U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

Maternal and Child Health Bureau
Division of Child, Adolescent, and Family Health

Children's Safety Network Program

Funding Opportunity Number: HRSA-18-083
Funding Opportunity Types: New and Competing Continuation
Catalog of Federal Domestic Assistance (CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Application Due Date: January 16, 2018

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

Issuance Date: November 14, 2017

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB), Division of Child, Adolescent, and Family Health, is accepting applications for fiscal year (FY) 2018, for the Children's Safety Network Program. The purpose of this program is to reduce fatal and serious injuries among infants, children, and youth by supporting collaborative improvement among Title V agencies working to address child safety, including sudden unexpected infant deaths (SUID) and bullying. The program will accomplish this by providing capacity building services to Title V agencies in implementing effective child safety interventions in priority topic areas that are responsive to common state performance measures identified in the Title V State Action Plans; and by maintaining a coalition of national, state, and local agencies and other key stakeholders that support improvements in the adoption of evidence-based policies, programs, and practices.

Funding Opportunity Title:	Children's Safety Network Program
Funding Opportunity Number:	HRSA-18-083
Due Date for Applications:	January 16, 2018
Anticipated Total Annual Available FY18 Funding:	$1,000,000
Estimated Number and Type of Award:	Up to 1 cooperative agreement
Estimated Award Amount:	Up to $1,000,000 per year
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	June 1, 2018 through May 31, 2023 (5 years)
Eligible Applicants:	An eligible applicant for funding in this competition is any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b). Community-based organizations, including Faith-based organizations are eligible to apply. See Section III-1 of this notice of funding opportunity (NOFO), formerly known as the funding opportunity announcement (FOA), for complete eligibility information.

Application Guide

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

Technical Assistance

MCHB invites you to the following technical assistance webinar:

Webinar

Day and Date: Wednesday, December 6, 2017
Time: 2 – 3:30 p.m. ET
Call-In Number: 1-877-638-1255
Participant Code: 85676413
Weblink: **https://hrsa.connectsolutions.com/r5brs3y2ek1/**

The archive of the recording of this webinar will be available at:
https://www.hrsa.gov/grants.

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I. Program Funding Opportunity Description

1. Purpose

This notice solicits applications for the Children's Safety Network Program (CSN).

The purpose of this program is to reduce fatal and serious injuries among infants, children, and youth by supporting collaborative improvement among Title V agencies working to address child safety, including sudden unexpected infant deaths (SUID) and bullying. The program will accomplish this through two components: (1) providing capacity building services to Title V agencies in implementing effective child safety interventions in priority topic areas that are responsive to common state performance measures identified in the Title V State Action Plans; and (2) maintaining a coalition of national, state, and local agencies and other key stakeholders that support improvements in the adoption of evidence-based policies, programs, and practices. For the purposes of this notice of funding opportunity (NOFO), the term child safety applies to children ages 0-19 years nationally, and includes reductions in injury-related deaths, hospitalizations, and emergency department (ED) visits; SUID; and bullying. CSN will serve as the principal technical assistance provider to Title V agencies in their improvement efforts to address injury-related National Performance Measures (NPMs) pertaining to injury hospitalization (NPM 7), safe sleep behaviors (NPM 5), and bullying prevalence (NPM 9).

Injuries and violence can occur through a variety of mechanisms and settings, resulting in some populations being at greater risk for different types of injuries. In the complex context of childhood development, family systems, communities, and child-serving organizations, the professionals working in violence and injury prevention face numerous challenges. The cross-cutting nature of injury prevention makes it very difficult to remain abreast of the latest evidence. Although injuries and violence remain the top causes of death and hospitalization for children, some states do not have an injury and violence prevention program and in many other states, it is decentralized.[1]

The incumbent plays a critical role in building the core competencies of state IVP programs, including but not limited to use of data; the design, implementation, and evaluation of IVP activities; and the dissemination of IVP-related information.[2] CSN will work directly with Title V agencies to build their capacity in these core competencies. CSN will also work nationally through a coalition of national, state, and local agencies and other key stakeholders to expand the reach of child safety evidence, as well as to connect Title V agencies to subject matter experts and to key stakeholder groups and their networks (see Component 2).

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[1] State of the States: 2015 Report. (2016). Atlanta (GA): Safe States Alliance, pp. 13-16.
[2] http://www.safestates.org/associations/5805/files/Core Competencies.pdf

Objectives for CSN include the following. By 2023, there will be:

- Reductions in injury-related deaths, hospitalizations, and ED visits by 100,000 nationally, using National Vital Statistics System (NVSS) and Healthcare Cost and Utilization Project (HCUP).[3,4,5]
- For states participating in collaborative learning cyber-teams (see Component 1, Working with Collaborative Learning Cyber-teams):
  - A 4 percent decrease from the baseline established in the first year of the project period in state-level injury-related fatalities, hospital admissions from non-fatal injuries, and injury-related ED visits for specific priority topic area(s), using NVSS and HCUP data.[6]
  - A 5 percent decrease from the baseline established in the first year of the project period in state-level SUID rates, using NVSS data.[7]
  - A 4 percent increase from the baseline established in the first year of the project period in safe sleep behaviors, using Pregnancy Risk Assessment Monitoring Systems (PRAMS).[8]
  - A 2 percent decrease in bullying victimization, using Youth Risk Surveillance System (YRBS) and National Children's Health Survey data.[9,10]
- At least 25 Title V agencies demonstrate knowledge and application of quality improvement to child safety.
- At least 15 Title V agencies demonstrate improvement toward the shared aim through plan-do-study-act (PDSA) or other improvement monitoring processes.
- A 30 percent increase in the dissemination of technical assistance resources (e.g., number of downloads, subscribers, followers).[11]
- A 50 percent increase in the number of states/jurisdictions that apply CSN technical assistance resources in identifying and implementing evidence-based injury prevention strategies.[12]

Program Activities

CSN will serve as the principal technical assistance provider to Title V agencies to support their improvement efforts to address child safety-related NPMs by bridging the gap between evidence and practice through two components:

1. **Capacity building** around child safety promotion, injury prevention (including SUID), and violence prevention (including bullying) based on the best available evidence, following a public health approach (see page 3), that is guided by an evidence-based program improvement model or framework; and

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[3] https://www.cdc.gov/nchs/nvss/index.htm
[4] https://www.hcup-us.ahrq.gov/
[5] Other data sources, in addition to those identified, may also be used for demonstrating change.
[6] Ibid
[7] https://www.cdc.gov/nchs/nvss/index.htm
[8] https://www.cdc.gov/prams/index.htm
[9] https://www.cdc.gov/healthyyouth/data/yrbs/index.htm
[10] http://childhealthdata.org/
[11] Data source and data collection mechanisms to be determined after award.
[12] Ibid

2. A **national coalition** of representatives from key stakeholders at the national, state, and local levels, and in the private, public, and not-for-profit sectors, that raises national awareness of child safety and its impact, provides expert guidance to Title V agencies, and aligns with other national initiatives, such as the Core State Injury and Violence Prevention Programs supported by the Centers for Disease Control and Prevention (CDC).[13]

1) Capacity building (approximately 85 percent of effort)

This component of CSN is designed to nationally improve the effectiveness of efforts to reduce childhood injury-related deaths and injuries, increase safe infant sleep behaviors, and reduce bullying prevalence.

The cross-cutting nature of injury prevention often leaves Title V agencies struggling to remain abreast of the latest evidence. Further, despite the deep evidence base in child safety, successful translation of such evidence depends upon the ability of numerous, diverse organizations and systems to implement change strategies as intended. It is at this critical juncture that CSN serves as the bridge between the evidence-based strategies and their effective implementation.

CSN will be responsible for supporting Title V agencies through proactive, responsive, evidence-based, and data-driven technical assistance in child safety promotion, using a collaborative learning approach. Capacity building will focus on child safety-specific topics (i.e., SUID and bullying, and 1-3 additional injury topics,[14] such as motor vehicle crashes, poisoning, suicide/self-harm), while also addressing cross-cutting factors (e.g., policy development, using data to inform practice, continuous quality improvement (CQI), and disparities in child injury). CSN will also build the capacity of Title V agencies to use a public health approach[15] to child safety promotion and IVP:

- Define the problem
- Identify risk and protective factors
- Develop and test prevention strategies
- Assure widespread adoption

Capacity building services will address national and state MCH Block Grant performance measures related to child safety, and will be responsive to common state performance measures identified in the Title V State Action Plans.

> *Injury Fatalities and Hospitalizations:* CSN will serve as the principal source of subject matter expertise and support on child safety for Title V agencies to reduce fatalities due to injury and the number of hospital admissions for non-fatal injury among children ages 0-19 years. CSN will collaborate with the HRSA-supported

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[13] https://www.cdc.gov/injury/stateprograms/about.html
[14] Specific objectives for the additional 1-3 priority topic areas described in Component 1, Working with Collaborative Learning Cyber-teams, will be jointly determined and agreed upon by the cyber-teams, subject to Government Project Officer approval.
[15] https://www.cdc.gov/violenceprevention/pdf/PH_App_Violence-a.pdf

Fetal, Infant, and Child Death Review Program to support capacity building on preventing fatalities and injuries.

Bullying Prevention: CSN will support health and safety services and systems to increase their capacity to reduce bullying and its impact on youth involved. In particular, CSN will support state health departments' use of evidence-based tools such as the "Assessing Prevention Capacity and Implementing Change."[16] This tool includes a bullying prevention self-assessment and a change package of evidence-based and evidence-informed strategies that can implemented through coordinated actions among state education agencies, justice system representatives, health care systems, and families, etc. CSN will also work in close partnership with the HRSA-supported Communications Management Services contractor as a dissemination channel for bullying prevention resources.

Safe Infant Sleep Promotion: CSN will provide subject matter expertise and support in national and state-level activities to promote safe sleep for infants. This includes supporting health and safety services and systems working to reduce the SUID rate, as well as close partnership with the HRSA-supported National Action for Partnership to Promote Safe Sleep. CSN will also collaborate with the HRSA-supported Fetal, Infant, and Child Death Review Program, the CDC-supported SUID Registry, and the Infant Mortality Collaborative Improvement and Innovation Network(s) addressing safe infant sleep to identify emerging trends, share information, and coordinate efforts whenever appropriate and feasible.

CSN will be responsible for demonstrating measurable improvements in child safety outcomes by applying a program improvement approach to capacity building. This approach includes the following activities, each of which is described in greater detail below:

- Analyzing national, state/jurisdiction, and local data
- Working with collaborative learning cyber-teams
- Developing and disseminating new child safety resources
- Maintaining a clearinghouse of child safety resources

Analysis of National, State/Jurisdiction, and Local Data

The recipient will conduct national and state level analyses on data related to childhood injury, including the cost burden, risk and protective factors, and disparities. The recipient should use state and local data whenever feasible. These data should include, but are not limited to:

1. Injury-related morbidity and mortality data, including ED visits, hospitalizations, fatalities, and near fatalities. Data sources may include Medicaid data, state ED data, poison center data, state home visiting program data, Healthcare Cost and Utilization Project data, National Hospital Discharge Survey, National Emergency

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[16] https://mchb.hrsa.gov/maternal-child-health-initiatives/bullying-prevention

Medical Services Information System (NEMSIS) data, and child fatality review data sources;[17,18,19]

2. Data related to SUID, including data from the Pregnancy Risk Assessment Monitoring System,[20] the National Child Death Review Case Reporting System, and state/local data from fetal/infant mortality reviews; and

3. Data on bullying incidence, including the Youth Risk Behavior Survey,[21] the School Crime Supplement to the National Crime Victimization Survey,[22] and the National Survey of Children's Health.[23]

Working with Collaborative Learning Cyber-teams

1. Establish at least three, and no more than five, collaborative learning cyber-teams of states/jurisdictions to drive improvements in outcomes related to each of the priority topic areas. Priority topic areas reflect common themes found across Title V State Action Plans describing priority needs of Title V programs, directly affect NPMs, build on previous Child Safety Collaborative for Innovation and Improvement Network (CoIIN) efforts (see Background section, below), respond to emerging/established issues related to child safety, and align with other national initiatives.[24] The priority topics are:

   - SUID reduction
   - Bullying prevention
   - At least one, and no more than three, additional injury-related topics, subject to review by the national coalition's steering committee and HRSA project officer approval, that (1) represent a priority of states/jurisdictions; (2) address injury-related areas where state-level outcomes are poorer than the national outcomes; and (3) address disparities in child injury. Examples include but are not limited to motor vehicle crashes, traumatic brain injury, prescription drug poisoning, suicide, and child maltreatment.

2. Identify and engage states/jurisdictions to participate in three to five learning collaborative "cyber-teams." You may propose teams as part of the application, though the project officer and the national coalition will collaborate with the recipient in making the final selection of participating states/jurisdictions.
   a. The principal, but not exclusive participants in the cyber-teams should be states/jurisdictions that selected the injury-related NPMs in the Title V MCH Block Grant Program State Snapshots[25] and the most recent Title V Block Grant Needs Assessment and State Action Plan (i.e., injury hospitalizations, safe sleep behaviors, and bullying prevalence).

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[17] https://www.ncfrp.org/resources/national-cdr-case-reporting-system/#CRS
[18] https://www.cdc.gov/sids/CaseRegistry.htm
[19] https://www.cdc.gov/nchs/nhds/index.htm
[20] https://www.cdc.gov/prams/index.htm
[21] https://www.cdc.gov/healthyYouth/data/yrbs/index.htm
[22] https://nces.ed.gov/programs/crime/surveys.asp
[23] http://www.childhealthdata.org/learn/NSCH
[24] https://www.cdc.gov/injury/stateprograms/about.html
[25] https://mchb.tvisdata.hrsa.gov/Home/StateSnapshot

      b.   Collaborative learning activities should be informed by analysis of state level data as described in sub-section A, as well as available information from the following, among others:
- Title V Block Grant Needs Assessments and State Action Plans
- Safe States Alliance State Technical Assessment Team (STAT) visit[26] recommendations, as applicable
- State Injury Indicator Reports[27]
- Recommendations from the state Child Death Reviews (CDR) Reports
- Recommendations from the Fetal Infant Mortality Reviews (FIMR)

      c.   States/jurisdictions should demonstrate commitment from leadership and support for the project; and designate a leader responsible for the day-to-day management and an agency sponsor that has authority to allocate time and resources necessary to achieve the team's aim. This should include, at a minimum, the state maternal and child health director and the state injury and violence prevention director.

3. Provision of technical assistance and expertise to cyber-teams related to the teams' self-selected aims, drawing on support from expert faculty from the national coalition when needed, including:
- A public health approach to child injury prevention and child safety promotion;
- Topic-specific content and subject matter expertise related to child safety;
- Cross-cutting factors (e.g., policy development, using data to inform practice, CQI, disparities in child injury)
- Strategies to reduce child injury for each topic area, based on scientific evidence;
- Collaborative learning principles and methods; and
- Injury-related measurement and data.

4. Facilitation of "cyber-teams" focused on the advancement of using evidence-based child safety strategies in priority topic areas. This includes members from the target audience (i.e., the organizations and child-serving systems that will be the focus of the strategies).
      a.   Ensure the active and productive engagement of team members in collaborative learning from subject matter experts and guided by state practical experiences.
      b.   Support teams in selecting strategies that will result in measurable impacts on the injury-related outcomes for the identified topic. These outcomes should be specific to the target population of the project (e.g., reduction in SUID in a specific community). The specific strategies may vary across cyber-teams.
      c.   Identify a common aim for each cyber-team that includes the target population, specific goals and/or improvements, and the timeframe for the effort. Note that the common aim must tie directly to the respective NPM.

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[26] http://www.safestates.org/?STAT
[27] https://www.cdc.gov/injury/pdfs/2015_state_injury_indicator_instructions-a.pdf

Progress toward the NPM should be demonstrated through changes in PDSA cycles or other improvement monitoring tools between quarterly reporting periods and ultimately for the duration of the cyber-team. For example, for a cyber-team implementing strategies focused on SUID:

- The **common aim** may be that 75 percent of caregivers will place infants to sleep on their backs for the first 6 months of life
- The **target population** may be infant caregivers
- The **timeframe** for implementing the strategy may be 18 months
- The **strategy** may be combining educational materials with conversations between caregivers and health care professionals.
- **Progress** may be monitored through periodic PDSAs of the strategy

   d. Ensure that teams track their progress on the strategies' impact on injury-related outcomes, through consistent reporting (i.e., at least quarterly) of PDSA cycles. Teams may use other improvement monitoring tools, methods, or techniques that use data to provide periodic feedback on progress toward common aims.

   e. Enable the sustainability of state/jurisdiction capacity to conduct ongoing program improvement (e.g., institutionalizing processes in agency policy and procedures; assuring increased leadership of the cyber-teams by the states/jurisdictions).

   f. Ensure that program activities reflect the cultural, racial, linguistic, and geographic diversity of the populations and communities served.

5. Provision of technical and logistical support to participating cyber-teams to:

   a. Manage a secure website[28] that serves as the collaborative workspace for the participating teams with the capability to store and share documents, and facilitate communication among team members.

   b. Convene all cyber-teams for at least two in-person learning sessions for the duration of the cooperative agreement; and conduct frequent remote meetings for each team. Use technology innovatively to allow for meaningful engagement of participants in remote meetings.

Development and Dissemination of New Resources on Child Safety Promotion

Develop and disseminate new resources, which may include change packages,[29] publications, fact sheets, reports, or webinars. (See Section VIII for more information.) All new content should be created for large and diverse audiences, with the goal of user uptake, not just dissemination. New resources and learning opportunities will be driven by the content development plan created by the national coalition (see Section 2(C)(1), below); will address current and pressing issues and gaps in evidence on child safety; and will reflect the latest evidence in child safety. The resources will be made publicly available through a website (see sub-section D, below), be broadly disseminated through the networks of the members in the national coalition, and used to drive state-specific change initiatives.

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[28] The collaborative workspace and the clearinghouse may be supported on the same website.

[29] Child Safety change packages can be found at https://www.childrenssafetynetwork.org/CSCoIIN

Maintenance of a Clearinghouse of Child Safety Resources

Maintain a website that serves as a clearinghouse of child safety-related resources. The website should translate evidence to practice around injury topics, including any products developed for the collaborative learning cyber-teams; other resources; state level data (see sub-section A, above); and information about the national coalition (see Component 2, below).

2) National Coalition on Child Safety (approximately 15 percent of effort)

The recipient will be responsible for the creation, expansion, support, and implementation of a national coalition on child safety (currently referred to as the National Coordinated Child Safety Initiative (NCCSI)) to support improvements in adoption of evidence-based policies, programs, and practices. The recipient will maintain the existing coalition of national, state, and local agencies and organizations and other key stakeholders from the private, public, and not-for-profit sectors, and will identify additional members throughout the period of performance. The coalition will serve as an infrastructure to facilitate support and consensus among key national stakeholders for the purposes of:

- Raising national awareness of childhood injury and the impact it has on families;
- Building new evidence in child safety that is responsive to the needs of Title V agencies, including emerging and pressing issues;
- Providing expert guidance to Title V agencies through the development of capacity-building products and resources that translate child safety evidence to practice; and
- Capitalizing on the networks, partnerships, and resources of key stakeholders to elevate child safety as a national priority, by aligning with other national initiatives and broadening the accessibility and sustainability of evidence in child safety across maternal and child-serving systems.

The national coalition will build upon complementary frameworks:

- Healthy People (HP) 2020 objectives,[30] as applied to children and youth ages 0-19 years:
    - HP 2020 Objective IVP 1.1: Reduce fatal injuries.
    - HP 2020 Objective IVP 1.2: Reduce hospitalizations for non-fatal injuries.
    - HP 2020 Objective IVP 1.3: Reduce ED visits for non-fatal injuries.
    - HP 2020 Objective IVP 24.2: Reduce unintentional suffocation deaths among infants 0 to 12 months.
    - HP 2020 Objective IVP-35: Reduce bullying among adolescents.

- National and state MCH Block Grant Performance Measures:[31]
    - NPM 5: Safe infant sleep behavior

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[30] https://www.healthypeople.gov/2020/topics-objectives/topic/injury-and-violence-prevention/objectives
[31] https://mchb.hrsa.gov/maternal-child-health-initiatives/title-v-maternal-and-child-health-services-block-grant-program

- NPM 7: Rate of injury-related hospitalization among children ages 0-19 years
- NPM 9: Bullying prevalence

CSN is responsible for the following activities, each of which is described in greater detail below:

- Support to the national coalition
- Creation of a steering committee for the national coalition
- Coordinating expert faculty

Support to the National Coalition

1. Regularly convene a national coalition comprised of key stakeholders at the national, state, and local government levels, as well as in the private, public, and not-for-profit sectors. The convenings serve as a forum for addressing emerging child safety-related issues, maintaining alignment with and progress towards national goals, and to apply members' expertise to common challenges experienced by Title V agencies in injury and violence prevention. At a minimum, the following programs and stakeholders should be engaged, and others may be added:
   - State Maternal and Child Health Block Grant programs
   - State Core Violence and Injury Prevention programs
   - State Emergency Medical Services for Children programs
   - Community-based child abuse prevention organizations
   - Child Care and Development Block Grant programs
   - Social Services Block Grant programs
   - Poison control centers
   - State Medicaid authorities and other third party payors,
   - State mental health authorities
   - State child welfare agencies
   - State highway safety offices
   - Infant and child death review programs
   - Home visiting programs

2. Facilitate increased collaboration among national, state, and community programs to heighten impact and alignment in advancing child safety. This includes pursuing goals in response to emerging and pressing needs in child safety. Partnership-building activities should enhance the long-term sustainability of evidence-based strategies advanced through the program.

3. Provide staffing and logistical support for meetings of the coalition, including compensation for a chairperson with expertise and national leadership experience in child safety, coalition building, and knowledge of systems of care that reach the infants, youth, and children most at risk for fatal and serious injuries, as well as other maternal and child-serving systems. The coalition will meet semiannually for the duration of the cooperative agreement, one meeting of which will occur face-to-face per year, in the Washington, D.C. area. These meetings may immediately precede, coincide with, or follow the in-person learning sessions for the cyber-teams.

Create and Support a Steering Committee to Lead the National Coalition

1. Identify representatives to serve on the steering committee. The steering committee will provide leadership to the coalition, assure connections between the coalition and the CSN capacity building efforts, and maintain momentum on action steps in between coalition meetings. Steering committee members should also be members of the national coalition.

2. Facilitate the development and advancement of the national coalition's strategic vision by establishing support and consensus among key national stakeholders for initiative objectives and metrics of success.

3. Regularly convene, and provide staffing and logistical support for, steering committee meetings. The steering committee will meet at least quarterly each year for the duration of the period of performance, one meeting per year of which will occur face-to-face in the Washington, D.C., area. This meeting may immediately precede or follow the face-to-face meeting of the coalition.

Coordinate Expert Faculty to Support CSN Activities and Resources

1. Identify members of the national coalition to contribute to the development, creation, and dissemination of resources and learning opportunities on child safety promotion. This includes enlisting the active participation of members to create an annual content development plan for the duration of the cooperative agreement. This also includes the development of the concept, type of resource or collaborative learning opportunity (e.g., change package, toolkit, webinar, learning session, white paper), target audience(s), and mode(s) and channel(s) of dissemination.

2. Leverage the expertise of national coalition members on specific child injury, violence prevention, and safety topics, programs, policies, and emerging issues and trends, and make that expertise accessible to Title V and other child-serving agencies through capacity building activities (see Component 1, above). This includes presenting in national or collaborative learning activities (e.g., webinars), consulting with collaborative learning teams, etc.

3. Enlist coalition members to disseminate resources and learning activities created by CSN to the members' respective networks and constituents working on child safety. Dissemination methods may include listservs, newsletters, websites, and social media, as well as offering opportunities for CSN to present such materials to those networks and constituents.

Additional Program Requirements

In order to meet the requirements and objectives of the NOFO, the recipient is expected to possess specific experience and expertise in each of the following areas:

- Experience with and expertise in HRSA-sponsored CoIINs or other significant program improvement initiatives that use a collaborative peer learning approach.
- Expertise in child injury and violence prevention and child safety promotion.
- Expertise in implementation science and program improvement using a public health approach.
- Experience in providing technical assistance to Title V agencies in translating evidence to practice in the context of dynamic and complex public health systems.
- Experience in partnering with relevant entities working to improve child safety through a variety of mechanisms and processes at the community, state, and/or national levels.
- Expertise in convening and facilitating diverse stakeholders to increase coordination and synergy of efforts to improve public health and safety.

Further, to address disparities in child injury, the recipient will collaborate with other programs, including federal award recipients, that can further the reach of CSN in its efforts to reduce injuries.

The recipient will evaluate its own performance in meeting the requirements and objectives outlined in this NOFO. The recipient may meet this requirement through its own internal evaluators, or in collaboration with a third party evaluator.

2. Background

This program is authorized by Title V of the Social Security Act, § 501(a)(2), (42 U.S.C. 701(a)(2)), as a Special Projects of Regional and National Significant (SPRANS). SPRANS programs provide innovative approaches to a number of maternal and child health areas, including child injury and violence prevention (IVP), as well as technical assistance and consultation. Child injury and violence remain prevalent and burdensome public health issues for Title V agencies. As of 2016, 42 states and jurisdictions had identified injury prevention as a priority in their Title V Block Grant State Action Plans. HRSA intends to reduce childhood injury by addressing the priority topic areas of child safety.

As part of the separate application for the Maternal and Child Health Block Grant application, Title V agencies must select eight National Performance Measures (NPMs). Three NPMs relate directly to child safety:

- NPM 5: safe infant sleep (selected by 33 states/jurisdictions);
- NPM 7: injury hospitalization (selected by 28 states/jurisdictions); and
- NPM 9: bullying prevalence (selected by 16 states/jurisdictions).

Additionally, three states that did not identify any injury-related NPMs selected injury-related Evidence-based or -informed Strategy Measures (ESMs and State Performance Measures in their State Action Plans.

In 2015, over 12,000 children died as a result of injury and violence—seven times more than the number of deaths caused by childhood cancer.[32] More than 8 million children were hospitalized or visited an emergency department (ED) as a result of injury in 2014.[33] Injuries are a significant driver of health care costs: medical costs for fatal and severe injuries account for approximately 16 percent of all costs among children 0-19 years,[34] totaling $594 billion in 2013.[35] In addition, in 2015, there were about 3,700 sudden unexpected infant deaths (SUID) in the United States,[36] and 20.8 percent of youth ages 12 through 18 reported being bullied at school during the 2014–15 school year.[37] Despite the abundance of evidence on injury and violence prevention, overall injury rates have increased, with variation across types of injury, both nationally and in most states.[38]

HRSA's primary vehicle for providing technical assistance to Title V agencies on IVP has been through the CSN Program. In 2015, HRSA supported a 3-year cooperative agreement for the CSN Program, which expanded its role with Title V agencies to include two new program components: a national coalition, and a Child Safety CoIIN.[39] These components, along with general technical assistance, were intended to reduce injury-related deaths, hospitalizations, and ED visits.

Under the current cooperative agreement, NCCSI was established by CSN as the coalition, and it is currently comprised of approximately 50 representatives from federal agencies, national organizations, universities, and state health departments. NCCSI provides expert guidance on the selection of topics for the Child Safety CoIIN, and on the development of change packages (i.e., list of evidence-based and evidence-informed strategies) for each topic.[40] Members have served as expert faculty to the Child Safety CoIIN, presenting at learning sessions and on monthly topic calls.

The current Child Safety CoIIN has focused on small tests of discrete, evidence-based strategies (e.g., testing a car seat distribution strategy in one location to reduce child injuries due to motor vehicle collisions), spread across five diverse topic areas with myriad interventions, using the Breakthrough Series model.[41] The Child Safety CoIIN, in close collaboration with the NCCSI, developed change packages on these five topics:

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[32] National Center for Health Statistics (NCHS), National Vital Statistics System, 2015

[33] National Center for Injury Prevention and Control, CDC, WISQARS, 2014

[34] Liller, K (2012). *Injury Prevention for Children and Adolescents: Research, Practice, and Advocacy, Second Edition.* American Public Health Association, Washington, DC.

[35] NCHS Vital Statistics System, 2012; Healthcare Utilization Project (HCUP), Nationwide Inpatient Sample, 2012; HCUP, Nationwide Emergency Department Sample, 2012

[36] National Center for Injury Prevention and Control, CDC, WISQARS, 2015

[37] U.S. Department of Justice, Bureau of Justice Statistics, School Crime Supplement to the National Crime Victimization Survey, 2015

[38] https://www.healthypeople.gov/2020/data/map/4725?year=2015

[39] https://www.childrenssafetynetwork.org/CSCoIIN

[40] Ibid

[41] *The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement.* IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement; 2003. (Available on http://www.IHI.org)

falls prevention, child passenger safety, teen driver safety, interpersonal violence prevention, and suicide/self-harm prevention (see Appendix A). Twenty-one states and jurisdictions participated in the first cohort of the Child Safety CoIIN. Fourteen of these elected to continue into the second cohort, along with three additional states. Many of the states and jurisdictions participated in more than one topic area. The Child Safety CoIIN is still in operation. To date, participating states/jurisdictions have:

- Developed systematic state-wide approaches for child safety
- Sustained focus on the implementation of evidence-based programs (e.g., Check Points, Signs of Suicide, Zero Suicide, etc.),
- Developed innovative strategies for collecting real-time data, and
- Created cultures of improvement that integrate and adapt quality improvement methods for use in complex health and safety systems.

Preliminary analyses indicate that several states are demonstrating consistent improvements on process measures and early improvements on child safety-related outcomes. For example: one-third of the states/jurisdictions started to increase uptake and replicate strategies/programs statewide, and one-third showed progress on process measures. However, the methods and approach of this model have presented some challenges to the Child Safety CoIIN in meeting its national objectives.

In order to expand the reach of CSN supports and resources, and building on the lessons learned from the Child Safety CoIIN, the new cooperative agreement will continue to support Title V agencies in:
1. identifying shared aims in priority topic areas; and
2. using a collaborative learning approach based on implementation science principles and focused on overall *program improvement*.

Implementation science is defined as "the scientific study of methods to promote the systematic uptake of research findings and other EBPs [evidence-based practices] into routine practice to improve the quality and effectiveness of health services and care."[42] There are a number of theories, models, and frameworks to inform program improvement in large, complex systems. For example, many of the CoIIN activities supported by HRSA have historically used the Institute for Healthcare Improvement (IHI)/Breakthrough Series Collaborative Model,[43] a model developed in 1996 to help health care organizations make improvements in quality while reducing costs. The Getting to Outcomes model has been used for program improvement in teen pregnancy prevention and home visiting programs.[44] Most models share common elements, although they may use different terms to describe them; these include selection, adaptation, integration, and measurement.[45] These elements also align with the public health approach to prevention.

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[42] Eccles MP, Mittman BS. Welcome to implementation science. *Implementation Science*, 2006, 1:1.
[43] Institute for Healthcare Improvement.
[44] Chinman, Matthew, Pamela Imm and Abraham Wandersman. Getting To Outcomes™ 2004: Promoting Accountability Through Methods and Tools for Planning, Implementation, and Evaluation. Santa Monica, CA: RAND Corporation, 2004.
[45] http://www.dissemination-implementation.org/

The focus of CSN's support to Title V agencies will be on coordinating the efforts of state health departments to measurably improve population metrics. By targeting its capacity building supports to Title V agencies that have selected any of the three injury-related NPMs, and by focusing on the program level, CSN will promote child safety at a national level across mechanisms, settings, populations, and ages.

II. Award Information

1. Type of Application and Award
Types of applications sought: New and Competing Continuation

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

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

HRSA Program involvement will include:
- Assuring availability of the services of experienced HRSA personnel to participate in the planning and development of all phases of this cooperative agreement;
- Assisting in establishing contacts with other federal agencies and states for the successful completion of tasks and activities identified in the approved scope of work;
- Identifying other federal award recipients and organizations with whom the recipient will be asked to develop cooperative and collaborative relationships;
- Assisting the recipient in establishing, reviewing, and updating priorities for activities conducted under the auspices of the cooperative agreement; and
- Reviewing, providing advisory input, and approving 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:
- Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the Application Guide (**Acknowledgement of Federal Funding**).
- Adhering to the process of planning and executing the national coalition and child safety promotion capacity-building activities as outlined in the Purpose section of this notice of NOFO.
- Being responsive when collaborating on short-term, long-term, and ongoing projects.

- Collaborating closely with the Federal Project Officer when hiring new key project staff and planning/implementing new activities.
- Consulting with the Federal Project Officer when scheduling any meetings, including project steering committee and national coalition meetings, that pertain to the scope of work and at which the Federal Project Officer's attendance would be appropriate (as determined by the Federal Project Officer).
- Assuring that all administrative forms and performance measures will be reported on in accordance with the requirements of the cooperative agreement.
- Assuring that the Federal Project Officer will be provided an electronic copy of, or electronic access to, each product developed under the auspices of this project.
- Participating in the implementation of recipient performance measures, including the collection of information and administrative data, as designated by HRSA.
- Assuring that all products developed or produced, either partially or in full, under the auspices of this cooperative agreement are fully accessible (including addressing Section 508 requirements) and available for free to members of the public.
- Assuring that HRSA will be identified as a funding sponsor on written products and during meetings relevant to cooperative agreement activities
- Assuring that HRSA has uncontested access to any and all data generated under this cooperative agreement, as reflected by its royalty-free, nonexclusive, and irrevocable license for the government to reproduce, publish, or otherwise use any products derived from activities conducted under this cooperative agreement.

2. Summary of Funding

Approximately $1,000,000 is expected to be available annually to fund one (1) recipient. You may apply for a ceiling amount of up to $1,000,000 total cost (includes both direct and indirect, facilities, and administrative costs) per year. The actual amount available will not be determined until enactment of the final FY 2018 federal appropriation. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds awarded in a timely manner. The project period is June 1, 2018, through May 31, 2023 (5 years). Funding beyond the first year is dependent on the availability of appropriated funds for the Special Projects of Regional and National Significance for this purpose in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

An eligible applicant for funding in this competition is any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b). Faith-based and community-based organizations are eligible to apply for these funds.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

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

IV. Application and Submission Information

1. Address to Request Application Package

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

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

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

2. Content and Form of Application Submission

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

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

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

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification
1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachment 8: Other Relevant Documents.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

Program-Specific Instructions

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

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

- *INTRODUCTION -- Corresponds to Section V's Review Criterion 1*

  Briefly describe the purpose of the proposed project.

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

  (1) Summarize the need for health and safety services and systems that serve infants, children, and adolescents, particularly those specific to injury and violence prevention. You should address the relevant systems, including but not limited to: state health departments, state Core Violence and Injury Prevention programs, state Emergency Medical Services for Children programs, Community-based Child Abuse Prevention organizations, Child Care and Development Block Grant programs, Social Services Block Grant programs, Poison Control centers, state mental health authorities, state child welfare agencies, state highway safety offices, infant and child death review programs, and home visiting programs.

  (2) Describe why it is necessary to support Title V agencies by using the public health approach to identify pressing child safety issues and the risk and protective factors that contribute to them. This includes selecting the best evidence-based strategies to address these issues, and monitoring them for improvement. You should incorporate information from the following sources to provide direction for injury and violence prevention programming: Title V MCH Block Grant Program State Snapshots,[46] State Applications/Annual Reports,[47] Safe States Alliance State Technical Assessment Team (STAT)[48] visit recommendations, State Injury Indicator Reports, recommendations from the state Child Death Reviews (CDR) Reports,[49] and the recommendations from the Fetal Infant Mortality Reviews (FIMR),[50] among others.

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[46] https://mchb.tvisdata.hrsa.gov/Home/StateSnapshot
[47] https://mchb.tvisdata.hrsa.gov/Home/StateApplicationOrAnnualReport
[48] http://www.safestates.org/?STAT
[49] https://www.ncfrp.org/wp-content/uploads/NCRPCD-Docs/CDRinUS_2016.pdf
[50] https://www.ncfrp.org/cdr-programs/local-and-state-fimr-programs/

(3) Describe the need to enhance communication, interaction, and coordination on child safety promotion through partnerships and collaborative relationships with national organizations, key state and local entities, health, education, Medicaid and third party payors, safety networks, and other identified MCH partners.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion 2*

You should note the overall strategy, methodology, and analyses and establish that this approach is well-reasoned and appropriate to accomplish mission, goals, strategies, and activities of this program. Potential problems, alternative strategies, and benchmarks for success should be presented. A strategy should be outlined to establish management of any risky aspects of the project. Specifically, you should:

(1) Propose the program improvement model or framework that will be used to build the capacity of Title V agencies to use a public health approach in applying the best available evidence to child safety promotion, injury, and violence prevention. This should include any quality improvement or innovation tools, methods, and techniques that will be applied by the cyber-teams.

(2) Describe methods for conducting analyses of national and state/jurisdiction level data for all Title V agencies related to childhood injury (including bullying and SUID), including the relevant cost burden, risk and protective factors, and disparities.

(3) Describe the cyber-teams, including the number, composition, aims/goals, sequencing, and population to be served by the proposed project. Propose the strategies and activities that will be implemented via the collaborative learning cyber-teams of states/jurisdictions to drive improvements in outcomes related to the priority topic areas described in this NOFO, including the frequency, method(s), and mode(s) of convening the teams and the networks. Propose at least one but no more than three additional injury-related priority topic areas that are responsive to Title V agencies' needs and emerging issues in child safety. Include the rationale for selecting these, and provide evidence linking the topic area/aim to child safety. If states/jurisdictions are proposed in the application, provide the rationale for selection and include letters of commitment in Attachment 4. Describe how the national coalition and the Federal Project Officer will be involved in finalizing the selection of states/jurisdictions.

(4) Describe a plan or methods to ensure that the cyber-teams collaboratively establish shared measures appropriate to the topic area and strategies/activities, in order to track progress towards meeting the common team aim.

(5) Describe the plan for sustaining state/jurisdiction capacity to conduct ongoing program improvement after the period of federal funding ends, for the purposes of maintaining or continuing improvement in injury-related outcomes.

(6) Propose methods for identifying current and pressing issues, as well as gaps in evidence on child safety, in order to develop and disseminate new resources that

reflect the latest evidence in child injury prevention and child safety promotion. Include how you will reach large and diverse audiences and move them from dissemination to uptake.

(7) Describe activities to maintain a website that serves as a clearinghouse of child safety-related resources, as well as activities to maintain a shared workspace for the cyber-teams. This includes describing hardware and software tools needed to support data entry and report capabilities.

(8) Describe the creation, expansion, support, and implementation of a national coalition to support the adoption of evidence-based policies, programs, and practices on child safety. Identify federal, national, state, and local agencies and organizations and other key stakeholders from the private, public, and not-for-profit sectors to serve on this coalition. Describe how the Steering Committee will be selected, and propose a chairperson whose commitment to the role is demonstrated through a letter of support. Describe how coalition members will help accomplish the program objectives and work with cyber-teams.

- *WORK PLAN -- Corresponds to Section V's Review Criteria 2 and 3*
  Describe the activities or steps you will use to achieve each of the objectives proposed during the entire project period in the Methodology section. Specifically, you should:

  (1) Use a timeline that includes each activity, identifies responsible staff, and indicates progress milestones. The timeline should link activities to project objectives and should also address the sequencing of 3-5 cyber-teams over the duration of the project.

  (2) As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all program activities. This includes everything from development of the application to participation in the components of activities of this NOFO. Describe the extent to which these contributors reflect the cultural, racial, linguistic, and geographic diversity of the populations and communities served. If proposing sub-contractors or consultants, provide information on how you will ensure lines of communication and consistent and timely, high quality of work irrespective of which organization is leading the specific task.

  (3) Develop a plan to effectively manage the project, including monitoring and tracking project activities. NOTE: If proposing sub-contractors or consultants, provide information on how you will monitor and assess performance of methods and completion of activities by partner organizations included in the work plan.

  Attach the work plan in Attachment 1. You may submit a logic model for designing and managing the project in Attachment 1, but it is not required. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:

- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable)
- Assumptions (e.g., beliefs about how the program will work and is supporting resources, 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, if applicable)
- 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).

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

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

  (1) Describe actual or potential problems/barriers that would affect the cyber-teams' ability to meet the common aim, and describe plans/methods for how these challenges will be addressed.

  (2) Describe actual or potential challenges in facilitating national coalitions, including how you will enlist the commitment of a chairperson and Steering Committee members throughout the entire project period.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria 4 and 5*

  (1) Describe the systems and processes that will enable you to effectively track performance outcomes. Describe how you will collect and manage performance data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes.

  (2) Describe the plans/methodologies you will use to evaluate program development and service delivery, as well as the outcomes/impact of the cyber-teams. Describe the data collection strategy you will use.

  (3) Describe your current experience, skills, knowledge, staff, proposed consultants, proposed subcontractors, materials published, and previous work of a similar nature. Specifically, describe your experience managing collaborative learning teams, improving child safety programs, providing technical assistance, creating technical assistance modules and materials, and facilitating coalitions to address a national goal.

  (4) Describe your experience with developing and maintaining an Internet-based, shared workspace. Discuss the hardware and software tools planned for storing

documents and tools created by members of the cyber-teams, and logistics for maintaining engagement of cyber-teams.

(5) Detail potential obstacles for implementing the program performance evaluation and discuss how those obstacles will be addressed. If an external evaluator will be used, describe how your will coordinate evaluation activities with this evaluator. Discuss how the findings of any evaluation activities will be used.

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

(1) Provide information on your organization's current mission and structure, scope of current activities; include an organizational chart in Attachment 5. Describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations.

(2) Discuss how the organization will properly account for the federal funds and document all costs to avoid audit findings.

(3) Describe project personnel (including proposed partners, sub-contractors, and consultants) needed to fulfill the requirements of the proposed project. Include relevant training, qualifications, expertise, and experience of project personnel to implement and carry out the project. Include a staffing plan and job descriptions for key personnel in Attachment 2 and biographical sketches of key personnel in Attachment 3.

(4) Describe any significant experience with HRSA-sponsored CoIINs or other significant program improvement initiative that uses a collaborative peer learning approach. Describe your organization's roles and responsibilities within that CoIIN (e.g., national center coordinating/managing/leading a HRSA-sponsored CoIIN, a state participant in a HRSA-sponsored CoIIN, a TA consultant/contractor on a HRSA CoIIN grant).

(5) Describe any relevant experience related to child injury and violence prevention and child safety promotion, including past or current work with state Title V MCH Block Grant Programs, CDC-funded Core State Violence and Injury Prevention Program award recipients, and/or other entities working to reduce childhood injury. Specifically describe your organization's and proposed staffs' roles in those programs (e.g., facilitator, leader, participant, subcontractor, lead fiduciary organization).

(6) Describe experience in partnering with relevant entities working to improve child safety through a variety of mechanisms and processes at the community, state, and/or national levels.

(7) Describe relationships to any agencies or organizations (subcontractors) with which you intend to partner, collaborate, coordinate efforts, or receive consultation from, while conducting project activities. Include letters of agreement and/or descriptions of proposed/existing contracts (project specific) in Attachment 4.

(8) Provide information on your 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 and safety.
- Provide ongoing technical assistance to help state health departments in translating research-informed child safety strategies into action at the state and local levels.
- Develop and maintain cyber-teams.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

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

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iii.   Budget

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

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

requirement, as applicable.

The Consolidated Appropriations Act, 2017 (P.L.115-31), Division H, § 202, states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." 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 2018, as required by law.

iv. Budget Narrative

See Section 4.1.v. of HRSA's *SF-424 Application Guide* for specific information on what to include in the budget narrative. The costs, as outlined in the budget and described in the narrative, are reasonable given the scope of work. The budget narrative should address all program activities, including the following:

      a. Convene at least two in-person learning sessions total during the period of performance for all cyber-teams.
      b. Conduct frequent remote meetings for each team, using innovative technology.
      c. Convene the national coalition semiannually for the duration of the cooperative agreement, one meeting of which per year should occur face-to-face in the Washington, D.C. area.

v. Program-Specific Forms

Program-specific forms are not required for application.

vi. Attachments

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

Attachment 1: Work Plan
    Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative. If applicable, also include the logic model in this attachment. If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly documented.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's *SF-424 Application Guide)*
    Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, include a description of your organization's time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Biographical Sketches of Key Personnel
Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)
Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal, including states/jurisdictions proposed to participate in cyber-teams. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be signed and dated.

Attachment 5: Project Organizational Chart
Provide a one-page figure that depicts the organizational structure of the project.

Attachment 6: Tables, Charts, etc.
Provide further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachment 7: Progress Report **(FOR COMPETING CONTINUATIONS ONLY)**
A well-documented progress report is a required and 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; therefore, you are advised to include previously stated goals and objectives in your application and emphasize the progress made in attaining these goals and objectives. HRSA program staff reviews the progress report after the competing continuation applications are reviewed by the objective review committee.

The progress report 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.

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

Attachment 8: Other Relevant Documents
Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a

commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

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

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

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

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

The Grants.gov registration process requires information in three separate systems:
*   Dun and Bradstreet (http://www.dnb.com/duns-number.html)
*   System for Award Management (SAM) (https://www.sam.gov)
*   Grants.gov (http://www.grants.gov/)

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

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

4. **Submission Dates and Times**

Application Due Date
The due date for applications under this NOFO is *January 16, 2018, at 11:59 p.m. Eastern Time.*

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

5. Intergovernmental Review

The Children's Safety Network Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a project period of up to 5 years, at no more than $1,000,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

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

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

V. Application Review Information

1. Review Criteria

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

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

The Children's Safety Network Program 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:
- Describes an accurate understanding of the purpose of the project as described in the NOFO.
- Describes the need for health and safety services and systems that serve infants, children, and adolescents, particularly those that address the burden of injury and violence on these populations, and disparities.
- Describes the need to support Title V agencies in using the public health approach to address child injury and violence prevention.
- Summarizes the need to enhance communication, interaction, and coordination of child safety promotion via partnerships and collaborative relationships with national organizations, key state and local entities, health, education, Medicaid and third party payors, safety networks, and other identified MCH partners.

The breadth and depth of the applicant's analysis of state and community-based systems in infant, child, and adolescent health and safety.

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

The extent to which the proposed project responds to the two components of activities described in the Purpose section in this NOFO: Capacity building and a national coalition. The extent to which the activities described in the application are capable of reducing child injury and fatalities, including SUID and bullying, for children ages 0-19 years nationally.

The extent to which the applicant addresses the following:

Sub-criterion: Methodology (15 points)
- Proposes a program improvement model or framework, and approach to building the capacity of Title V agencies to apply evidence to child safety promotion and injury and violence prevention. Provides a reasonable rationale that the approach will enable the applicant to conduct its proposed activities and meet the project objectives.
- Describes a strategy for building the capacity of Title V agencies to follow a public health approach, including a description of the data sources to be analyzed to define the injury-related problem and to identify risk and protective factors, cost burden, and disparities; describe how the approach will guide agencies through intervention selection, implementation, monitoring, and sustainability.
- Outlines an approach for developing and maintaining 3-5 cyber-teams, including how states will be selected and engaged in collaborative learning networks, and the frequency, method(s), and mode(s) of convening the teams. If states/jurisdictions are proposed in the application, provides a sound rationale for

their selection, and describes a process for involving the national coalition and the Federal Project Officer in finalizing the selection of states/jurisdictions.

- Proposes at least one and no more than three additional injury-related priority topic areas that are responsive to Title V agencies' needs and emerging issues in child safety. Provides a rationale for its selections and evidence linking the topic area/aim to childhood injury.
- Describes its methods for identifying current and pressing issues, gaps in evidence on child safety, and how it will ensure the dissemination of new content reaches large and diverse audiences so that users apply evidence to practice.
- Describes how it will maintain a clearinghouse of child safety-related resources and a shared workspace for cyber-teams.
- Outlines a plan for creating, expanding, supporting, and implementing a national coalition that will assist in accomplishing the program objectives. Identifies how collaboration with other federal programs can further the reach of CSN in its efforts to reduce injuries and address disparities. Describes how it will identify new members, including those to serve on the Steering Committee. Identifies a chairperson that has offered his/her commitment through a letter of support. Describes how coalition members will assist in accomplishing the program objectives, including supporting cyber-teams.

Sub-criterion: Work Plan (10 points)

- Clearly delineates the proposed goals and activities, and their relationship to the project.
- Aligns the needs assessment, proposed activities, barriers/challenges, and methodology.
- Provides a timeline that links each activity to project objectives, identifies responsible staff, and indicates milestones of progress. The timeline includes the sequencing of supporting 3-5 cyber-teams over the duration of the project.
- Provides information on how organizations or agencies proposed in the work plan will ensure lines of communication and consistent and timely, high quality of work regardless of which organization is leading the specific task.

Sub-criterion: Resolution of Challenges (10 points)

- Demonstrates an understanding of the dynamism and complexity of Title V agencies and the challenges these present to providing capacity-building support.
- Identifies barriers and challenges with cyber-teams and proposes strategies that can reasonably be expected to overcome them.
- Identifies barriers and challenges with coalitions and proposes strategies that can reasonably be expected to overcome them.

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

- The strength, feasibility, and adequacy of the applicant's plans/methodologies to monitor and evaluate project results, including the identification of data sources

for measuring injury-related outcomes appropriate for the topic areas. 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 description of how the chosen program improvement process will be evaluated, and how data will be collected and used to improve each cyber-team's progress toward their common aim.
- The strength of the plan for monitoring and assessing the applicant's performance, including methods employed by staff to ensure that the proposed activities are being successfully documented and completed. This includes ensuring that adequate systems and processes will support performance management requirements through effective tracking of performance outcomes.
- The extent to which the applicant describes any potential obstacles for implementing the evaluation plan, and the strength and adequacy of the applicant's proposed plans for addressing those obstacles.
- If an external evaluator will be used, the extent to which the applicant describes how it will coordinate evaluation activities with this evaluator and the strength of the plans described.

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

- The strength, feasibility, and adequacy of the applicant's plans/methodologies to evaluate outcomes/impact of the cyber-teams on reducing childhood injury for each priority topic area.
- The strength, feasibility, and adequacy of the applicant's plans/methods for identifying and sharing with the national coalition any successful innovations and improvements, best practices, and lessons learned that emerge from the cyber-teams.
- The strength, feasibility, and adequacy of the applicant's plan for dissemination efforts, including using the national coalition as a vehicle to disseminate efforts across their respective networks.

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

- The extent to which project personnel possess sufficient/relevant training, qualifications, expertise, and experience to (including proposed partners, sub-contractors, and consultants) implement and carry out the project.
- The extent to which the applicant describes their organization's current mission, structure, and scope of current activities; and whether these contribute to the ability of the organization to conduct the project requirements and meet project expectations.
- The extent to which the applicant describes relationships with, and demonstrates commitments from, any organizations/entities with which they intend to partner, collaborate, coordinate efforts, or receive consultation from, while conducting project activities; and whether these will contribute to the applicant's ability to conduct the project requirements and meet project

expectations.

- The extent to which the applicant demonstrates that any proposed partners have agreed to participate, including any states/jurisdictions proposed to participate in cyber-teams if applicable (e.g., letters of agreement or commitment included in Attachment 4). Letters of commitment from the states/jurisdictions proposed in the application demonstrate agreement to the requirements noted in the Capacity Building section of this NOFO.
- The extent to which the project personnel demonstrate national leadership in convening and facilitating diverse stakeholders in efforts to increase coordination and synergy of efforts to improve public health and safety.
- The extent to which the applicant has expertise in maternal and child health and the ability to collaborate with other partners to accomplish both components of the program.
- The extent to which the project personnel demonstrate expertise in child safety promotion, representing a range of injury and violence prevention experience as applied through systems that serve maternal and child health populations, to include specific expertise in safe infant sleep promotion and bullying prevention.
- The extent to which project personnel demonstrate the capacity to provide ongoing technical assistance to help state health departments in translating research-informed child safety strategies into action at the state and local levels, including subject matter expertise in the fields of safe infant sleep promotion and bullying prevention.
- The extent to which project personnel demonstrate knowledge, understanding, and capacity in program improvement in large, complex systems, and implementation science in the context of the public health model.
- The extent to which the applicant details past experience in managing collaboratives, providing technical assistance, and maintaining an Internet-based workspace.
- The quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- 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.

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

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the activities, and the anticipated results.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.

2. Review and Selection Process

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

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

3. Assessment of Risk and Other Pre-Award Activities

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

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

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

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

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

4. Anticipated Announcement and Award Dates

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

VI. Award Administration Information

1. Award Notices

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

2. Administrative and National Policy Requirements

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

3. Reporting

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

Recipients with active awards should be able to access the new DGIS between October 1, 2017, and February 28, 2018, to report their performance objectives for the remaining years of the grant/cooperative agreement. Once all recipients have reported their performance objectives, they will then return to the normal reporting schedule for reporting final 2017 performance data.

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

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

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

1) **Progress Report(s)**. The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.

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

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

   a) **Performance Measures and Program Data**

   To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program can be found at https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U49_4.HTML.

Administrative Forms
TA/Collaboration Form
Products, Publications, and Submissions Data Collection Form
Form 1, Project Budget Details
Form 2, Project Funding Profile
Form 4, Project Budget and Expenditures
Form 6, Maternal & Child Health Discretionary Grant
Form 7, Discretionary Grant Project

Updated DGIS Performance Measures, Numbering by Domain
(All Performance Measures are revised from the previous OMB package)

Performance Measure	New/Revised Measure	Prior PM Number (if applicable)	Topic
Core			
Core 1	New	N/A	Grant Impact
Core 2	New	N/A	Quality Improvement
Core 3	New	N/A	Health Equity – MCH Outcomes
Capacity Building			
CB 1	New	N/A	State Capacity for Advancing the Health of MCH Populations
CB 2	New	N/A	Technical Assistance

CB 3	New	N/A	Impact Measurement
CB 5	Revised	3, 4	Scientific Publications
CB 6	New	N/A	Products
CB 7	New	N/A	State Capacity for Accessing Electronic Health Data
Perinatal Infant Health			
PIH 1	New	N/A	Safe Sleep
Child Health			
CH 4	New	N/A	Injury Prevention
Adolescent Health			
AH 2	New	N/A	Injury Prevention

b) Performance Reporting Timeline

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

Performance reporting is required for each year of the period of performance. 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 grant/cooperative agreement summary data as well as finalizing indicators/scores for the performance measures.

c) Final Period of Performance Reporting

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

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

VII. Agency Contacts

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

Sarah Morgan
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10N23
Rockville, MD 20857
Telephone: (301) 443-4584
Fax: (301) 443-5461
Email: SMorgan1@hrsa.gov

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

Pamella Vodicka
CAPT, US Public Health Service, Division of Child, Adolescent and Family Health
Attn: Children's Safety Network Program
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18N44
Rockville, MD 20857
Telephone: (301) 443-2753
Email: PVodicka@hrsa.gov

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

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

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

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

VIII. Other Information

Logic Models

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

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

Technical Assistance

MCHB invites you to the following technical assistance webinar:

Webinar

Day and Date: Wednesday, December 6, 2017
Time: 2 – 3:30 p.m. ET
Call-In Number: 1-877-638-1255
Participant Code: 85676413
Weblink: **https://hrsa.connectsolutions.com/r5brs3y2ek1/**

The archive of the recording of this webinar will be available at: https://www.hrsa.gov/grants.

IX. Tips for Writing a Strong Application

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