatives/PCMHJoint.pdf.

- *Evidence-Based Practices:* A priority of DSCSHN is to apply evidence-based practices to implementing the six core outcomes for a system of services for CYSHCN. The Division encourages all applicants to use evidence-based or evidence-informed practices, particularly promising practices and field lessons. Recipients should incorporate appropriate strategies in their work plan.
- *Continuous Quality Improvement:* Over the past several years, DSCSHN has been using the learning collaborative model to systematically improve access to care and the system of services for CYSHCN. To achieve this, DSCSHN has worked with the National Initiative for Child Health Quality as well as John Snow, Inc. using the Breakthrough Series methodology developed by the Institute for Healthcare Improvement to guide continuous quality improvement.
- *Coordination with Other Division-Funded Recipients:* DSCSHN also funds a number of awards to states to support infrastructure needs related to autism, epilepsy, traumatic brain injury, and system integration. Recipients should connect with these funding initiatives wherever possible.

II. Award Information

1. Type of Application and Award

Types of applications sought: New and Competing Continuation.

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

As a cooperative agreement, **HRSA Program involvement will include**:

- Participation in related meetings conducted during the period of the cooperative agreement.
- Ongoing review of activities and procedures to be established and implemented for accomplishing the proposed project.
- Review of project information prior to dissemination.
- Review of information/data on project activities.
- Assistance with the establishment of contacts with federal and state agencies, MCHB award projects, and other contacts that may be relevant to the project's mission and referrals to these agencies.
- Assistance in the establishment of federal and state interagency partnerships, collaboration, and cooperation that may be necessary for carrying out the project.

The cooperative agreement recipient's responsibilities will include:

- Completion of activities proposed in response to the application review criteria listed in *Section V.1. Review Criteria* and scope of work.
- Development/maintenance of an NCFPP website.
- Maintenance and support of a national network of family/YSHCN leaders.

- Provision of technical assistance and support to F2F HICs around topics of capacity-building, data collection, and other areas of need identified that are not otherwise addressed by the MCHB Program Office.
- Provision of technical assistance, training, and support to other MCHB-funded programs/organizations (e.g., state Title V programs, LEND training programs, MCHB funded recipients) around topics of family engagement, shared decision-making, family-centered care, and cultural and linguistic competence as well as strategies for partnering with families/consumers in systems-level initiatives.
- Provision of leadership, in collaboration with MCHB, in data collection; analysis of evidence-based data; impact and quality improvement data; relevant Healthy People 2020 data, and any relevant data trends.
- Participation in face-to-face meetings and/or conference calls with MCHB conducted, at minimum quarterly, during the period of the award.
- Collaboration with MCHB on ongoing review of activities, budget items, procedures, information/publications prior to dissemination, contracts and interagency agreements through conference calls and/or face-to-face meetings.
- Production, including publishing of articles, and dissemination of materials; and adherence to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds.

2. Summary of Funding

This program will provide funding during federal fiscal years 2016 – 2019, subject to availability of funds. Approximately $600,000 is expected to be available annually to fund one (1) recipient. Applicants may apply for a ceiling amount of up to $600,000 per year. The actual amount available will not be determined until enactment of the final FY 2016 federal appropriation. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the National Center for Family/Professional Partnerships Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with this award will be subject to the Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75, which supersede the previous administrative and audit requirements and cost principles that govern federal monies.

III. Eligibility Information

1. Eligible Applicants

As cited in 42 CFR Part 51a.3(a), any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450(b)). Faith-based and community-based organizations are also eligible. A full listing of eligibility types is listed on the CFDA website: https://www.cfda.gov.

Foreign entities are not eligible for HRSA awards, unless the authorizing legislation specifically authorizes awards to foreign entities or the award is for research.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept the applicant's **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*** applicants for this FOA to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this FOA following the directions provided at Grants.gov.

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 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 Application Guide in addition to the program-specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the FOA to do otherwise.

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 FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be

counted in the page limit. **We strongly urge applicants to take appropriate measures to ensure the 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 the announcement.

Program-Specific Instructions
In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 Application Guide* (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please 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.

Reviewers will be looking for evidence of activities based on the multidimensional framework of family engagement (described by Carman et al.) and the principles of partnership teams (described by Okun et al.), that includes shared decision-making across the continuum, family-centered care, and cultural and linguistic competence; measurement of effectiveness of activities; partnerships with national and local organizations; and meaningful family/professional partnerships in each section of the project narrative. Refer also to *Section V.1. Review Criteria*.

Use the following section headers for the Narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion 1*
  This section should briefly describe the purpose of the proposed project. The application must concisely describe the problem, summarize the proposed intervention, and summarize the anticipated benefit of the project. The project should clearly reflect the rationale for the DSCSHN core component that "families of children with special health care needs will partner in decision making at all levels and will be satisfied with the services they receive."

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1*
  This section outlines the needs of the community and/or organization. The target population and its unmet health needs must be described and documented in this section. Disparities in race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions should be considered. Applicants should also consider people with disabilities; non-English speaking populations; lesbian, gay, bisexual, and transgender populations; people with limited health literacy; or populations that may otherwise be overlooked when identifying their target population. Include socio-cultural determinants of health and health disparities impacting the population or communities served and unmet. Demographic data should be used 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 CSHCN (latest available is 2009/2010)[14], Title V CYSHCN Block Grant activities and other sources can be used. Discuss any relevant contributing factors and/or barriers in the service area that the project hopes to overcome.

This section should help reviewers understand the community and/or organizations that will be served by the proposed project. The needs assessment process MUST include, to the extent possible, MCHB-funded programs (e.g., state Title V), families and youth, members of the targeted communities/population group, and other key stakeholders. The recipient is expected to include diverse ethnic, cultural, racial and linguistic groups; natural, informal, support and helping networks within communities; neighborhood, civic and advocacy associations; ethnic, social, religious, tribal and faith-based organizations; and/or other underrepresented and diverse communities as key stakeholders in assessing program needs. Cited needs should factor the multidimensional framework for family engagement.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria 2, 3, 4, and 6*
  In this section, propose methods that will be used to address the stated needs and meet each of the previously described program requirements and expectations in this FOA. As appropriate, include development or use of effective tools and strategies for training, outreach, collaborations, clear communication, and information sharing/dissemination. This must show efforts to involve patients, families and communities of culturally, linguistically, socio-economically and geographically diverse backgrounds, as applicable. Applicants must include a plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences.

  Applicants should identify meaningful support[15] and collaboration with key stakeholders in planning, designing, and implementing all activities including development of the proposal. One element this is to be shown is through the recruitment of an advisory committee of stakeholders with subject matter expertise in the project's focus areas and CYSHCN/MCH programs. Additionally, applicants must include the extent to which these contributors reflect the cultural, racial, linguistic, and geographic diversity of the populations and communities served.

  The recipient should utilize formal and informal feedback mechanisms for data collection (e.g., surveys, informant interviews). Recipients must also show their activities were implemented as designed and determine areas for improvement on an annual basis. Ineffective program components must be revisited and revised/improved on a continuous basis.

  Applicants must propose a plan for project sustainability after the period of federal funding ends. The recipient 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 target population. Family engagement and the core values of shared decision-making, family-centered care, and cultural and linguistic competence MUST be documented throughout the NCFPP's policies, procedures and activities.

[14] Visit www.childhealthdata.org for additional information regarding this and other National Surveys.
[15] MCHB definition of "meaningful support" is provided in *Section VIII. Other Information* of this FOA.

- *WORK PLAN -- Corresponds to Section V's Review Criteria 2 and 4*
  Describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology section. Use a time line that includes each activity and identifies responsible staff. Clearly describe an approach that is specific, measurable, attainable, realistic and time-bound (SMART). Use a time allocation table, graph, or chart that includes each activity and identifies responsible staff and partners, proposed outcome, intended impact, and how the activity's outcome and impact will be measured.

  Identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served. The NCFPP MUST coordinate with the MCHB-funded entities that support MCH workforce development (currently the MCH Workforce Development Center (WDC)), state Title V agencies (currently the Association of Maternal and Child Health Programs (AMCHP), and the Leadership Education in Neurodevelopmental and Related Disabilities (LEND) training programs (currently the Interdisciplinary Technical Assistance Center on Autism and Developmental Disabilities (ITAC)). All relevant partnerships must be evidenced by a memorandum of understanding/agreement (MOU/MOA) and/or letters of support between the applicant and partnering organizations detailing the coordination efforts. Include any MOU/MOAs and letters of support within the appropriate application attachment.

  Applicants must submit a logic model, included as *Attachment 1* of the application, for their project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this announcement the logic model should summarize the connections between the:

  - Project goals and objectives (e.g., reasons for proposing the intervention).
  - Assumptions (e.g., beliefs about how the program will work and is supporting resources. Assumptions should be based on research, best practices, and experience).
  - Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources).
  - Target population (e.g., the individuals to be served).
  - Activities (e.g., approach, listing key intervention).
  - Outputs (i.e., the direct products or deliverables of program activities).
  - Outcomes (i.e., the results of a program, typically describing a change in people or systems).

  See *Section VIII. Other Information* of this FOA for additional information on developing logic models.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion 2*
  Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

- *EVALUATION -- Corresponds to Section V's Review Criteria 3, 4, 5, and 6*
  Applications must 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 staff, budget, and other resources), key processes, and expected outcomes of the funded activities.

  Applicants must describe the systems, collection tools, and processes that will support the 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. Data collection strategies must demonstrate the ability to collect and report on assigned MCHB Performance Measures cited in *Section VI.3. Reporting.* Strategies and assessment tools must also include tracking of the National Center for Family/Professional Partnership Program objectives cited in *Section I.1. Purpose* and health equity data elements (to include race, ethnicity, and language). Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Explain how the data will be used to inform program development and service delivery. Applicants must describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

  At minimum, ten percent (10%) of the awarded budget must be allocated to evaluation activities per year.

- *ORGANIZATIONAL INFORMATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria 2, 3, 4, and 5*

  Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart; describe how these all contribute to the organization's ability to conduct the program requirements and meet program expectations. Describe the organization's capacity to manage federal funds, including any fiscal, administrative, and management systems currently in place.

  Provide information on resources and capabilities to support provision of culturally and linguistically competent and health literate services, to include actions taken to meet the Americans with Disabilities Act (ADA) requirements. Describe how the unique needs of target populations served are routinely assessed and improved. Include a description of the existing available resources (staff, funds, related projects, in-kind contributions) and supports available at the community, state, regional and/or national levels to support/carry out your project. Describe how these all, contribute to the ability of the organization to conduct the MCHB program requirements and meet program expectations.

  Describe current experience, skills, and knowledge, including individuals on staff, published materials, data collection capabilities and previous work of a similar nature. Applicants must have national experience and be able to document outcomes as a result of their previous activities as they relate to the "purpose" for the National Center for Family/Professional Partnerships.

NARRATIVE GUIDANCE

In order to ensure that the Review Criteria are fully addressed, 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
Methodology	(2) Response, (3) Evaluative Measures, (4) Impact, and (6) Support Requested
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation	(3) Evaluative Measures, (4) Impact, (5) Resources/Capabilities, and (6) Support Requested
Organizational Information and Technical Support Capacity	(2) Response, (3) Evaluative Measures, (4) Impact, and (5) Resources/Capabilities
Budget and Budget Justification Narrative	(3) Evaluative Measures, (4) Impact, (5) Resources/Capabilities and (6) 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 differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and the additional budget instructions provided below.

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.

The Consolidated and Further Continuing Appropriations Act, 2015, Division G, § 203, (P.L. 113-235) 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." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations will apply in FY 2016, as required by law.

iv. Budget Justification Narrative

See Section 4.1.v. of HRSA's *SF-424 Application Guide*. In addition, the National Center Family/Professional Partnerships Program requires the following:

- **Award-related Meetings:** Sufficient funding to support a minimum of one (1) staff to attend a yearly technical assistance meeting and participation in monthly/quarterly conference calls.

- **Access Accommodations:** Applicants are highly encouraged to include the cost of access accommodations (e.g., transportation, childcare, translation/interpretation services, etc.) as part of their project's budget. This includes sign language interpreters; plain language and health literate print materials in alternate formats (including Braille, large print, etc.); and cultural/linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings, clinical encounters, conferences, etc.

- **Evaluation Activities:** Data collection activities and procedures that are required by the recipient evaluation, including all cross-site evaluation activities, should be accounted for and included within the scope of the budget (e.g., baseline and period data collection per year). Recipients must allocate ten percent (10%) of the awarded budget to evaluation activities per year.

v. Program-Specific Forms

1) Performance Standards for Special Projects of Regional or National Significance (SPRANS) and Other MCHB Discretionary Projects

HRSA has modified its reporting requirements for SPRANS projects, Community Integrated Service Systems (CISS) projects, and other programs administered by MCHB 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). This Act 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, MCHB's authorizing legislation. Performance measures for other MCHB-funded programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect. An electronic system for reporting these data elements has been developed and is now available.

2) Performance Measures for the National Center for Family/Professional Partnerships

To inform successful applicants of their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U40_3.HTML

NOTE: The performance measures and data collection information is for your PLANNING USE ONLY. **These forms are not to be included as part of this application.** However, this information will be due to HRSA within 120 days after the Notice of Award.

vi. Attachments

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

Attachment 1: Logic Model, Tables, Charts, etc.

Attach the Work Plan for the project that includes all information detailed in *Section IV.2.ii. Project Narrative*. Include the project's logic model and other resources that will give further details about the proposal, such as advisory committees, publications, PERT or Gantt charts, etc.

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: Resumes/CVs and/or Biographical Sketches of Key Personnel

Include resumes/CV and/or biographical sketches for persons occupying the key positions described in *Attachment 2* of the application, not to exceed two pages in length. 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: Memoranda of Agreement and/or Description(s) of Proposed/Existing Contracts (project-specific)

Provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Memoranda of agreement must be dated.

Attachment 5: Project Organizational Chart

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

Attachment 6: Federal Indirect Cost Rate Agreement (if applicable)

If you include indirect costs in your budget, you MUST provide a copy of the federal indirect cost rate agreement. If you want to charge indirect costs but do not have an agreement, contact Tya Renwick, TRencick@hrsa.gov or (301)-594-0227. This attachment is not counted in the page limit.

Attachment 7: Summary Progress Report

ACCOMPLISHMENT SUMMARY (FOR COMPETING CONTINUATIONS ONLY)

A well-planned accomplishment summary can be of great value by providing a record of accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered during the review process; therefore, applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. Because the Accomplishment Summary is considered when applications are reviewed and scored, **competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do.** The Accomplishment Summary will be evaluated as part of Review Criterion 4: IMPACT.

The accomplishment summary should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current project period. The report should include:

(1) The period covered (dates).

(2) Specific Objectives - Briefly summarize the specific objectives of the project as actually funded.

(3) Results- Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachments 8 – 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 Universal Numbering System Number and System for Award Management

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Each applicant 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 it has 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 an applicant/recipient organization has 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://fedgov.dnb.com/webform/pages/CCRSearch.jsp)
- 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*.

Applicants that fail to allow ample time to complete registration with SAM or Grants.gov 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 FOA is *December 11, 2015 at 11:59 P.M. Eastern Time*.

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

5. Intergovernmental Review

The National Center for Family/Professional Partnerships 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

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than $600,000 per year. 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 announcement may not be used for the following purposes:

- **Shared Staffing:** Applicants proposing to utilize the same director or contractual staff across multiple awards should so indicate and assure that the combined funding for each position does not exceed 100% FTE. If such an irregularity is found, funding will be reduced accordingly.

- **Shared Equipment:** Applicants proposing to purchase equipment which will be used across multiple awards/programs should so indicate this and pro-rate the costs of the equipment across programs. A calculation should be provided for this proration in their justification. If an irregularity is found where program equipment is being used by other programs without reimbursement, 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.

The General Provisions in Division G of the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in FY 2016, as required by law.

All program income generated as a result of awarded funds must be used for approved project-related activities.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

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

Review Criteria are used to review and rank applications. The *National Center for Family/Professional Partnership Program* has the following *six (6)* review criteria:

Criterion 1: NEED (10 points) – Corresponds to Section IV.2.ii. "Introduction" and "Needs Assessment"

The extent to which the application demonstrates the problem, explains the associated contributing factors, describes the target populations, and:

a. Integrates recent and relevant demographic and other data to illustrate needs (e.g., family and YSHCN involvement in systems reform and the multidimensional framework for family engagement), problems, barriers and associated contributing factors (e.g., social determinants, impact of health disparities) of the problem. – 3 points
b. Identifies gaps in available and/or coordinated efforts to train families and YSHCN, particularly from the most vulnerable populations, to lead CYSHCN systems reform at state, regional, and/or national levels. – 3 points
c. Includes MCHB-funded programs (e.g., state Title V programs, LEND, other MCHB-funded recipients), families/YSHCN, members of the targeted communities/population group, and other key stakeholders to assess the needs. – 4 points

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV.2.ii. "Methodology," "Work Plan," "Resolution of Challenges," and "Organizational Information and Technical Support Capacity"

The extent to which the proposed project responds to the "Purpose" – *Section I.1. Purpose*, and the degree to which:

a. Activities described in the proposal are capable of addressing the problem and attaining the project objectives, and proposed responses to the problem are feasible based upon program capacity. – 5 points
b. The proposed project incorporates methods to reduce or eliminate health disparities identified in the needs assessment; proposed methods are appropriate for a wide range of stakeholders (e.g., culturally, linguistically, and geographically diverse populations) and meet ADA requirements. – 5 points
c. The applicant can respond to the program needs of the F2F HICs and other MCHB-funded programs (e.g., State Title V programs, LEND, other MCHB-funded recipients); and the project can assist federal, state and regional CYSHCN/MCH programs, families, youth, health professionals and partners in promoting and implementing evidence-

based/informed and model policies and strategies related to family engagement. – 5 points

d. Project activities are relevant and well defined with identified staff, consultants, and/or responsible partners. – 3 points
e. The application demonstrates meaningful support and collaboration with key stakeholders including the target population. – 4 points
f. As a National Center, the applicant describes how it will: – 5 points
    1) Facilitate development/dissemination of resource materials and products including published articles and fact sheets.
    2) Develop a viable technical assistance and training process that includes tracking of impact and outcome data.
    3) Assure that the MCHB Core System Outcomes for CYSHCN provide a solid foundation for the training curriculum[16]
    4) Coordinate with and learn from other MCHB-funded national/resource centers (i.e. the MCH WDC, AMCHP, ITAC), award programs (i.e. LEND programs), families/YSHCN and consumers.
    5) Convene an active advisory committee of stakeholders with subject matter expertise in the project's focus areas and CYSHCN/MCH programs.
g. Challenges that are likely to be encountered and approaches that will be used to resolve such challenges are logical and clearly described. – 3 points

Criterion 3: EVALUATIVE MEASURES (20 points) – Corresponds to Section IV.2.ii. Methodology," "Evaluation," "Organizational Information and Technical Support Capacity," and "Budget"

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evaluative measures will be able to assess: 1) the extent to which the program process objectives have been met, and 2) the extent to which outcome objectives can be attributed to the project. Specifically, the extent to which:

a. The proposal incorporates a carefully designed logic model and well-planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the project's and outcome goals. – 5 points
b. Data collection strategies address how information will be collected (e.g., evaluation tools to be used), analyzed, tracked to measure process and impact/outcomes of the project and report on assigned MCHB Performance Measures cited in *Section VI.3. Reporting*, and used to inform program development/quality improvement or service delivery. – 5 points
c. The proposed evaluation plan includes the National Center for Family/Professional Partnership Program objectives and can track – 4 points
    1) Impact and outcome data related to technical assistance and training provided.
    2) Number of family/YSHCN leaders trained; disaggregated by (at minimum) race, ethnicity, and primary language spoken of participants.
    3) Increase in knowledge/skill/ability of families of CYSHCN and YSHCN to serve as family leaders.
    4) Number and type of technical assistance provided.
    5) Number of trained family/YSHCN leaders who, after the intervention, are actively working to improve CYSHCN services and service systems at the community/ state/national levels.

[16] http://mchb.hrsa.gov/about/factsheets/dschcnfacts.PDF

d. Program outcomes are focused and the plan describes how outcomes will be re-evaluated annually (at minimum), in accordance with the annual goals specified in the applicant's logic model and/or action plans. – 3 points
e. The proposed project can assess and assure that the training activities impart a uniform level of knowledge and skills to the family and youth leaders – 3 points

<u>Criterion 4: IMPACT (20 points)</u> – Corresponds to Section IV.2.ii. "Work Plan," "Methodology," "Evaluation," "Organizational Information and Technical Support Capacity," and "Budget"

The feasibility and effectiveness of plans for dissemination of project results, and the extent to which:

a. The proposal presents a well-designed and coherent plan that describes how project results will be disseminated to key stakeholders, how project results may be national in scope, and the degree to which project activities are replicable. – 5 points
b. The proposal clearly demonstrates how family/YSHCN leaders' self-efficacy will be improved through the training intervention. – 5 points
c. Project results will impact relevant MCH population domains cited in *Section I.2. Background*.– 4 points
d. The proposed activities build upon previous accomplishments achieved and documents success of the applicant in working collaboratively with state, regional, and national stakeholders to include family organizations. – 3 points
e. Sustainability activities are logically presented to ensure successful activities will be sustained beyond federal funding or sustained through other related activities, and planned efforts can be tracked over time. – 3 points

<u>Criterion 5: RESOURCES/CAPABILITIES (11 points)</u> – Corresponds to Section IV.2.ii. "Evaluation," "Organizational Information and Technical Support Capacity," and "Budget"

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 and how it contributes to the ability of the organization to conduct the MCHB program requirements and meet program expectations. Such expectations include documenting the core values of shared decision-making, family-centered care, and cultural and linguistic competence throughout the National Center's policies, procedures and activities. Past performance will be considered for applications that are competing continuations. Specifically, the extent to which:

a. The application demonstrates experience in implementing projects that are national in scope and experience as it relates to National Center for Family/Professional Partnership Program goals and objectives (as listed in *Section I.1. Purpose*) which includes experience in: – 5 points
    1) Providing technical assistance.
    2) Providing technical assistance to MCHB-funded recipients.
    3) Planning and implementing training activities.
    4) Conducting training activities designed for families of CYSHCN, specifically for diverse racial and ethnic minority families.
    5) Providing information on resources and capabilities to support provision of culturally and linguistically competent and health literate services.
    6) Routinely assessing the unique needs of the target population served.
b. Project personnel are qualified by training and/or experience to carry out the project. – 3 points

c. The applicant organization has experience managing federal funds including effective fiscal, administrative and management systems currently in place. – 3 points

Criterion 6: SUPPORT REQUESTED (9 points) – Corresponds to Section IV.2.ii. "Methodology," "Evaluation," and "Budget"

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

a. Costs are reasonable given the scope of work. – 3 points
b. Key personnel have adequate time/resources devoted to the project to achieve project objectives. – 3 points
c. Reasonable funding is provided to support the required budget elements in *Section IV.2.iv. Budget Justification Narrative*: award-related meetings; access accommodations and evaluation activities. – 3 points

2. Review and Selection Process

Please see Section 5.3 of HRSA's *SF-424 Application Guide*.

This program does not have any funding priorities, preferences or special considerations.

Please Note: The Health Resources and Services Administration may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory or other requirements (45 CFR § 75.205). The decision not to make an award or to make an award at a particular funding level, is discretionary and is not subject to appeal to any OPDIV or HHS official or board.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of June 1, 2016.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of June 1, 2016. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's *SF-424 Application Guide*.

3. Reporting

The successful applicant under this FOA 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. Further information will be provided in the award notice.

2) **Performance Reports.** HRSA has modified its reporting requirements for SPRANS projects, CISS projects, and other award programs administered by MCHB 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). This Act 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, MCHB's authorizing legislation. Performance measures for other MCHB-funded award programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect.

a) Performance Measures and Program Data

To prepare successful applicants for their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U40_3.HTML.

b) Performance Reporting

Successful applicants receiving HRSA funds will be required, within 120 days of the Notice of Award (NoA), to register in HRSA's Electronic Handbooks (EHBs) and electronically complete the program-specific data forms that appear for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U40_3.HTML.. This requirement entails the provision of budget breakdowns in the financial forms based on the award amount, the project abstract and other award summary data as well as providing objectives for the performance measures.

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

c) Project Period End Performance Reporting

Successful applicants receiving HRSA funding will be required, within 90 days from the end of the project period, to electronically complete the program-specific data forms that appear for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U40_3.HTML. The requirement includes providing expenditure data for the final year of the project period, the project abstract and award summary data as well as final indicators/scores for the performance measures.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:

Tya Renwick
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 10W65B
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 594-0227
Fax: (301) 443-6343
E-mail: TRenwick@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

LaQuanta P. Smalley, MPH
Project Officer, Division of Services for Children with Special Health Needs
Attn: National Center for Family/Professional Partnerships (U40)
Maternal and Child Health Bureau, HRSA
Parklawn Building, Room 13-103
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-2372
Fax: (301) 443-2960
E-mail: LSmalley@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should 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, seven days a week, excluding federal holidays at:

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

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET:

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

VIII. Other Information

Logic Models:

Additional information on developing logic models can be found at the following website: http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm.

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. Information on how to distinguish between a logic model and work plan can be found at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf.

Technical Assistance:

The MCHB will host a pre-submission technical assistance conference call for all prospective applicants on Friday, October 30, 2015. Call details are as follows:

Time: 4:00 p.m. EST
Dial-in: 1-866-662-1955 / Passcode: 9336249
Web link: https://hrsa.connectsolutions.com/dscshngeneral/
Call Playback link: http://mchb.hrsa.gov/programs/familypropartnerships/index.html

MCHB Definitions and Principles of Shared Decision-Making, Family-Centered Care, and Cultural and Linguistic Competence:

Children and youth with special health care needs (CYSHCN) "have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally."[17]

Cultural Competence is defined as a set of values, behaviors, attitudes, and practices within a system, organization, or program or among individuals and which enables them to work effectively cross culturally. Further, it refers to the ability to honor and respect the beliefs, language, interpersonal styles and behaviors of individuals and families receiving services, as well as staff who are providing such services. At a systems, organizational, or program level, cultural competence requires a comprehensive and coordinated plan that includes interventions at all the levels from policy-making to the individual, and is a dynamic, ongoing, process that requires a long-term commitment. A component of cultural competence is linguistic competence, the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who are not literate or have low literacy skills, and individuals with disabilities.

An organization should:

- Value diversity in families, staff, providers and communities;
- Have the capacity for cultural self-assessment;

[17] McPherson et al. (1998)

- Be conscious of the dynamics inherent when cultures interact (e.g., roles of families versus providers);
- Institutionalize culture knowledge; and
- Develop adaptations to service delivery and partnership building reflecting an understanding of cultural diversity.

An individual should:

- Examine one's own attitude and values;
- Acquire the values, knowledge, and skills for working in cross cultural situations; and
- Remember that everyone has a culture.

Family-Centered Care is an approach to care that assures the health and well-being of children and their families through a respectful family-professional partnership. It honors the strengths, cultures, traditions and expertise that everyone brings to this relationship. Family-Centered Care is the standard of practice which results in high quality services. The foundation of family-centered care is the partnership between families and professionals (shared decision-making). Key to this partnership are the following principles:

- Families and professionals work together in the best interest of the child and the family.
- As the child grows, s/he assumes a partnership role.
- Everyone respects the skills and expertise brought to the relationship.
- Trust is acknowledged as fundamental.
- Communication and information sharing are open and objective.
- Participants make decisions together.
- There is a willingness to negotiate.

Based on this partnership, family-centered care:

1) Acknowledges the family as the constant in a child's life.
2) Builds on family strengths.
3) Supports the child in learning about and participating in his/her care and decision-making.
4) Honors cultural diversity and family traditions.
5) Recognizes the importance of community-based services.
6) Promotes an individual and developmental approach.
7) Encourages family-to-family and peer support.
8) Supports youth as they transition to adulthood.
9) Develops policies, practices, and systems that are family-friendly and family-centered in all settings.
10) Celebrates successes.

Cultural competence and shared decision-making are intricately linked to the concept and practice of "family-centered care." Family-Centered Care honors the strengths, cultures, traditions and expertise that everyone brings to a respectful family/professional partnership, where families feel they can be decision-makers.

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."[18] This definition is not intended to negate the various levels or degree to which the interaction between families and professionals can take place.

Family and Youth Leaders are family members who have experience navigating through service systems and are knowledgeable and skilled in partnering with professionals to carry out necessary system changes. Family members are not limited to the immediate family within the household.

Meaningful Participation/Roles for family members/leaders are above and beyond "feedback" surveys. Families are considered to have a meaningful role in decision making when the partnership involves all elements of shared decision-making which are: collaboration, respect, information sharing, encouragement and consideration of preferences and values, and shared responsibility for outcomes.

Meaningful Support from organizations and stakeholders are specific contributions to the project that have a direct impact on the stated project goals and objectives. This goes above and beyond stating in general terms that one "supports" the organization in its efforts to implement the project.

Linguistic Competence is the capacity of an organization and its personnel to effectively communicate with persons of limited English proficiency, those who are illiterate or have low literacy skills, and individuals with disabilities. This may include, but is not limited to, bilingual/bicultural staff and other organizational capacity such as telecommunication systems, sign or foreign language interpretation services, alternative formats, and translation of legally binding documents (e.g., consent forms, confidentiality and patient rights statements, release of information), signage and health education materials. The organization must have policy, structures, practices, procedures and dedicated resources to support this capacity.

Shared Decision-making is defined as "a collaborative, respectful, partnership where both parties—the provider team and the patient, family, friend, etc.—are given the opportunity to share information; the expression of patient preferences and values is encouraged and considered; and both sides share responsibility in deciding the best care option for optimal health outcomes."[19] It is the process that must take place to achieve family-centered care. Shared decision-making for CYSHCN and their families can occur at an individual/clinical, peer, community, and/or systems level.

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IX. Tips for Writing a Strong Application

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