

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

Maternal and Child Health Bureau  
Division of MCH Workforce Development

***Children's Healthy Weight Collaborative Improvement and Innovation Network  
(CoIIN)***

**Announcement Type:** New  
**Funding Opportunity Number:** HRSA-16-180

**Catalog of Federal Domestic Assistance (CFDA) No. 93.110**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2016

**Application Due Date: May 17, 2016**

*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: March 10, 2016**

**Issuance Date: March 11, 2016**

Meredith Morrisette, MPH  
Public Health Analyst, MCHB/DMCHWD  
E-mail: [Mmorrisette@hrsa.gov](mailto:Mmorrisette@hrsa.gov)  
Telephone: (301) 443-6392  
Fax: (301) 443-1797

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) is accepting applications for fiscal year (FY) 2016 Children's Healthy Weight Collaborative Improvement and Innovation Network (CoIIN). The purpose of this program is to increase the proportion of children and young adults ages birth to 21 years who fall within a healthy weight range by supporting states to adopt evidence-based or evidence-informed policies and practices related to nutrition, physical activity, and breastfeeding.

Funding Opportunity Title:	Children's Healthy Weight Collaborative Improvement and Innovation Network (CoIIN)
Funding Opportunity Number:	HRSA-16-180
Due Date for Applications:	May 17, 2016
Anticipated Total Annual Available Funding:	\$300,000
Estimated Number and Type of Award(s):	Up to one (1) cooperative agreement
Estimated Award Amount:	Up to \$300,000 per year
Cost Sharing/Match Required:	No
Project Period:	September 1, 2016 through August 30, 2019 (Three (3) years)
Eligible Applicants:	<p>Per 42 CFR § 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. 450b) is eligible to apply. Faith-based and community-based organizations are also eligible to apply.</p> <p>[See <a href="#">Section III-1</a> of this funding opportunity announcement (FOA) for complete eligibility information.]</p>

### **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 technical assistance call will be held on **Wednesday, March 23, 2016 from 2:00 pm to 3:00 pm Eastern Time**. The MCHB Project Officer will provide an overview of the FOA and be available to answer questions. Call information is as follows:

- Call number: 888-843-9978
- Passcode: 1157942
- Web link: <https://hrsa.connectsolutions.com/hrsa-16-180/>

## Table of Contents

<b>I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION .....</b>	<b>1</b>
1. PURPOSE.....	1
2. BACKGROUND .....	1
<b>II. AWARD INFORMATION .....</b>	<b>5</b>
1. TYPE OF APPLICATION AND AWARD .....	5
2. SUMMARY OF FUNDING .....	6
<b>III. ELIGIBILITY INFORMATION.....</b>	<b>7</b>
1. ELIGIBLE APPLICANTS .....	7
2. COST SHARING/MATCHING .....	7
3. OTHER .....	7
<b>IV. APPLICATION AND SUBMISSION INFORMATION.....</b>	<b>8</b>
1. ADDRESS TO REQUEST APPLICATION PACKAGE.....	8
2. CONTENT AND FORM OF APPLICATION SUBMISSION.....	8
i. <i>Project Abstract</i> .....	9
ii. <i>Project Narrative</i> .....	9
iii. <i>Budget</i> .....	19
iv. <i>Budget Justification Narrative</i> .....	20
v. <i>Program-Specific Forms</i> .....	20
vi. <i>Attachments</i> .....	20
3. DUN AND BRADSTREET DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER AND SYSTEM FOR AWARD MANAGEMENT .....	21
4. SUBMISSION DATES AND TIMES.....	22
5. INTERGOVERNMENTAL REVIEW .....	22
6. FUNDING RESTRICTIONS .....	22
<b>V. APPLICATION REVIEW INFORMATION .....</b>	<b>23</b>
1. REVIEW CRITERIA.....	23
2. REVIEW AND SELECTION PROCESS .....	26
3. ASSESSMENT OF RISK.....	26
4. ANTICIPATED ANNOUNCEMENT AND AWARD DATES .....	26
<b>VI. AWARD ADMINISTRATION INFORMATION.....</b>	<b>27</b>
1. AWARD NOTICES .....	27
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS.....	27
3. REPORTING .....	27
<b>VII. AGENCY CONTACTS .....</b>	<b>29</b>
<b>VIII. OTHER INFORMATION.....</b>	<b>30</b>
<b>IX. TIPS FOR WRITING A STRONG APPLICATION.....</b>	<b>30</b>

# **I. Program Funding Opportunity Description**

## **1. Purpose**

This announcement solicits applications for a Children's Healthy Weight Collaborative Improvement and Innovation Network (CoIIN).

The purpose of this cooperative agreement is to develop and implement a Children's Healthy Weight CoIIN, with the goal of increasing the proportion of children and young adults ages birth to 21 years who fall within a healthy weight range by supporting states to adopt evidence-based or evidence-informed policies and practices related to nutrition, physical activity, and breastfeeding. The Children's Healthy Weight CoIIN will support implementation of the Title V Block Grant transformation by supporting states' efforts to address the new National Performance Measures (NPMs) on physical activity and breastfeeding by accelerating improvement and innovation through collaborative learning to achieve the greatest collective impact at the state level. This cooperative agreement will also support achievement of [National Outcome Measure #20](#): "Percent of children and adolescents who are overweight or obese (BMI at or above 85<sup>th</sup> percentile)," with the goal to reduce the proportion of children and adolescents who are considered overweight or obese.

The Children's Healthy Weight CoIIN will gather best practices, promote evidence-based and evidence-informed strategies, and increase resources related to nutrition, physical activity, and breastfeeding to support Title V programs, enabling states to facilitate collaborative learning and adopt quality improvement principles and practices that support healthy weight behaviors. Increased implementation of evidence-based or evidence-informed policies, programs, and practices through collaborative improvement and innovation models are expected to lead to a measureable improvement in children's health.

The Children's Healthy Weight CoIIN objectives/goals under this FOA will be advanced through three activity components: (1) Establishment of a National MCHB Children's Healthy Weight Initiative (a resource center), (2) Children's Healthy Weight CoIIN Activities, and (3) Children's Healthy Weight Capacity Building.

For more detailed information on program requirements and expectations in this FOA, please see the Methodology section.

## **2. Background**

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

### **Maternal and Child Health Bureau and Title V of the Social Security Act**

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

Administration (HRSA) in the U.S. Department of Health and Human Services (HHS). Under Title V of the Social Security Act, the Maternal and Child Health Services Block Grant program has three components – Formula Block Grants to States, Special Projects of Regional and National Significance (SPRANS), and Community Integrated Service Systems (CISS) awards. Using these authorities, MCHB has forged partnerships with states, the academic community, health professionals, advocates, diverse communities and families to better serve the needs of our nation’s children.

### **Division of Maternal and Child Health Workforce Development (DMCHWD)**

The DMCHWD works collaboratively with national, state, and local MCH organizations to develop and sustain MCH professionals prepared to provide leadership within Title V and other MCH programs. The DMCHWD 2012-2020 National Goals may be found at <http://mchb.hrsa.gov/training/about-national-goals.asp>. This cooperative agreement will align most closely with DMCHWD goals #1 and #4.

### **Collaborative Innovative and Improvement Networks (CoIINs)**

A traditional collaborative innovation network (COIN) has been defined as a “cyberteams of self-motivated people with a collective vision, that innovatively collaborate by sharing ideas, information, and work enabled by technology.”<sup>1</sup> A COIN moves beyond the traditional dissemination of information, by engaging participants from multiple settings in the full spectrum of change implementation – from defining the problem, to crafting an intervention, to implementation and evaluation and, finally, to the diffusion and adaptation of effective innovations in new settings.

A Collaborative Improvement and Innovation Network (CoIIN) contains an additional “I” which stands for “improvement” and was added by MCHB to the traditional COIN term to reflect the quality improvement framework being applied to the initiative.

MCHB CoIINs are based on a rigorous methodology that is action-oriented, data intensive, has ‘SMART’ (specific, measurable, action-oriented, realistic, and time-specific) goals, focused aims, clear strategies based on a logic model/driver diagram, and grounded in the best science and clear metrics. It’s a platform engineered to allow sharing, testing ideas, then spreading and scaling. CoIINs bring states and partners across geographic areas, sectors, and organizational silos together – where they can share seamlessly.

MCHB CoIINs apply these proven methodologies of collective impact, innovation, collaborative learning and quality improvement to impact complex public health issues affecting MCH populations. The CoIIN acts as a catalyst for programmatic and systems-level change.

### **MCHB’s Pediatric Obesity Mini CoIIN**

In 2015, MCHB supported a one-year pilot program, the MCHB Pediatric Obesity Mini CoIIN to focus on policies and practices in early care and education (ECE) facilities to improve nutrition and physical activity at the state level. Strategies used in the Mini CoIIN were based on the [\*Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report\*](#). Four state teams (Arkansas, Louisiana, Ohio, and Wisconsin) participated in the MCHB Pediatric Obesity Mini CoIIN and all were required to improve policy in at least one of the areas that are part of the Centers for

---

<sup>1</sup> Gloor PA. *Swarm Creativity: Competitive Advantage through Collaborative Innovation Networks*. New York: Oxford University Press, 2006.

Disease Control and Prevention (CDC) 10 Spectrum of Opportunities for Obesity Prevention in ECE. State teams integrated the work of the Mini CoIIN with other initiatives addressing nutrition, physical activity, and obesity prevention in ECE settings in their state – specifically Title V and CDC state chronic disease grants and other funds directed at nutrition, physical activity, and obesity prevention initiatives.

The Children’s Healthy Weight CoIIN is broader in scope than the MCHB Pediatric Obesity Mini CoIIN. The Pediatric Obesity Mini CoIIN had a more narrowly defined focus: it focused only on children ages 2-5; it focused solely on ECE settings; it had only four states; and it focused on a single primary driver (“Policies and practices that support healthy weight behavior.”). In contrast, the Children’s Healthy Weight CoIIN will focus more broadly in additional settings and including a larger population (ages birth to 21 years), will include a larger number of state teams, and will focus on helping state Title V programs implement strategies for National Performance Measure #4 (related to physical activity) and National Performance Measure #8 (related to breastfeeding). More detail on this is described below in the section, “Need for the Children’s Healthy Weight CoIIN.”

MCHB Pediatric Obesity Mini CoIIN state teams are currently compiling final evaluation data and reports and these results are expected to be released and made available to the public late spring 2016. Results and lessons learned from the MCHB Pediatric Obesity Mini CoIIN should be considered throughout the life of the Children’s Healthy Weight CoIIN, to potentially inform strategies of the Children’s Healthy Weight CoIIN.

### **Need for the Children’s Healthy Weight CoIIN**

In the United States, approximately 17 percent of children and adolescents ages 2-19 are classified as obese.<sup>2</sup> Children who are obese are more likely to become obese adults<sup>34</sup>; adult obesity is associated with a number of serious health conditions including heart disease, diabetes, metabolic syndrome, and cancer.<sup>4,56</sup> If children are obese, obesity and disease risk factors in adulthood are likely to be more severe.<sup>3,4,7</sup>

Recent studies and interventions have documented proven strategies to prevent and reverse the obesity epidemic and support healthy eating and active living.<sup>8910</sup> Further, the changes needed to reduce childhood excess weight are much smaller than those needed to change adult excess weight.<sup>11</sup> A focus on decreasing childhood obesity will increase the proportion of children who

---

<sup>2</sup> Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of Childhood and Adult Obesity in the United States, 2011-2012. *JAMA*. 2014;311(8):806-814. doi:10.1001/jama.2014.732.

<sup>3</sup> Freedman DS, Khan LK, Serdula MK, Dietz WH, Srinivasan SR, Berenson GS. The relation of childhood BMI to adult adiposity: the Bogalusa Heart Study. *Pediatrics*. 2005;115:22-7.

<sup>4</sup> Freedman DS, Dietz WH, Srinivasan SR, Berenson GS. Risk factors and adult body mass index among overweight children: the Bogalusa Heart Study. *Pediatrics*. 2009;123:750-57.

<sup>5</sup> Biro FM, Wien M. Childhood obesity and adult morbidities. *Am J Clin Nutr*. May 2010;91(5):1499S-1505S.

<sup>6</sup> Lobstein T, Jackson-Leach R. Estimated burden of paediatric obesity and co-morbidities in Europe. Part 2. Numbers of children with indicators of obesity-related disease. *International Journal of Pediatric Obesity*. 2006;1:33-41.

<sup>7</sup> Freedman DS, Khan LK, Serdula MK, Dietz WH, Srinivasan SR, Berenson GS. Racial differences in the tracking of childhood BMI to adulthood. *Obes Res* 2005;13:928-35.

<sup>8</sup> Waters E, de Silva-Sanigorski A, Hall BJ, Brown T, Campbell KJ, Gao Y et al. Interventions for preventing obesity in children. The Cochrane database of systematic reviews. 2011:CD001871.

<sup>9</sup> Hawkes C, Smith TG, Jewell J, Wardle J, Hammond RA, Friel S, et al. Smart food policies for obesity prevention. *Lancet*. 2015;385:2410-21.

<sup>10</sup> Oude Luttikhuis H, Baur L, Jansen H, Shrewsbury VA, O’Malley C, Stolk RP, et al. Interventions for treating obesity in children. The Cochrane database for systematic reviews. 2009:CD001872.

<sup>11</sup> Whitaker RC, Wright JA, Pepe MS, Seidel KD, Dietz WH. Predicting obesity in young adulthood from childhood and parental obesity. *N Engl J Med*. 1997;337 :869– 873

fall within a healthy weight range and thus increase the likelihood of maintaining a healthy weight in adulthood.

Strategies related to nutrition, physical activity, and breastfeeding are essential components needed to increase the proportion of children and young adults from ages birth to 21 years who fall within a healthy weight range. Obesity prevention and control programs have emphasized food and nutrition environments where children spend a great deal of time.<sup>12</sup> Research suggests breastfeeding promotion is a key strategy component to obesity prevention. Analysis of the literature suggests breastfeeding reduces risk of overall overweight; duration of breastfeeding is inversely related to pediatric overweight; and the protection against overweight from being initially breastfed rather than given formula may persist into the teenage years and adulthood.<sup>13</sup>

The [Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report](#) recommends promoting physical activity at schools and childcare settings as an intervention component of community-level childhood obesity prevention; these recommendations present a range of preventive measures relevant to this funding opportunity. The report further advises that the targets of obesity prevention should be all children, starting at birth. Therefore, interventions should extend beyond the early care and school setting to include multiple stages within the childhood lifespan.

A Children's Healthy Weight CoIIN will support implementation of the Title V Block Grant transformation by supporting states' efforts to address the new NPMs on physical activity and breastfeeding by accelerating improvement and innovation by using collaborative learning to achieve the greatest collective impact at the state level, as well as ways to address how nutrition impacts all NPMs. The CoIIN model stands to increase engagement among states and produce sustainable results. The Children's Healthy Weight CoIIN will align and synergize with other MCHB investments, including Healthy Start, Home Visiting, and Early Childhood Comprehensive Systems to support states in areas related to nutrition, physical activity, and breastfeeding. In addition, it will introduce Title V staff to additional nutrition, physical activity, and breastfeeding partnerships and resources. The Children's Healthy Weight CoIIN will use proven CoIIN methodologies described above to act as a catalyst for programmatic and systems-level change, accelerating improvement and innovation in integrating and translating evidence-based or evidence-informed strategies into practice. In addition, this CoIIN will build on lessons learned from the MCHB Pediatric Obesity Mini CoIIN, including innovative and promising practices for implementing evidence-based or evidence-informed strategies related to NPMs.

The new NPMs released in October 2014 include national performance measures focused on healthy weight: breastfeeding (NPM #4; chosen by 49 States) and physical activity (NPM #8; chosen by 27 States). Because there are no national nutrition data sources that can be broken out at the state level, none of the revised NPMs address nutrition issues directly; however, nutrition strategies can impact most NPMs at the state-initiated Evidence-based or -informed Strategy Measures (ESMs) level. Although there is no nutrition NPM, nutrition impacts multiple national performance measures.

---

<sup>12</sup> Lake A, Townshend T. Obesogenic environments: exploring the built and food environments. *J R Soc Promot Health*. 2006;126:262-7.

<sup>13</sup> Horta BL, Loret de Mola C, Victora CG. Long-term consequences of breastfeeding on cholesterol, obesity, systolic blood pressure and type 2 diabetes: a systematic review and meta-analysis. *Acta Paediatr Suppl*. 2015;104:30-7.



For more detailed information on program requirements and expectations in this FOA, please see the [Methodology](#) section.

## II. Award Information

### 1. Type of Application and Award

Type of applications sought: New.

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:**

- Assure the availability of experienced MCHB personnel to participate in the planning and development of all phases of this cooperative agreement;
- Assist in establishing the federal interagency and state contacts necessary for successful completion of tasks and activities identified in the approved scope of work;
- Identify other awardees and organizations with whom the awardee will be asked to develop cooperative and collaborative relationships;
- Assist the awardee to establish, review, and update priorities for activities conducted under the auspices of this cooperative agreement; and
- Provide review and advisory input of any publications, audiovisuals, and other materials produced, as well as meetings planned, under the auspices of this cooperative agreement.

**The cooperative agreement recipient's responsibilities will include:**

- Design and implement the three main components of activity as follows:
  - Component 1: National MCHB Children's Healthy Weight Initiative: The awardee shall have specific responsibilities for the creation, support, and implementation of a national resource center to support improvements in adoption of evidence-based and evidence-informed policies, programs, and practices for state Title V programs and others;
  - Component 2: Children's Healthy Weight CoIIN Activities: The awardee will partner with national experts and key state representatives and other stakeholders to achieve the goal of increasing the proportion of children who fall within a healthy weight range using quality improvement methodologies through a CoIIN framework;
  - Component 3: Children's Healthy Weight Capacity Building: The awardee will develop and share resources related to core behaviors and strategies within health services and systems which serve infants, children, and adolescents including those with special health care needs, including lessons learned from the CoIIN
- Adherence to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds (see **Acknowledgment of Federal Funding** in Section 2.2 of HRSA's [SF-424 Application Guide](#));

- Identify MCB as a funding sponsor on written products and during meetings relevant to the cooperative agreement activities;
- Respond in a flexible manner to collaborating on short-term, long-term, and ongoing projects;
- Work closely with the MCHB Project Officer (PO) in conjunction with hiring of new key project staff and planning/implementing of new activities;
- Consult with the PO in conjunction with scheduling any meetings, including project advisory/steering committee meetings that pertain to the scope of work and at which the PO's attendance would be appropriate (as determined by the PO);
- Provide the PO with the opportunity to review and provide advisory input at the program level, any publications, audiovisuals, and other materials produced, as well as meetings planned;
- Provide the PO with an electronic copy of, or electronic access to, each product developed under the auspices of this project;
- Participate in the implementation of awardee performance measures, including the collection of information and administrative data, as designated by MCHB; and
- Ensure that all products developed or produced, either partially or in full are fully accessible and available for free to the public.

Under 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under the cooperative agreement, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to obtain, reproduce, publish, or otherwise use data produced under this cooperative agreement. Under 45 CFR § 75.322(b), the Federal Government has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes. For more details, see "Rights in Data" in [Section VI.2.](#) of this FOA.

For more detailed information on program requirements and expectations in this FOA, please see the [Methodology](#) section.

## **2. Summary of Funding**

This program expects to provide funding during federal fiscal years 2016 – 2018. Approximately \$300,000 is expected to be available annually to fund one (1) recipient. Applicants may apply for a ceiling amount of up to \$300,000 per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for "Children's Healthy Weight CoIIN" 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 are subject to the Uniform Guidance [2 CFR Part 200](#) as codified by HHS at [45 CFR Part 75](#), which supersede the previous administrative and audit requirements and cost principles that govern federal monies.

### **III. Eligibility Information**

#### **1. Eligible Applicants**

Per 42 CFR § 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. 450b) is eligible to apply. Faith-based and community-based organizations are also eligible to apply.

Foreign entities are not eligible for HRSA awards, unless the authorizing legislation specifically authorizes awards to foreign entities or the award is for research. This exception does not extend to research training awards or construction of research facilities.

#### **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 <http://www.grants.gov/applicants/apply-for-grants.html>.

### 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 Office of Management and Budget(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.**

#### **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) Where the prospective recipient is unable to attest to any of the statements in this certification, such prospective recipient shall attach an explanation to this proposal.

See Section 4.1 viii of HRSA's [SF-424 Application Guide](#) for additional information on this and other 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 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.

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.

#### ▪ *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1*

Applicants should summarize the need for a national initiative to support maternal and child health State Title V programs in the implementation of evidence-based or evidence-informed Strategy Measures for National Performance Measures.

Applicants should summarize the need to enhance communication, interaction, and coordination of healthy childhood weight promotion through initiating and maintaining partnerships and collaborative relationships with national organizations, key state and local entities, and other identified MCHB partners.

Applicants should summarize the need to compile and share state- and national-level nutrition-related data, breastfeeding data, and physical activity data in order to improve and evaluate healthy weight promotion activities within the state.

Applicants should use data to describe health disparities that exist within the burden of obesity experienced by children ages birth to 21 years. Disparities based on race, ethnicity, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions must be considered. Applicants should also describe how socio-cultural determinants of health influence the inequities described through data, and the need for prevention strategies to be infused with best practices of cultural competence.

#### ▪ *METHODOLOGY -- Corresponds to Section V's Review Criteria 2, 3, and 4*

Applicants should propose methods that will be used to meet the program requirements and expectations in this FOA, specifically how the applicant will simultaneously perform the three components of activities described in detail below: **National MCHB Children's Healthy Weight Initiative, Children's Healthy Weight CoIIN Activities, and Children's Healthy Weight Capacity Building.**

Applicants should provide information that shows an understanding of the challenges faced by collaborative teams in implementing rapid change through quality improvement processes and identify the specific technical assistance needs required to address them. Strategies in the work plan should reflect the needs and challenges that have been identified.

The Children's Healthy Weight CoIIN will be responsible for the creation, support, and implementation of a national initiative to support maternal and child health State Title V programs and facilitate implementation of CoIIN strategies to increase the proportion of children who fall within a healthy weight range. This program is built upon a state-to-state network infrastructure, increasing the sharing of best practices and lessons learned among a peer-to-peer framework, including stakeholders that can impact policy and practices to show measureable outcomes in a short time period.

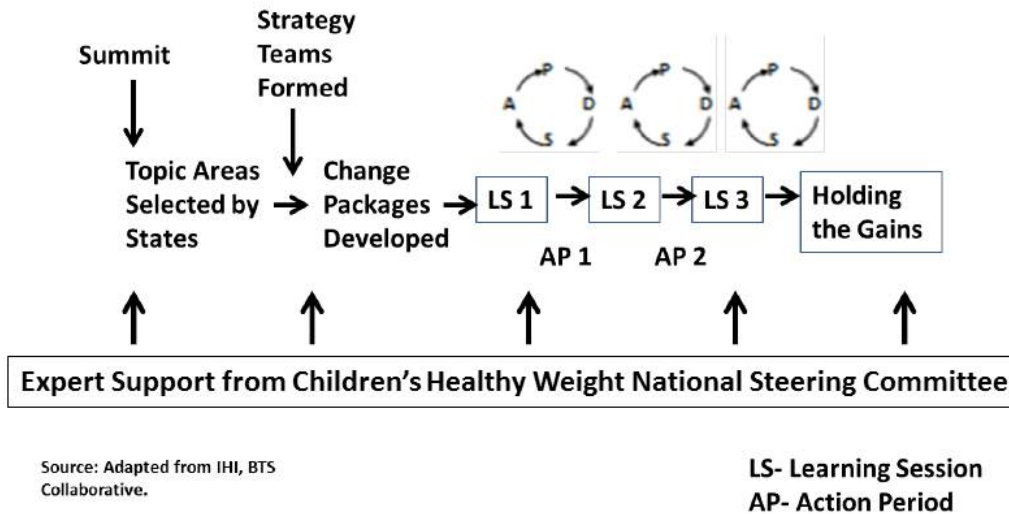
A standing National Steering Committee of key stakeholders will be convened by the applicant and supported by the Children's Healthy Weight CoIIN and will promote leadership, guidance, and support to drive action within state Title V programs. The Children's Healthy Weight CoIIN will establish and strengthen innovative state, local, and community partnerships to integrate healthy weight promotion in new and creative ways, establishing linkages among key stakeholders that may not have previously collaborated. The Children's Healthy Weight CoIIN will use proven CoIIN methodology to provide technical assistance and resources to State Title V programs to advance National Performance Measures in nutrition, breastfeeding, and physical activity as measured through improvements in national performance measure rates. The Children's Healthy Weight CoIIN will also work to increase alignment among MCHB nutrition investments within states with other federal agencies' investments, to effectively leverage resources and build capacity for support to state MCH programs.

Key elements of the Children's Healthy Weight CoIIN include:

- Coordinated strategies: Leadership from participating states will attend a child healthy weight virtual summit to implement a strategic planning process, drawing heavily from lessons learned in the Pediatric Obesity Mini CoIIN.
- Collaborative learning: "Cyberteam" will be formed to focus on the advancement of priority healthy weight strategies, meeting regularly to learn from subject matter experts and state practical experiences.
- Common benchmarks: Leadership from participating states will provide input to define and measure the success of work using a balance of outcome, process, and balancing measures.
- Rapid test cycles: Strategy teams will design "change packages" which use real-time data to drive improvements.

State teams participating in the Children's Healthy Weight CoIIN will use the Breakthrough Series (BTS) model for spreading quality improvement. Teams will commit to working and learning from each other and from expert faculty over a period of between 12-18 months, alternating between "learning sessions" (planned technical assistance or formal learning activities) and "action periods" of Plan-Do-Study-Act (PDSA) cycles, as illustrated below. The Children's Healthy Weight CoIIN will launch CoIIN activities with cohorts of states across the three-year cooperative agreement.

## Children's Healthy Weight CoIIN



### Accountability

The Children's Healthy Weight CoIIN will use the documentation of quantitative and qualitative data to assess process, outcome, and impact measures associated with child healthy weight promotion efforts.

CoIIN activities will have significant emphasis on real-time measurement data collected in a web-based collaborative workspace, that allows the state teams to report monthly qualitative and quantitative information on both topic-specific and common measures of progress and to share reports and materials among teams.

These data will also be used to inform scale-up efforts for identified child healthy weight interventions.

Depending on the strategies chosen by the state teams, impact at the state level may be measured, for example, by an increase in the number of "Breastfeeding Friendly" hospitals or by implementing district- and/or state-level physical activity and obesity prevention policies in schools, including ECE settings and afterschool programs. Within the current Pediatric Obesity Mini CoIIN, impact and success are currently being demonstrated by, for example, the number of children impacted by an innovative new health-related curriculum and by documented successes in changing and improving current ECE licensing requirements. However, note that these are only examples and are not meant to be prescriptive, nor should they limit the scope of any proposed strategy. **Measurement and**

**success of the CoIIN will be linked to the goals of improving national performance measures related to nutrition, breastfeeding, and physical activity.**

All strategies advanced through this program will be monitored and evaluated closely to document improvements, further building the body of evidence around best practices for keeping children and adolescents at a healthy weight.

The Children's Healthy Weight CoIIN will also develop and implement a clear dissemination plan to catalyze the adoption of successful strategies within systems that serve maternal and child health populations, each of which should be represented on the National Steering Committee. Electronic technologies (website, social media, etc.) will be used to increase knowledge about the existing and growing evidence base of children's healthy weight interventions.

### *Three Activity Components*

The Children's Healthy Weight CoIIN objectives/goals will be advanced through three primary components of activity: (1) A National MCHB Children's Healthy Weight Initiative (a /resource center), (2) Children's Healthy Weight CoIIN Activities, and (3) Children's Healthy Weight Capacity Building.

### **Component 1: National MCHB Children's Healthy Weight Initiative (approximately 10 percent effort)**

The awardee shall have specific responsibilities for the creation, support, and implementation of a national technical assistance center to support improvements in adoption of evidence-based and evidence-informed policies, programs, and practices for state Title V programs. This technical assistance center will support Title V programs in workforce development related to nutrition, physical activity, and breastfeeding resources and capacity building. The initiative will establish an infrastructure to facilitate support and consensus among key national stakeholders, ensure the CoIIN's alignment among other national initiatives to heighten synergy, and increase sustainability of the effort among maternal and child health populations. The National MCHB Children's Healthy Weight Initiative builds upon four complementary frameworks:

- [Bright Futures Guidelines](#), which provides a common and evidence-based framework for well-child care from birth to age 21, and, more specifically, [Bright Futures Nutrition, 3<sup>rd</sup> Edition](#)
- Healthy People 2020 objectives, as applied to children and youth ages birth -19 years
- National and state MCH Block Grant Performance Measures
  - NPM 4: A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through six months. *Goal: To increase the proportion of infants who are breastfed and who are breastfed at six months.*
    - Evidence-based or evidence-informed strategies, as documented by the [Association of State Public Health Nutritionists](#) as well as the Johns Hopkins [Strengthen the Evidence Base for MCH Programs initiative](#), include:
      - Increase “Breastfeeding Friendly” hospitals



- Improve maternity care practices in birthing facilities, such as Ten Steps to Successful Breastfeeding or the Baby-Friendly Hospital Initiative
- Provide access to professional support (statewide referral and resources; linkages between birthing facilities and community resources; collaborate with state Medicaid and insurance for coverage)
- Support for breastfeeding in the workplace (ensure compliance with workplace accommodation law, enhance lactation support programs)
- Support for breastfeeding in early care and education (promote inclusion of breastfeeding support in licensing standards and Quality Rating Improvement Systems, support model breastfeeding employees, facilitate training of Early Care and Education (ECE) providers on how to support breastfeeding families and handle breast milk)
- Provide access to breastfeeding education and information (integrate education into public health programs that serve new families, facilitate access to education in the community)
- Promote a breastfeeding-friendly culture (social marketing campaigns, address marketing of breast milk substitutes)
- Using additional strategies outlined in [The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies](#)
- NPM 8: Percent of children ages six through 11 and adolescents ages 12 through 17 who are physically active at least 60 minutes per day. *Goal: To increase the number of children and adolescents who are physically active.*
  - Evidence-based or evidence-informed strategies, as documented by the [Association of State Public Health Nutritionists](#) as well as the Johns Hopkins [Strengthen the Evidence Base for MCH Programs initiative](#), include:
    - Engage school wellness councils and other groups to advocate for district- and/or state-level physical activity and obesity prevention policies in schools, including ECE settings and afterschool programs.
- The [Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity](#), as applied to children ages two to five:
  - Communicate consistent, evidence-based nutrition and physical activity messages;
  - Increase weight screenings in health care settings and increase referrals to nutrition services by trained health care professionals when BMI is not within a healthy weight range;
  - Adopt policies and practices in early care and education settings that support healthy weight behaviors.

Responsibilities of the Children's Healthy Weight CoIIN include:

- Support to a National Steering Committee
  - Convene a National Steering Committee comprised of representatives from key national stakeholders including federal agencies, as well as a consortium of task forces which focus on three specific domains: nutrition, physical activity, and breastfeeding. At least one meeting (in-person or virtual) should be held per year. The first meeting must be in-person, in the Washington, DC metropolitan area; future meetings thereafter may be in-person or virtual.
  - Provide staffing and logistical support for meetings of the committee and task forces. A chairperson with expertise and national leadership experience in children's healthy weight shall be selected in collaboration with MCHB after the notice of award is issued.
- Facilitate collaboration to increase strategic partnerships among national, state, and community programs to heighten synergy and alignment in advancing strategies related to increasing the proportion of children who fall within a healthy weight range. Partnership building activities should increase the ability to measure impact through common data metrics, as well as enhance the long-term sustainability of protective strategies advanced through the CoIIN. Specifically, the following programs and stakeholders should be engaged: organizations representing state dietetic and public health nutrition and state MCH Block Grant programs, state Title V programs, Healthy Start, Home Visiting, and Early Childhood Comprehensive Systems grantees, and the current Pediatric Obesity Mini CoIIN.

## **Component 2: Children's Healthy Weight CoIIN Activities (approximately 80 percent effort)**

The CoIIN methodology will leverage a partnership to achieve the goal of increasing the proportion of children who fall within a healthy weight range. CoIIN participants learn from one another and national experts, share best practices and lessons learned, and track progress toward shared benchmarks. Due to the nature of the CoIIN model, there are distinctions between the work of Year One versus Years Two and Three, further described below.

Responsibilities of the Children's Healthy Weight CoIIN include:

### **YEAR ONE**

- Planning activities
  - Identify and convene teams of key state representatives from at least seven (7) participating states. The states invited to participate will include those that selected at least one MCH Block Grant National Performance Measure related to nutrition, physical activity, and/or breastfeeding (NPM 4 and NPM 8):
    - State teams must include the state maternal and child health director.
    - At least one member of the team must be a public health nutritionist (RDN preferred).
    - At least one member of the state team needs to work at the state health department (managers of chronic disease, the Special Supplemental

- State teams need to demonstrate that baseline data on the selected NPM is available or that it can be gathered within the first three months of the award.
- As applicable, state team invitations may also be extended to: a state ChildCare Aware organization; a Head Start program; the state childcare licensing agency; physical activity professionals and related appropriate professional organizations; breastfeeding representatives and appropriate professional organizations; a statewide nutrition coalition or network.

assist state representatives in identifying common strategies;

establish strategy-specific teams for the CoIIN;

provide linkages such that the National MCHB Children's Healthy Weight Initiative national steering committee, among other stakeholders and experts, can inform the work of the CoIIN initiatives overall and among selected strategy-specific teams, as appropriate;

establish and support processes to foster ongoing productive engagement of state strategy team members throughout the life of the CoIIN; and

analyze technical content, and plan and implement technical assistance activities with the participating state teams.

- ## YEARS TWO AND THREE

- 15

- Provide TA and support to the Team Leads for each of the teams (e.g., training on roles of team leads and effective cyber team formation and management, assistance with identification and recruitment of additional team members, providing suggestions for data or method experts); and
  - Provide ongoing TA to each strategy-specific team on the implementation of chosen QI process/model and small tests of change.
- Provide a process for assessing TA needs of CoIIN project teams, specifically related to QI and collaborative learning and include a formatted regular report to MCHB staff.
- Provide or identify an existing secure website to facilitate the collaboration of participating state teams. The web-based collaborative workspace must have the ability to store and share documents and data for each state team and facilitate communication among team members.
- Provide TA to state teams on data capacity, with a specific focus on how to track progress of chosen QI aims through the use of real-time data. In this capacity, the awardee should provide TA to states on:
  - Engaging data experts for state teams;
  - Engaging experts in MCH public health nutrition for guidance on incorporating nutrition in to the Title V MCH Services Block Grant National Performance Measures;
  - Engaging experts in physical activity and breastfeeding for guidance;
  - Identifying potential data sources;
  - Assisting in building in-roads to national data sources where possible and supporting state-based efforts to utilize existing data; and
  - Assisting teams in addressing data sharing issues.
- Provide TA to teams on how to sustain and institutionalize CoIIN activities and practices. TA should be provided on specific steps needed to maintain these activities at the state level.
- Develop Dissemination and Sustainability plans
  - Reconvene participants at the close of the CoIIN to discuss outcomes of each project, and methods of documentation and dissemination of findings; and
  - Develop sustainability plans for successful strategies advanced through the CoIIN.

### **Component 3: Children's Healthy Weight Capacity Building (approximately 10 percent effort)**

The Children's Healthy Weight CoIIN program will develop and share resources related to core behaviors and strategies within health services and systems which serve infants, children, and adolescents including those with special health care needs. This component of the cooperative agreement is designed to both increase dissemination of successful strategies, resources, and activities identified through the CoIIN as well as identify additional areas within state systems for networking, coordination and collaboration in order to expand the impact of the CoIIN. Target audiences include states participating in the CoIIN as well as those states not participating in the CoIIN; targeted systems within states may include state health departments, community health centers, and childcare centers, among others. The purpose is to give states new ideas for projects and programs that they can replicate in their states; how they can adopt evidence-based or evidence-informed policies and practices related to nutrition, physical activity, and breastfeeding in

order to increase the proportion of children who fall within a healthy weight range. This cooperative agreement will also help inform the feasibility of the development of a national performance measure for nutrition.

▪ *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, organized by the three components of activity. Use a timeline that includes each activity, identifies responsible staff and indicates milestones of progress. As appropriate, 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.

Applicants should include a Work Plan that describes the sequence of specific activities and steps that will be used to carry out each proposed methodological approach. Program objectives should be SMART (specific, measurable, achievable, relevant, and time measurable), with detailed action steps describing how objectives will be attained. Applicants should explicitly describe who will conduct each activity.

The applicant should develop a detailed timeline of proposed project activities, included as Attachment 1. The timeline should link activities to project objectives and should cover the three (3) years of the project period.

Applicants should describe an efficient and effective plan for managing the project, including its personnel and resources. NOTE: Organizations or agencies that are submitting a joint application must provide information on how they will ensure lines of communication and consistent and timely, high quality of work irrespective of which organization is leading the specific task.

Applicants should describe an effective plan for monitoring and tracking project activities.

▪ *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criteria 2 and 5*

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 AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria 3 and 5*

Applicants should describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Emphasize experience related to managing collaboratives, promotion of nutrition, physical activity, and breastfeeding, providing technical assistance, and creating technical assistance modules and materials. Include the following:

- (1) The data collection strategy or process that will be used to evaluate model components and processes for ease of use and understandability among participants. Explain how

- the data (results) will be used to inform or improve the program implementation.
- (2) Information on experience with developing and maintaining an Internet-based work space. Discuss the hardware and software tools planned for storing documents and tools created by members of the CoIIN, and logistics for maintaining engagement of cyberteams.
  - (3) Description of any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.
  - (4) Description of how project personnel are qualified by training and/or experience to provide quality technical support. In particular:
    - a. The extent to which the personnel have demonstrated national leadership in convening and facilitating diverse stakeholders in efforts to increase coordination and synergy of efforts to improve public health nutrition.
    - b. The extent to which the personnel demonstrate capacity to provide ongoing technical assistance to State Title V programs in translating strategies into action on the state and local levels, including subject matter expertise in the fields of nutrition, physical activity, and breastfeeding.
    - c. The extent which the personnel demonstrate capacity in planning, training, and executing quality improvement activities and are familiar with the Institute for Healthcare Improvement (IHI)'s IHI breakthrough series.

*ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criteria 5*

Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations.

Provide information on the applicant organization's ability, capacity, and past experience to:

- Demonstrate national leadership in convening and facilitating diverse stakeholders in efforts to increase coordination and synergy of efforts to improve public health nutrition.
- Provide ongoing technical assistance to help State Title V programs in translating strategies into action on the state and local levels. Specifically describe the applicant organization's subject matter expertise in nutrition, physical activity, and breastfeeding.
- Support development and maintenance of cyberteams.
- Monitor internal QI processes.
- Meet each of the previously-described program requirements and expectations in this FOA.

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

### **iii. Budget**

See Section 4.1.iv of HRSA's [SF-424 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, *if applicable*, 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.

In addition, the Children's Healthy Weight CoIIN program requires the following:

The Consolidated Appropriations Act, 2016, Division H, §202, (P.L. 114-113) 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 may 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 Children's Healthy Weight CoIIN program requires the following:

The budget should reflect adequate support to effectively implement the face-to-face meeting(s) proposed.

**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 grant/cooperative agreement 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 grant/cooperative agreement programs have been approved by OMB 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 Children's Healthy Weight CoIIN Program and Submission of Administrative Data*

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/U7N\\_1.HTML](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U7N_1.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 would 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: Work Plan*

Attach the Work Plan for the project that includes all information detailed in Section IV. ii. Project Narrative. The timeline should also be included in this attachment.



*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 no more than 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 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. Letters 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: Tables, Charts, etc.*

As appropriate, tables and charts (e.g., Gantt or PERT charts, flow charts, etc.) may be included to give further details about the proposal.

*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**

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 *May 17, 2016 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**

Children's Healthy Weight CoIIN 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 \$300,000 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.

The General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L. 114-113) 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 2017, 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 Children's Healthy Weight CoIIN has six (6) review criteria:

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

- The extent to which the applicant details their understanding of the purpose for the project.
- The extent to which the applicant demonstrates an understanding of the Title V Block Grant transformation.
- The extent to which the application demonstrates an understanding of the burden of obesity, children and youth ages birth to 21 years, including existing disparities.
- The extent to which the application demonstrates the problem and associated contributing factors and approaches to promoting healthy weight and reducing childhood obesity.
- The extent to which the applicant summarizes the need to enhance communication, interaction, and coordination of public health nutrition through initiating and maintaining partnerships and collaborative relationships with national organizations, key state and local entities, and other identified MCHB partners.
- The breadth and depth of the applicant's analysis of state and community-based systems in nutrition, physical activity, and breastfeeding.

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

The extent to which the proposed project responds to the three components of activity described in this FOA: **National MCHB Children's Healthy Weight Initiative, Children's Healthy Weight CoIIN Activities, and Children's Healthy Weight Capacity Building**. The strength of the proposed goals and objectives and their relationship to the promotion of healthy weight behaviors.

Extent to which the applicant succeeds in addressing the following:

#### Subcriterion: Methodology (15 points)

- Provides a reasonable approach for implementing its proposed work plan for the development and ongoing technical assistance provided to State Title V programs.
- Provides a logical linkage between proposed activities and achievement of the goals of

the Children's Healthy Weight CoIIN Program, including increasing the proportion of children ages birth to 21 years within a healthy weight range.

- Responds to program expectations outlined.
- Includes a focus on reducing disparities in childhood obesity for diverse populations.
- Outlines approach for TA and supporting the development and maintenance of state teams including how they plan to conduct collaborative learning sessions.
- Outlines the process that will be used to evaluate their internal QI processes.
- Identifies barriers or challenges that may occur with cyberteams and their process for overcoming or minimizing such challenges.
- Discusses plans for ensuring ongoing communication and coordination with HRSA and National MCHB Children's Healthy Weight Initiative, including sufficient staffing for the National Steering Committee.
- Outlines plan for achieving sustainability of state CoIIN projects and web-based collaboration space.

Subcriterion: Work Plan (10 points)

- clearly delineates the proposed goals and activities and their relationship to the project.
- Relates and corresponds to the needs assessment and activities outlined in the Methodology section.
- Includes clearly written problem statement, goals, time frames, objectives, responsible staff, and methods for evaluation.
- Degree to which the objectives relate to each goal.
- The time frame is reasonable for conducting a quality improvement (rapid change) project.
- Inclusion of milestones to assess progress of stated objectives.
- The evaluative measures correspond to the planning and implementation of the CoIIN and effectiveness of the technical assistance provided to the participants.

Subcriterion: Resolution of Challenges (5 points)

- Demonstrates an understanding of the unique challenges that are likely to be encountered across all three components of the program.
- Proposed solutions for overcoming such challenges are realistic.

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

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

- The strength of the plan in describing how the chosen quality improvement process will be evaluated, how data will be collected and used to improve the CoIIN process.
- The strength of the plan for monitoring and assessing its performance, including methods employed by staff to ensure that the proposed activities are being successfully documented and completed, based on overall work plan.
- The strength of the plan in identifying, documenting, and linking proximal measures to the overall outcome goals of the three components, including identification of appropriate data sources for measuring the increased proportion of children and adolescents within a healthy weight range.

*Criterion 4: IMPACT (10 points) – Corresponds to Section IV’s Methodology and Work Plan*

- The feasibility and effectiveness of plans for dissemination of project results, and the extent to which project results may be national in scope, and the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.

*Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV’s Resolution of Challenges, Evaluation and Technical Support Capacity, and Organizational Information*

- The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. In particular:
  - The extent to which the personnel have demonstrated national leadership in convening and facilitating diverse stakeholders in efforts to increase coordination and synergy of efforts to improve public health, as related to nutrition, physical activity, and breastfeeding.
  - The extent to which the personnel have demonstrated expertise in healthy weight promotion, to include specific expertise in nutrition, physical activity, and breastfeeding in order to address Component 3 of the program activities.
  - The extent to which the personnel demonstrate capacity to provide ongoing technical assistance to help state Title V programs in translating strategies into action on the state and local levels, including subject matter expertise in the fields of nutrition, physical activity, and breastfeeding.
  - The extent to which the personnel demonstrate capacity in planning, training, and executing quality improvement activities and are familiar with the IHI breakthrough series.
- The capabilities of the applicant organization(s) and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed program.
- The extent to which the applicant demonstrates knowledge and understanding of effective quality improvement processes that reflect the principles of the CoIIN model.
- The extent to which the applicant details past experience in managing collaboratives, providing technical assistance, and maintaining an internet-based work space.
- The extent to which the applicant details past experience with federal grants and/or cooperative agreements at the national level and ability to complete deliverables.
- The extent to which the applicant describes expertise in maternal and child health and the ability to collaborate with other partners to accomplish proposed activities.
- The extent to which the applicant demonstrates successful experience and commitment to partner with relevant entities with experience working to promote children’s healthy weight (specifically related to nutrition, physical activity, and breastfeeding) through a variety of mechanisms and processes on both the state and regional levels.
- The extent to which the applicant is able to engage key stakeholders/organizations representing the dietetic/public health nutrition profession, the physical activity profession, and breastfeeding profession; in particular, individuals with credentials related to nutrition, breastfeeding and/or physical activity.

*Criterion 6: SUPPORT REQUESTED (15 points) – Corresponds to Section IV's Budget and Budget Justification Narrative*

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

- The extent to which the applicant demonstrates a realistic, adequately justified budget that is associated with the activities to be completed given the unique components and relative program effort set forward in the Methodology section.
- The extent to which budget list items are adequate and appropriate for proposed project activities.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- The extent to which the budget clearly justifies proposed staff, contracts and other resources.
- The extent to which the budget reflects adequate support to effectively implement face-to-face meeting(s) proposed, including the National Steering Committee.

## **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.

## **3. Assessment of Risk**

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](#)).

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

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

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 HHS Operating Division or HHS official or board.

## **4. Anticipated Announcement and Award Dates**

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

## **VI. Award Administration Information**

### **1. Award Notices**

The Notice of Award will be sent prior to the start date of September 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\*](#).

#### **Rights in Data**

All publications you develop or purchase with funds awarded under this announcement must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), you own the copyright for materials that you develop under the cooperative agreement, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under the cooperative agreement and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes.

In all cases, whether HHS funded all or part of the project or program resulting in the data, the Federal Government must be given a royalty-free, nonexclusive, and irrevocable license for the Federal Government to reproduce, publish, or otherwise use the material and to authorize others to do so for federal purposes, e.g., to make it available in government-sponsored databases for use by other researchers. Additional information on "Rights in Data" is available online in the HHS Grants Policy Statement, page II-72 at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>.

### **3. Reporting**

MCHB intends to update the Discretionary Grant Information System (DGIS) with new Discretionary Grant Performance Measures. As announced in the Federal Register on November 6, 2015 (<https://www.gpo.gov/fdsys/pkg/FR-2015-11-06/pdf/2015-28264.pdf>), the DRAFT Performance measures introduce a new performance measure framework and structure that will better measure the various models of MCHB grant/cooperative agreement programs and the services each funded program provides. The performance data will serve several purposes, including recipient monitoring, performance reporting, MCHB program planning, and the ability to demonstrate alignment between MCHB discretionary programs and the MCH Title V Block Grant program. This revision will allow a more accurate and detailed picture of the full scope of activities supported by MCHB-administered grant/cooperative agreement programs, while reducing the overall number of performance measures from what is currently used. The proposed performance measures can be reviewed at <http://mchb.hrsa.gov/dgis.pdf>. In addition to the reporting on the new performance measures, recipients will continue to provide financial and program data, if assigned.

Pending approval from OMB, the new package will apply to all MCHB discretionary award recipients. New and existing awards awarded on or after October 1, 2016, will be required to

report on measures assigned by their Project Officer. Additional instructions will be provided on how to access the new DGIS once it becomes available for recipient 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 Report(s).**

HRSA has modified its reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by MCHB to include national performance measures that were developed in accordance with the requirements of GPRA. This Act requires the establishment of measureable 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, the MCHB's authorizing legislation. Performance measures for other MCHB-funded grant programs have been approved by OMB 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/U7N\\_1.HTML](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U7N_1.HTML).

#### **b) Performance Reporting**

Successful applicants receiving an award 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/U7N\\_1.HTML](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U7N_1.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..

#### **c) Project Period End Performance Reporting**

Successful applicants receiving grant 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/U7N\\_1.HTML](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U7N_1.HTML). The requirement includes providing expenditure data for the final year of the project



period, the project abstract, grant summary data, as well as final indicators/scores for the performance measures.

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

## VII. Agency Contacts

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

Hazel N. Booker  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Room 10W-57D  
Rockville, MD 20857  
E-mail: [NBooker@hrsa.gov](mailto:NBooker@hrsa.gov)  
Telephone: (301) 443-4236  
Fax: (301) 443-6686

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

Meredith Morrisette, MPH  
Public Health Analyst, MCHB/DMCHWD  
Health Resources and Services Administration  
5600 Fishers Lane, Room 18W13B  
Rockville, MD 20857  
E-mail: [Mmorrisette@hrsa.gov](mailto:Mmorrisette@hrsa.gov)  
Telephone: (301) 443-6392  
Fax: (301) 443-1797

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](mailto:support@grants.gov)  
Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

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

### **Technical Assistance:**

A technical assistance call will be held on **Wednesday, March 23, 2016 from 2:00 pm to 3:00 pm Eastern Time**. The MCHB Project Officer will provide an overview of the FOA and be available to answer questions. Call information is as follows:

- Call number: 888-843-9978
- Passcode: 1157942
- Web link: <https://hrsa.connectsolutions.com/hrsa-16-180/>

## **IX. Tips for Writing a Strong Application**

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