

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**



Health Resources & Services Administration

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

***Healthy Tomorrows Partnership for Children Program (HTPCP)***

**Funding Opportunity Number: HRSA-19-055**

**Funding Opportunity Type(s): New**

**Catalog of Federal Domestic Assistance (CFDA) Number: 93.110**

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2019

**Application Due Date: October 1, 2018**

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

**Issuance Date: July 31, 2018**

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

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2019 Healthy Tomorrows Partnership for Children Program (HTPCP). The purpose of this program is to provide community-based services aimed at improving the health status of children, adolescents, and families in rural and other underserved communities by increasing their access to health services. The FY 2019 President's Budget does not request funding for this program. This notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. You should note that this program may be cancelled prior to award recommendations.

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| Funding Opportunity Title:                          | Healthy Tomorrows Partnership for Children Program (HTPCP)   |
| Funding Opportunity Number:                         | HRSA-19-055  |
| Due Date for Applications:                          | October 1, 2018  |
| Anticipated Total Annual Available FY 2019 Funding: | \$400,000  |
| Estimated Number and Type of Award(s):              | Up to eight grants   |
| Estimated Award Amount:                             | Up to \$50,000 per year dependent on the availability of appropriated funds  |
| Cost Sharing/Match Required:                        | Yes; 2:1 non-Federal match in years 2 through 5 of the 5-year period of performance  |
| Period of Performance:                              | March 1, 2019 through February 29, 2024 (5 years)  |
| Eligible Applicants:                                | Any domestic public or private entity, including an Indian tribe or tribal organization (as defined at 25 U.S.C. 450b), is eligible to apply for federal funding under this announcement. See 42 CFR § 51a.3(a). Domestic community-based organizations, including faith-based organizations, are eligible to apply.<br><br>See <a href="#">Section III-1</a> of this notice of funding opportunity (NOFO) for complete eligibility information. |

## **Application Guide**

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

## **Technical Assistance**

HRSA has scheduled the following technical assistance:

### *Webinar*

Day and Date: Thursday, August 9, 2018

Time: 2 – 3:30 p.m. ET

Call-In Number: 1-800-967-7149

Participant Code: 531134

Weblink: <https://hrsa.connectsolutions.com/healthytomta/>

The recording will be posted on the MCHB website at <https://mchb.hrsa.gov/fundingopportunities/default.aspx>

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# I. Program Funding Opportunity Description

## 1. Purpose

This notice solicits applications for the Healthy Tomorrows Partnership for Children Program (HTPCP). The purpose of this program is to support community-based services aimed at improving the health status of children, adolescents, and families in rural and other underserved communities by increasing their access to health services. This program supports the Health Resources and Services' (HRSA's) goals to improve access to quality health care and services, build healthy communities, and improve health equity. Community-based programs and evidence-based models of care that build on existing community resources will be implemented and evaluated to demonstrate program impact. This program supports collaboration between local pediatric providers and community leaders in an effort to provide quality health care and preventive health services to children, adolescents, and families in rural and other underserved communities. HTPCP funding supports projects that provide **clinical or public health services**, and does not support research projects. HTPCP applications **MUST** represent either a new initiative (i.e., project that was not previously in existence) within the community or an innovative new component that builds upon an existing community-based program or initiative.

HTPCP awardees will be expected to accomplish the following activities during the 5-year period of performance:

- Identify and develop innovative community-based programs/interventions based on a review of state and community maternal and child health (MCH) priorities and needs assessment data.
  - Programs/interventions are strongly encouraged to have family, adolescents, and community involvement and to be culturally and linguistically competent.
- Implement clinical and public health interventions in community-based settings primarily in the following topical areas:
  - Early child development/school readiness
  - Medical home (including enhanced family and adolescents engagement)
  - Care coordination and case management
  - Oral health
  - Substance use services (including the integration of substance use services for children and adolescents at-risk for or have substance use disorders (SUD), or assessing for substance use and SUD during pre-natal and well-child visits)
  - Mental health
  - School-based health
  - Healthy weight promotion and physical activity

- Formulate and continually reassess the program’s logic model and evaluation plan to:
  - Monitor ongoing processes and progress toward achieving goals and objectives
  - Use evaluation data to document impacts on child health and health care access in communities
  - Use evaluation data to identify continued need for the program in the community
- Develop tools, trainings, and resources for pediatric professionals, community members, families, state Title V agencies, and other MCH-related programs.
- Disseminate program results and findings to the target population, partners, and other stakeholders who might be interested in using the results of the program.
- Assess whether the dissemination of program results has facilitated changes in practice, service delivery, program development, and/or policy-making in ways that affect the target population.

## 2. Background

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

HRSA is the primary federal agency for improving access to health care services for people who are isolated or medically needy. HTPCP most closely supports HRSA’s interest in improving access to quality health care and services, building healthy communities, and improving health equity.

HTPCP is an initiative to stimulate evidence-based children’s health care efforts designed to prevent disease and disability and promote health and access to health services in communities across America. HTPCP assists infants, children, adolescents, and their families achieve their developmental potential through a community-based partnership of pediatric providers and community leadership. The HTPCP is designed to improve access to health care for the nation’s children and adolescents in rural and other underserved communities, while improving quality and reducing overall long-term costs of health care in target populations through health promotion, prevention and early intervention. Data indicate that 84 percent of former HTPCP recipients documented that their projects had an impact on children’s access to health care.<sup>1</sup> Impact data from HTPCP also indicate that the vast majority of former projects improved the lives of people served (94 percent); improved access to a medical home (73 percent); and improved the practice of medicine (73 percent) in their communities (American Academy of Pediatrics (AAP), 2017). Former HTPCP award recipients document that

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<sup>1</sup> The American Academy of Pediatrics. Healthy Tomorrows Partnership for Children: Sustaining Community-Based Innovations (2018). Retrieved 4/2018. [https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/commpeds/healthy-tomorrows/Documents/HTPCP\\_Infographic.pdf](https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/commpeds/healthy-tomorrows/Documents/HTPCP_Infographic.pdf).

they were able to sustain partnerships (88 percent) and form new partnerships (59 percent) after HRSA's Maternal and Child Health Bureau (MCHB) funding ended.<sup>2</sup>

HTPCP collaborates with the AAP's network of pediatricians and other pediatric health professionals to provide guidance and direction to HTPCP projects. In keeping with its commitment to attain optimal physical, mental, social and emotional health for all children and their families, the [AAP](#) has joined with MCHB to strengthen efforts to prevent disease, promote health and assure access to health care for the nation's children and their families. Partnership with the AAP's National Center for Medical Home Implementation (NCMHI) provides an additional opportunity for the dissemination of Healthy Tomorrows products and resources related to medical home and care coordination. More information on medical home tools, resources, state specific information, and promising practices can be found on the [NCMHI](#) website. Many Healthy Tomorrows recipients (73 percent) are committed to establishing a medical home or improving access to a medical home for the children, adolescents, and families they serve.<sup>3</sup>

Current products and resources disseminated through the [Healthy Tomorrows web page](#) and related listservs include two [evaluation guides](#); [logic model recording](#); [proposal development guide](#) and related materials; program [infographic](#); and tip sheets for community-based programs on [improving long-term sustainability](#); [supporting diversity and reducing health disparities](#); and [conducting economic analyses](#).

The HTPCP award program was developed to support special projects of regional and/or national significance that demonstrate how state Title V programs and other MCH and MCH-related agencies, human service organizations (including faith-based and tribal organizations), businesses, families, and communities can work together to improve the health status of children, adolescents, and their families. In some instances, improvement in health status may be achieved through modifications in the health care system. Examples include: 1) utilizing a team-based approach to care coordination where the care coordinator works with a patient's physicians and other care team members to create a comprehensive care plan; 2) promoting use of electronic health records among care team members to capture collectively patient demographics, health-related risk factors, pre-existing conditions, and data related to patient encounters, sources of referral, types of enabling services provided, and provider productivity; and 3) joint efforts among care team members to collect, analyze, and report data for quality improvement. By focusing on the benefits of pediatric care and the importance of prevention, partnerships between community and corporate leaders and government agencies are able to develop creative approaches for improving the health of children, adolescents, and families in communities.

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<sup>2</sup> The American Academy of Pediatrics. Healthy Tomorrows Partnership for Children: Sustaining Community-Based Innovations (2018). Retrieved 4/2018. [https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/commpeds/healthy-tomorrows/Documents/HTPCP\\_Infographic.pdf](https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/commpeds/healthy-tomorrows/Documents/HTPCP_Infographic.pdf).

<sup>3</sup> The American Academy of Pediatrics. Healthy Tomorrows Partnership for Children: Sustaining Community-Based Innovations (2018). Retrieved 4/2018. [https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/commpeds/healthy-tomorrows/Documents/HTPCP\\_Infographic.pdf](https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/commpeds/healthy-tomorrows/Documents/HTPCP_Infographic.pdf).

A defining characteristic of HTPCP is the implementation of projects that have been sustained beyond federal funding. Data indicate that 93 percent of activities supported by HTPCP grants are partially or fully sustained 5 years or more after federal funding has ended<sup>4</sup>. Under 42 CFR § 51a.8(c), HTPCP programs are required to meet a 2:1 non-Federal match requirement in years 2 through 5 of their 5-year period of performance. The requirement encourages award recipients to plan for sustainability early in their period of performance.

Two major examples of improved access to health care that were cited by several former HTPCP award recipients were the integration of mental and oral health services into primary care and the availability of more comprehensive and coordinated maternal and child health services in Federally Qualified Health Centers for insured and uninsured children, adolescents, and families.

HTPCP initiatives have generated visible successes. For example, one recipient that provides safety counseling to parents of children ages 0-12 months on proper car seat usage and safe sleep practices has found that they have saved one infant sleep-related death per year and one deadly motor vehicle accident injury every 2 years. After subtracting operational costs, the intervention has saved approximately \$11 million per year and has a return on investment (ROI) of \$31.01 for every \$1 spent over 3-years.<sup>5</sup>

HTPCP recipients have demonstrated a commitment to serving populations in rural and other underserved areas. In FY 2015, HTPCP programs provided health care and preventive health services to over 259,000 pregnant women, infants, children, children with special health care needs, and other groups across 22 states<sup>6</sup>. Recorded data indicate that 53 percent of individuals served were racially diverse and 32 percent were ethnically diverse. HTPCP encourages prospective applicants to propose projects that incorporate preventive health, communication, education, coordination and integration of care, and access to psychosocial supports into their models of care. Measures that identify and address factors that contribute to poor health outcomes in these populations should be included in project evaluation plans.

Find additional information about HTPCP at: <https://mchb.hrsa.gov/training/healthy-tomorrows.asp>.

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<sup>4</sup> The American Academy of Pediatrics. Healthy Tomorrows Partnership for Children: Sustaining Community-Based Innovations (2018). Retrieved 4/2018. [https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/commpeds/healthy-tomorrows/Documents/HTPCP\\_Infographic.pdf](https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/commpeds/healthy-tomorrows/Documents/HTPCP_Infographic.pdf).

<sup>5</sup> The American Academy of Pediatrics. Healthy Tomorrows Economic Analysis Tip Sheets (2017). Retrieved 4/2018. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/commpeds/healthy-tomorrows/Documents/ROI-Tipsheets.pdf>.

<sup>6</sup> The Discretionary Grant Information System. Individuals Served (2015). Retrieved 4/2018. <https://mchdata.hrsa.gov/dgisreports/ProgramData/IndvServedReportViewer.aspx>.



## II. Award Information

### 1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a grant.

### 2. Summary of Funding

HRSA expects approximately \$400,000 to be available annually to fund up to eight recipients. You may apply for a ceiling amount of up to \$50,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The FY 2019 President's Budget does not request funding for this program. The actual amount available will not be determined until enactment of the final FY 2019 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, HRSA can process applications and award funds in a timely manner. The period of performance is March 1, 2019 through February 29, 2024 (5 years). Funding beyond the first year is dependent on the availability of appropriated funds for HTPCP 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

Any domestic public or private entity, including an Indian tribe or tribal organization (as defined at 25 U.S.C. 450b), is eligible to apply for federal funding under this announcement. See 42 CFR § 51a.3(a). Domestic community-based organizations, including faith-based organizations, are eligible to apply.

An eligible applicant **must** have both direct fiduciary and administrative responsibility over the project.

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

## 2. Cost Sharing/Matching

Cost sharing/matching is required for this program, per the following details:

Under 42 CFR § 51a.8(c), award recipients of Healthy Tomorrows Partnership for Children Program **must contribute non-federal matching funds in years 2 through 5 of the period of performance equal to two times the amount of the federal grant award** (i.e., if the federal grant award is for \$50,000, then the matching requirement is \$100,000) or such lesser amount determined by the Secretary for good cause shown. The non-federal matching funds **must** come from non-federal funds, including, but not limited to, individuals, corporations, foundations, and/or state and local agencies. Documentation of matching funds is required (i.e., specific sources, funding level, in-kind contributions). Reimbursement for services provided to an individual under a state plan under Title XIX will not be deemed “non-federal matching funds” for this purpose. Further information regarding the cost sharing match requirement is found in [\*Federal Register, Vol. 72, No. 15, pp. 3079-80\*](#) (January 24, 2007).

## 3. Other

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

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

NOTE: Multiple applications from an organization with the same DUNS number are allowable if the applications propose separate and distinct HTPCP projects that will not overlap.

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.

Applicants who propose subcontracting these administrative or fiduciary responsibilities for the project **will not** be approved for funding. All successful applicants **must** perform a substantive role in carrying out project activities and not merely serve as a conduit for an award to another party or to provide funds to an ineligible party.

## IV. Application and Submission Information

### 1. Address to Request Application Package

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

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

### 2. Content and Form of Application Submission

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

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

#### **Application Page Limit**

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

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

#### **Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
- 3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachments 10-15: Other Relevant Documents.

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

### **Program-Specific Instructions**

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

#### ***i. Project Abstract***

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

The body of the abstract should adhere to the following format:

Problem:

Goals and Objectives:

Methodology:

Coordination:

Evaluation:

#### ***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.

Developing a successful HTPCP award proposal requires time and planning. The [Proposal Development Guide](#) can assist you in planning for the project and help you consider the various components of the application including community assessment, establishing community partnerships, developing an evaluation plan, and putting together a budget.

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

- ***INTRODUCTION*** -- Corresponds to Section V's Review Criterion(a) #1  
Briefly describe the purpose of the proposed project.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion(a) #1*  
Provide a clear description of the current status, capacity and needs of the disparate population(s) living in the proposed project area. Please include and/or describe the following in the needs assessment section:

- A. Problem and associated factors that contribute to the identified problem.
- B. Clear and succinct description of the unmet health need(s) and health and health care disparities of the community and target population to be served in the proposed project. Include socio-cultural determinants of health that impact the population or communities served.
- C. An adequate description of cultural and linguistic needs of the proposed target population for the project. You also **must** document how your project will address disparities and inequalities through your practice environments (e.g., staff recruitment, training, and professional development), and through recruitment of diverse families and community members to participate in the project Advisory Board(s). A description of the project Advisory Board can be found in section IV.2.ii. Methodology.F.
- D. Other relevant data that justifies a strong need for the interventions/activities proposed in your application. Provide a reference for all data sources. Use demographic data and cite data sources whenever possible to support the information provided.

You are expected to review the [State Title V MCH Block Grant Program Needs Assessment](#) findings for your states to document need for proposed projects in the communities you intend to serve. In these Needs Assessments, states describe the need for preventive and primary care services for pregnant women, mothers, and infants up to age 1; preventive and primary care services for children; and family-centered, community-based coordinated systems of care for children and adolescents with special health care needs and their families. The Title V MCH Services Block Grant legislation requires each state and jurisdiction to conduct a statewide, comprehensive Needs Assessment every 5 years.

You also are expected to review the [Title V State Action Plans](#) for your states to document the need for proposed projects. States develop 5-year State Action Plans that document priority needs. In these plans, states take a further step and identify objectives, strategies, and relevant national performance measures to address needs in six population health domains: Women/Maternal Health; Perinatal/Infant Health; Child Health; Children with Special Health Care Needs; Adolescent Health; and Life Course. HTPCP projects and their public and private partners are well positioned to assist states in accomplishing identified strategies in these domains. For example, the state of Georgia lists the promotion of physical activity among children as a priority need under Child Health. The state proposes to use existing coalitions of community-based

programs to promote and implement county-level best practices, identify community-based outlets to cross-promote state-level physical activity initiatives, and create an action plan to reach diverse populations. Hypothetically, HTPCP applicants from the state of Georgia who propose projects related to nutrition and physical activity could suggest partnering with the state to implement these strategies within their target populations; thus, assisting the State in achieving its objectives on physical activity at the county-level.

You are strongly encouraged to propose projects in the topical areas outlined on Page 1 of this NOFO. These focus areas will advance key HRSA and MCHB priorities, including Bright Futures.

You are encouraged to review community health needs assessment data from your states when conceptualizing your projects. This data is available to assist hospitals, non-profit organizations, state and local health departments, financial institutions, and other organizations to better understand the needs and assets of their communities, and to collaborate with those organizations to make measurable improvements in community health and well-being. You will be able to access data on health indicators in areas such as demographics, social and economic factors, physical environment, clinical care, and health behaviors. Visit the [Community Health Needs Assessment Toolkit](#) for more information on the community health needs assessment.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion(a) #2 and #4*
  - A. Description of the Proposed Project. Describe how the proposed project represents either a new initiative, or a new component that will build upon, expand, and enhance an existing initiative, to address the identified need(s) of the target population. Applications **must** clearly explain that the proposed intervention is new (i.e., program that has never existed) or a new component of an existing activity (i.e., expanding services by adding a new component, for example, the addition of a Registered Dietician who will implement a healthy weight promotion intervention at a school-based health clinic). The following are some previous examples of how HTPCP projects have expanded on the types of services provided in one location or expanded services across a metropolitan area: adding mental health services to school-based health centers within a school district; opening new clinical sites in racially/ethnically diverse urban neighborhoods where services were previously limited or difficult to access; and expanding Reach Out and Read activities statewide. **Note:** HTPCP funds **must** be used to provide clinical or public health services; applications that propose to conduct research will be returned and will not be considered for further review or funding. Examples of innovations include: new protocols or service delivery models; new partnerships or collaborations; continuing education for



pediatric providers through the use of health information technology<sup>7</sup>; and the integration of care. You should plan to develop, implement, and distribute new tools and products from your proposed intervention. You should also discuss opportunities to use social media, telehealth, and tele-consultation to provide direct services and to provide outreach and marketing of preventive services and education to pediatric providers and families.

- B. Project Goals and Objectives. Clearly identify project goals and objectives that are responsive to the identified needs of the target population, and consistent with the purpose and requirements of the HTPCP. Objectives should be **specific, measurable, attainable/achievable, relevant, and time-framed (SMART)**.
- C. Description of Project Activities. Provide a clear description of the proposed service intervention and other proposed project activities. Proposed project activities should be clearly linked to project goals and objectives and should be feasible and reasonably expected to lead to achievement of those goals and objectives within the period of performance. Development of effective tools and strategies for ongoing staff training, continuing education for community-based MCH health professionals, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families and communities of culturally, linguistically, socio-economically and geographically diverse backgrounds should be discussed.

You are strongly encouraged to involve families in your proposed projects through activities such as Advisory Board participation, reviewing materials and resources produced by the project for cultural/linguistic competence and health literacy levels, leading family support groups, and participating in the development of staff trainings.

You are encouraged to engage community health workers to promote health education, behavioral health education, and preventive health, with the communities they propose to serve. Applicants interested in utilizing community health workers in their projects should review [evidence-based practice models](#) that are most appropriate for the unique needs of their communities. Over the years, HTPCP projects have utilized community health workers to: a) conduct home visits using an evidence-based curriculum; b) test and launch plain language education materials and techniques on medication adherence and understanding provider instructions; c) perform case management and provide asthma education

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<sup>7</sup> HTPCP encourages the use of health information technology, such as telehealth and tele-consultation, to provide direct services in rural and other underserved populations and to expand the reach of continuing education to practicing pediatric providers. For the purposes of this funding opportunity, telehealth is defined as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, clinical consultation, patient and professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

and home assessment that is culturally/linguistically competent; and d) work as doulas during pregnancy, labor and delivery, and assist with infant care and breastfeeding in a culturally/linguistically competent manner.

Health care organizations are encouraged to implement the following activities:

- Review health and safety trends among the target population;
- Identify links between health concerns and community conditions;
- Collect and analyze data from patient intake forms, patient/family interviews, and family/community focus groups on social, economic, and community conditions;
- Share data with community partners to decide upon mutually critical health and community conditions;
- Advocate for improvements to community conditions impacting patients' health;
- Work with the target population to improve community conditions; build and strengthen community partnerships; and
- Establish organizational practices that support community involvement.

With this community-based approach to health and health care, projects are better able to recognize the impact that social and built environments (i.e., childhood trauma/stress, inadequate/unsafe housing, food insecurity) have on the health and well-being of rural and other underserved populations, and to improve the lives of children, adolescents, and families served.

In terms of information sharing/dissemination, you **must** address the following:

- The feasibility and effectiveness of plans for dissemination of project results;
- The extent to which project results may be regional or national in scope; and/or
- The degree to which the project activities are replicable.

You **must** provide a detailed plan describing how you will measure the effectiveness of the project, including penetration of the project within and beyond the identified target population, with respect to both dissemination of project results, and engagement with the communities served. You **must** describe the method that will be used to disseminate the project's results and findings in a timely manner and easily understandable formats to the target population, public at large, and other stakeholders who might be interested in using the results of the project. You should propose other innovative approaches to inform partners and the public about project results that may facilitate changes in practice, service delivery, program development, and/or policy-making, especially to those stakeholders with interest in replicating the project. Successful applicants



will provide information to MCHB in annual progress and performance reports about program activities, products, and lessons learned to facilitate knowledge dissemination.

Collaboration with other current HTPCP projects is expected. The HRSA/MCHB Project Officer for HTPCP will ensure that current award recipients are aware of each other through participation in webinars and project information posted on the HTPCP web site. Award recipients will be strongly encouraged to participate in focus groups, workgroups, technical assistance sessions, meetings, and webinars to share technical assistance needs, best practices, and lessons learned.

- D. Development and Maintenance of Collaborative Relationships. You **must** discuss how you will develop, and/or maintain collaborative relationships between the proposed project, the state Title V MCH Program, and other MCH and MCH-related agencies, and the state AAP Chapter. In your application, you are strongly encouraged to include letters of support from the state Title V MCH Program, and other MCH and MCH-related agencies, and the state AAP Chapter in **Attachments 10-15**. To further the goals and objectives of the project, HTPCP recipients are strongly encouraged to partner with state Title V agencies to serve as innovation or pilot sites in communities for projects to advance the key priorities of HRSA and MCHB, test models, and help build the evidence-base for community-based MCH programs. State Title V Directors have a strong understanding of children's health needs because they conduct statewide, comprehensive needs assessments. Collaboration with the state Title V MCH Program can include technical assistance with the grant application and, subsequently, with program implementation, membership on a project's Advisory Board, and participation in technical assistance visits.

State Title V programs also can serve as a resource to projects and families in areas such as preventive health services, screening, care coordination, and the transition from pediatric to adult services for adolescents with special health needs. You should be aware that most state programs pay for support services such as translation, transportation, respite care, family support, case management and care coordination.<sup>8</sup> Often, leveraging partnerships with state Title V programs have enabled HTPCP award recipients to sustain their projects after federal funding ends. Improved coordination of services at the state and community levels drives change in the organization and financing of services and enhances preventive services delivery. You can locate information on how to contact your state Title V MCH Program by visiting the [MCHB](#) website.

The AAP has 59 state AAP chapters in the United States. Through a HRSA cooperative agreement, staff members at the AAP provide pediatric

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<sup>8</sup> The Centers for Medicare and Medicaid Services. EPSDT: A Guide for States (2014). Retrieved 6/2018. [https://www.medicare.gov/medicaid/benefits/downloads/epsdt\\_coverage\\_guide.pdf](https://www.medicare.gov/medicaid/benefits/downloads/epsdt_coverage_guide.pdf).

resources to current HTPCP projects and link projects with their state AAP chapters. Chapter staff have worked with HTPCP applicants in the past, during the planning process, because chapters may already be engaged in activities related to a health topic, or they may want to initiate a new program and are looking for partners. You can locate information on how to contact your state Chapter by visiting the [AAP](#) website.

Over the years, HTPCP has awarded projects to a wide range of organizations including not-for profit agencies, hospitals, universities, Federally Qualified Health Centers, and health departments. In many instances, award recipients have concurrent funding with other HRSA Bureaus/Offices, such as the Bureau of Primary Health Care, and/or other HHS agencies. If you currently receive federal funding that will support aspects of your proposed HTPCP project that will not be funded by MCHB or foresee the opportunity for collaborative partnerships with existing Federal award recipients, indicate how you will leverage those resources. If applicable, include letters of support from prospective HRSA and/or HHS collaborative partners in **Attachments 10-15**.

HTPCP promotes development and advancement of healthy communities through partnerships with human service organizations (including faith-based and tribal organizations) that work to change conditions in the community and environment to improve health. These efforts may include a focus on housing, education, the labor workforce, socioeconomic conditions, neighborhood safety, transportation, food quality and availability, and physical fitness and recreational activities available for children and families.

You are strongly encouraged to document strategic alliances with human service organizations (including faith-based and tribal organizations) in your application and discuss how these alliances will help to advance your proposed HTPCP project during the course of a 5-year period of performance. Indicate how alliances will build upon aligned missions and common values, how each partner in the alliance will leverage its areas of expertise, whether patient/client referrals across alliances will follow a formal, established process, and whether there are mechanisms in place for partners to communicate key patient/client and programmatic information to each other on a regular basis. Please include letters of support from human service organizations (including faith-based and tribal organizations) in **Attachments 10-15**.

Discuss how you will address challenges that may result in these strategic alliances because of an increase in staff training, an increase in operational costs, the need for shared data measures, or the need for non-Federal funding to ensure long-term sustainability of project activities.

- E. Plan for Pediatrician/Pediatric Primary Care Provider Involvement. You **must** discuss how pediatricians/pediatric primary care providers will be substantively involved in the proposed project. An important objective of HTPCP is to involve pediatricians and other pediatric primary care providers (family physicians, nurse practitioners, physician assistants) in community-based service programs. Pediatricians and pediatric primary care providers are involved in projects in many capacities encompassing the planning, implementation and evaluation of the project. Some projects have pediatricians and pediatric primary care providers as project directors, while others have them serve as advisors, members of the Advisory Board, or providers of services.
- F. Project Advisory Board. You **must** discuss your plans for an Advisory Board to oversee the HTPCP project. The HTPCP recipient **must** establish and maintain an Advisory Board specific to the HTPCP award; alternatively, the recipient may utilize an existing board as the project Advisory Board, if it will provide HTPCP project-specific direction and oversight during project implementation. HTPCP projects must have a community-based advisory board for the life of the project.

Delineate the anticipated role(s) the Advisory Board will play in implementation of this HTPCP project. Discuss activities they will implement specifically related to the proposed project, including frequency of meetings, public forums, and training conferences.

In **Attachment 9** of the application, describe the anticipated membership of the Advisory Board, providing a complete list of proposed members and the agencies/organizations they will represent. Please provide a sample membership roster.

The Advisory Board is expected to: contribute to development of the application; provide advice and oversight regarding program direction; participate in discussions related to allocation and management of project resources; establish conflict of interest policies governing all activities; and share responsibility for the identification and maximization of resources and community ownership to sustain project services after federal funding ends. For more resources on establishing and maintaining a sound Advisory Board, please visit the [Proposal Development Guide](#).

The Advisory Board should include key individuals and representatives of organizations and institutions relevant to the success of the project and the community served by the project. You are strongly encouraged to ensure Advisory Board representation that reflects a partnership with families (or adolescents, if appropriate for the proposed project), community members, the local pediatric provider community, and community organizations and groups, both public and private, with a working interest, skills, or resources that can be brought to bear on the problem outlined by the proposed project. Individual members should be

sensitive to and understand the needs in the project area. Members should have a significant advisory role and commitment to the project implementation plan. Members selected to represent an agency or group should have the authority to make decisions for the entity they represent.

- G. Cost Sharing/Matching. You **must** discuss plans for securing resources to fulfill the 2:1 non-federal program-matching requirement in years 2 through 5 of the period of performance that was discussed on Page 7 of the NOFO. The match requirement has encouraged recipients to form effective partnerships with state Title V programs, and other MCH and MCH-related agencies, foundations, school systems, universities, and local businesses. The match requirement also allows recipients to leverage federal funds as they develop interventions, deliver services, and conduct evaluations to test program success. As mentioned previously, former HTPCP award recipients were able to sustain partnerships (88 percent) and form new partnerships (59 percent) after MCHB funding ended.<sup>9</sup> These award recipients cited having strong community partnerships (70 percent) and working continuously to ensure funding (53 percent) as top factors in achieving long-term sustainability. You **must** describe in your plans to secure matching funds how these efforts will support long-term sustainability of the proposed project after federal funding ends.
- H. Bright Futures. The Maternal and Child Health Bureau (MCHB) requires HTPCP award recipients to develop proposals that incorporate and build upon the goals, objectives, guidelines and materials of the [Bright Futures for Infants, Children and Adolescents](#) initiative to improve the quality of health promotion and preventive services in the context of family and community. The Bright Futures Guidelines provide theory-based and evidence-driven guidance for all preventive care screenings and well-child visits. Bright Futures content can be incorporated into many public health programs such as home visiting, childcare, and school-based health clinics. Materials developed especially for families are also available. Complete information about the Bright Futures initiative and downloadable versions of the *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents, Fourth Edition* and other Bright Futures materials, can be found at <http://brightfutures.aap.org>. The current edition presents guidelines in the context of social determinants of health and lifelong physical and mental health.

You **must** discuss how the proposed project will address the goals and objectives of the **Bright Futures for Infants, Children and Adolescents** initiative and incorporate the *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents, Fourth Edition* and

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<sup>9</sup> The American Academy of Pediatrics. Healthy Tomorrows Partnership for Children: Sustaining Community-Based Innovations (2018). Retrieved 4/2018. [https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/commpeds/healthy-tomorrows/Documents/HTPCP\\_Infographic.pdf](https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/commpeds/healthy-tomorrows/Documents/HTPCP_Infographic.pdf).

other Bright Futures materials in project activities, i.e., providing age-specific anticipatory guidance during well-child, well-adolescent, and preventive health visits. Bright Futures has been particularly useful to HTPCP recipients in increasing access to innovative models of care centered on health promotion and prevention, partnering with stakeholders at the state and local levels to share lessons learned from the provision of anticipatory guidance on well-child care from ages 0-21 years, and fostering improvements in clinical and public health practice in rural and other underserved communities. You also should discuss the methods by which the project will assess the effectiveness of utilizing the Bright Futures materials and/or guidelines on health promotion and prevention efforts. Materials can be accessed at the [Bright Futures](#) website.

- *WORK PLAN -- Corresponds to Section V's Review Criterion(a) #2 and #4*

Describe the activities or steps that you will use to achieve each of the activities proposed during the entire period of performance in the Methodology section. Provide a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including developing the application, and the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served.

Include the work plan in **Attachment 1**.

You must submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this 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 support resources. Base assumptions 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); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

**NOTE:** Refer to Section VIII of this NOFO for more guidance on logic models.

Include the proposed project's logic model in **Attachment 2**. Ensure your project's logic model reflects the purpose of HTPCP and what HTPCP intends to produce and achieve overall. The **Appendix** of this NOFO includes the HTPCP logic model.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion(a) #2*

Discuss challenges you will likely encounter in designing and implementing the activities described in the Work Plan, and approaches you will use to resolve such challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion(a) #3 and #5*

You **must** describe and submit a preliminary project evaluation plan that will contribute to continuous quality improvement. Include the evaluation plan in **Attachments 10-15**. The plan should link the goals and objectives of the project to data collection activities. You are strongly encouraged to review the evaluation plan resources on the [HTPCP](#) web page. The evaluation plan should monitor ongoing processes and the progress towards achieving the goals and objectives of the project. Successful applicants will be required to schedule an introductory technical assistance meeting with the HTPCP Evaluation Consultant during Year 1 of the 5-year period of performance and participate in a mandatory "Evaluation 101" webinar.

Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.

Evaluation plans and logic models often evolve as a project progresses through a 5-year period of performance. You will provide updates to your evaluation plans and logic models in the annual progress report.

The **Appendix** of this NOFO provides the HTPCP logic model.

The measurement of progress toward goals should include both process and outcome measures. Process evaluation is a type of evaluation that examines what goes on while a program is in progress. It assesses what the program is doing and how the program is being implemented or carried out. Outcome evaluation is a type of evaluation that attempts to determine a program's results. Outcome evaluation is often used to determine the extent to which a program achieves its outcome-oriented objectives.

**HTPCP projects are expected to have at least one (1) measurable outcome by the end of the 5-year period of performance.** Outcomes from previous HTPCP projects have clustered primarily in the following areas: knowledge increase, behavior change, physiological change, health care utilization, program enhancement or expansion, lessons learned, community impacts, partnerships, and cost savings. A closer look at past projects indicate family/adolescent involvement is critical for program acceptance, awareness and utilization of services.



Previous HTPCP projects have achieved significant outcomes for their program participants and have been able to document impacts on child health and health care access in their communities. Recipients have documented that they were able to enhance or improve their relationships/partnerships with public officials, advocacy efforts, the community's ability and capacity to identify child health problems, access to a medical home and other health care services for children, and the recognition of child health issues. Recipients also have documented that they have used information gathered from their evaluation plans to improve services, replicate models of care, and secure additional funding for their projects. Additional information on HTPCP project outcomes can be found in the recently updated HTPCP [infographic](#).

You must describe the systems and processes that will support the organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes.

You **must** describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, with different cultural groups (e.g., race, ethnicity, language) and explain how the data will be used to inform program development and service delivery. Also, please explain how you will use data to make changes to a project based on evaluation findings. You **must** describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

Your organization will be required to participate in an overall evaluation of HTPCP 1 and 5 years after the end of your 5-year period of performance. Additional information regarding the HTPCP outcome evaluation will be provided to recipients after award.

Performance measures will change in order to adapt to the evolving MCH landscape. Of particular relevance to HTPCP applicants are new MCHB discretionary grant performance measures in the following seven domains: women's/maternal health; perinatal infant health; child health; children and adolescents with special health care needs; adolescent health; life course; and capacity building. Performance measures related to promoting/facilitating well-child visits, sustainability, product development, grant impact, quality improvement, health equity, family member/adolescents/community member participation, cultural/linguistic competence, and state Title V and other MCH and MCH-related agency collaboration will be part of the new HTPCP performance measure package. Details regarding the new MCHB performance measures for discretionary grants can be found in [Federal Register, Vol. 80, No. 215, 68871 \(November 6, 2015\)](#)

- **ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion(a) #5**

Provide information on your organization's current mission and structure, history, past experiences, and scope of current activities. Describe how the organizational structure and experience is appropriate to implement the program requirements and meet program expectations. Provide an organizational chart in **Attachment 6** that shows the structure for the administrative and fiscal management team and reporting line for staff. Provide information that demonstrates the organization's experiences are appropriate to support provision of culturally and linguistically competent services and services that consider the health literacy level of the target populations. Describe how your organization will assess and improve upon the unique needs of the target populations in the communities you serve.

Your organization must demonstrate capacity to manage federal awards, equipment, and personnel supported by the award. Describe your history of having necessary policies, procedures, and financial controls in place to manage federal awards. If deficiencies have been noted in the most recent internal/external audit, review or reports on your organization's financial management system and management capacity or its implementation of these systems, policies and procedures, identify the corrective action taken to remedy the deficiencies.

Describe the staffing plan (excluding contractor's staff) which identifies key positions essential for programmatic, fiscal and evaluation activities. Key personnel should have adequate skills, training qualifications, and experience appropriate to execute the role. Show the time allocation (%/percent FTE) for each position. Include position descriptions for key personnel in **Attachment 3**. Include biographical sketches and curriculum vitae of key personnel in **Attachment 4**.

| <b>NARRATIVE GUIDANCE</b>   |  |
|---|--|
| 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. |  |
| <u><b>Narrative Section</b></u>   | <u><b>Review Criteria</b></u>                          |
| Introduction  | (1) Need   |
| Needs Assessment  | (1) Need   |
| Methodology   | (2) Response and (4) Impact                            |
| Work Plan   | (2) Response, (3) Evaluative Measures, and (4) Impact  |
| Resolution of Challenges  | (2) Response   |
| Evaluation and Technical Support Capacity   | (3) Evaluative Measures 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. |

**iii. Budget**

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

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

In addition, HTPCP requires the following:

The Consolidated Appropriations Act, 2018 (P.L. 115-141), 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.” 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 2020, as required by law.

**iv. Budget Narrative**

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

**Budget Considerations**

Awards are subject to adjustment after program and peer review. If this occurs, project components and/or activities will be negotiated to reflect the final award. Reviewers will deduct points from applications for which budgets are not thoroughly justified. The budget and budget narrative correspond to Section V’s Review Criterion 6.

Projects **must** fully justify their requests by describing and identifying goals, objectives, activities, and outcomes that will be achieved by the project during the period of performance. Projects **must** clearly document meeting the cost matching requirement in years 2 through 5 of the project in the budget form SF 424A and the budget narrative.

**v. Program-Specific Forms**

Program-specific forms are not required for application.

**vi. Attachments**

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

*Attachment 1: Work Plan*

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative.

*Attachment 2: Logic Model*

Attach the required logic model for the project that includes all information detailed in Section IV. ii. Project Narrative.

*Attachment 3: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of the HRSA's [SF-424 Application Guide](#))*

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

*Attachment 4: Biographical Sketches of Key Personnel*

Include biographical sketches for persons occupying the key positions described in Attachment 3, 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 5: Letters of Agreement 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. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement **must** be dated.

*Attachment 6: Organizational Chart*

Provide a one-page figure that depicts the organizational structure of the organization or agency and where the proposed project will reside.

*Attachment 7: Tables, Charts, etc.*

Include further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.), as needed.

*Attachment 8: For Multi-Year Budgets--Fifth Year Budget*

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budgets for the fifth year as an attachment. Use the SF-424A Section B.

*Attachment 9: Advisory Board Membership Roster*

*Attachments 10 – 15: Other Relevant Documents*

Include here any other documents that are relevant to the application, including the preliminary project evaluation plan, and 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.) List all other support letters on one page.

You are **strongly encouraged** to include letters of support from your state Title V MCH program, and other MCH and MCH-related agencies, from your state AAP Chapter, and from human service organizations (including faith-based and tribal organizations). If applicable, please include letters of support from prospective collaborative partners on other HRSA and/or HHS projects.

### **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](#).

**UPDATED SAM.GOV ALERT:** For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018. Read the updated FAQs to learn more.

[SAM.gov](https://sam.gov) is experiencing high volume and delays. If you have tried to create or update your SAM.gov registration but have not been able to complete the process, you may not be able to apply for a HRSA funding opportunity via Grants.gov in a timely manner prior to the application deadline. If so, please email [DGPwaivers@hrsa.gov](mailto:DGPwaivers@hrsa.gov), per the instructions in Section 3.6 of your HRSA 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 *October 1, 2018 at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 days before the deadline** to allow for any unforeseen circumstances.

See Section 8.2.5 – Summary of emails from Grants.gov of HRSA’s [SF-424 Application Guide](#) for additional information.

#### **5. Intergovernmental Review**

HTPCP 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 period of performance of up to 5 years, at no more than \$50,000 per year (inclusive of direct **and** indirect costs). The FY 2019 President’s Budget does not request funding for this program. 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, HRSA can process applications and award funds in a timely manner. 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, 2018 (P.L. 115-141) 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 FY2020, as required by law.

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

## V. Application Review Information

### 1. Review Criteria

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

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

Review criteria are used to review and rank applications. HTPCP has six (6) review criteria:

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

- A. The extent to which the application clearly describes the purpose of the proposed project.
- B. The extent to which the application clearly describes a project that aligns with the purpose of HTPCP, which is to increase access to health care and preventive health services for children, adolescents, and families in rural and other underserved communities, and improve their health status.
- C. The extent to which the application demonstrates a comprehensive understanding of the problem and associated contributing factors to the problem.
- D. The extent to which the targeted population's needs are described and supported in the needs assessment.
- E. The extent to which cultural and linguistic needs of the proposed target population are described.
- F. The extent to which relevant data, with appropriate references, document and justify need for the proposed intervention, and correspond to data in needs assessments such as the state Title V MCH Block Grant Program Needs Assessment and Action Plan for a state, or a Community Health Needs Assessment.
- G. The extent to which the proposed intervention addresses one of the priority topical areas referenced on Page 1 of this NOFO.

*Criterion 2: RESPONSE (35 points) – Corresponds to Section IV's Methodology and Work Plan*

**Methodology and Work Plan (18 points)**

- A. The extent to which the application adequately describes an innovative new community-based initiative, or a new component that will build upon, expand, and enhance an existing initiative, that employs prevention strategies and promotes access to health care for infants, children, adolescents and their families.
- B. The extent to which the application discusses partnerships with diverse public and private sector stakeholders to test out evidence-based practice at the community level and transform health care for the population(s) served by the project.
- C. The strength of the proposed goals and objectives and their relationship to the identified need.
- D. The extent to which objectives are specific, measurable, attainable/achievable, relevant, and time-framed with the purpose and requirements of the proposed project.
- E. The extent to which the proposed service intervention(s) and other proposed project activities are clearly described, - capable of addressing the problem, clearly linked to project goals and objectives, feasible, and appropriate to achieve the goals and objectives within the period of performance.

**Family/Community/Professional Partnerships (12 points)**

- A. The extent to which the applicant proposes to involve families in project activities, i.e., Advisory Board participation, reviewing materials and resources produced by the project for cultural/linguistic competence and health literacy levels, and participating in the development of staff trainings.
- B. The extent to which the applicant proposes to take an active role in strengthening surrounding communities and requiring community involvement in project activities.
- C. The extent to which the applicant demonstrates ability to collaborate with the state Title V MCH Program, local MCH agencies, and the state AAP Chapter to achieve the goals and objectives of the project (e.g., the inclusion of letters of support).
- D. If applicable, the extent to which the applicant discusses leveraging partnerships with other HRSA and/or HHS-funded projects (e.g., the inclusion of letters of support).

- E. The extent to which the applicant demonstrates ability to collaborate with human service organizations (including faith-based and tribal organizations) in strategic alliances to achieve the goals and objectives of the project (e.g., the inclusion of letters of support).
- F. The extent to which pediatricians and other pediatric primary care providers are substantively involved in the community-based project proposed.
- G. The extent to which the makeup of the Advisory Board and its role in the implementation of the proposed project plan are adequately described, including extent to which the Advisory Board includes, or plans to include, appropriate representation of individuals served by the project, families, representatives from the local pediatric provider community, and other key stakeholders.

### **Health Promotion (5 points)**

- A. The extent to which the application discusses how the proposed project will address the goals and objectives of the **Bright Futures for Infants, Children and Adolescents** initiative and incorporate the *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents, Fourth Edition* and other Bright Futures materials in project activities.

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

- A. The strength, feasibility, and effectiveness of the evaluation plan to measure project objectives and proposed performance measures, including the project logic model, demonstrating the relationship among resources, target population, activities, outputs, short and long-term outcomes, impact, and possible measures of success for the project, including the identification of at least one measurable outcome. The project’s logic model should reflect the purpose of HTPCP and what HTPCP intends to produce and achieve overall.
- B. The extent to which measures of success for the project, as documented in the project’s logic model, reflect the measures of success for HTPCP and are included in the project’s data collection and evaluation plans.
- C. The extent to which evaluative measures will assess whether: 1) progress on project objectives will be accomplished; and 2) extent these accomplishments can be attributed to the project.
- D. The extent to which data and evaluation informs changes to the project based on evaluation findings.

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

- A. The feasibility and effectiveness of plans for dissemination of project results.
- B. The extent to which project results may be regional and/or national in scope.

- C. The extent to which the project activities are replicable.
- D. The effectiveness of plans for dissemination, including penetration within and possibly beyond the identified target population with respect to both dissemination of project results, and engagement with the communities served.
- E. The extent to which clear plans for meeting the budget matching requirement in years 2 through 5 of the project are included in the application and a description of how matching funds will support long-term sustainability of the proposed project after federal funding ends.

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

- A. The extent to which the project personnel are qualified by training and/or experience to implement and carry out the project. The capability of the applicant organization, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.
- B. The extent to which the project demonstrates collaboration with key stakeholders in all activities.
- C. The extent to which contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served.
- D. The quality of approaches proposed to resolve challenges that are likely to be encountered during the project.

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

- A. 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.
- B. The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- C. The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- D. The extent to which the applicant clearly documents meeting the cost matching requirement in years 2 through 5 of the project in the budget form SF 424A and the budget narrative.



## **2. Review and Selection Process**

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

See Section 5.3 of HRSA's [SF-424 Application Guide](#) for more details.

## **3. Assessment of Risk and Other Pre-Award Activities**

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

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

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

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIS\)](#). 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 [FAPIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

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

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

HRSA anticipates issuing/announcing awards prior to the start date of March 1, 2019.

## VI. Award Administration Information

### 1. Award Notices

HRSA will issue the Notice of Award prior to the start date of March 1, 2019. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

### 2. Administrative and National Policy Requirements

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

#### Requirements of Subawards under Awards

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

### 3. Reporting

The new Discretionary Grant Information System (DGIS) reporting system will continue to be available through the Electronic Handbooks (EHBs). HRSA enhanced the DGIS and these improvements are available for recipient reporting as of October 1, 2017. The agency will communicate with recipients and provide instructions on how to access the system for reporting. HRSA will also provide technical assistance via webinars, written guidance, and one-on-one sessions with an expert, if needed.

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

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

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

- 1) **Progress Report(s).** The recipient **must** submit a progress report to HRSA on an **annual** basis, which **must** address progress against program outcomes, including any expected outcomes in the first year of the program. Further information will be available in the award notice.
- 2) **Final Report Narrative.** The recipient **must** submit a final report narrative to HRSA after the conclusion of the project.
- 3) **Performance Reports.** HRSA has modified its reporting requirements for Special Projects of Regional and National Significance, Community Integrated Service Systems projects, and other grant/cooperative

agreement programs to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). GPRA requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act.

**a) Performance Measures and Program Data**

To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are at [https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H17\\_4.HTML](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H17_4.HTML) and below.

| <b>Administrative Forms</b>   |                            |  |                              |
|---|----------------------------|--|------------------------------|
| Form 1, Project Budget Details<br>Form 2, Project Funding Profile<br>Form 4, Project Budget and Expenditures<br>Form 5, Number of Individuals Served (Unduplicated)<br>Form 6, Maternal & Child Health Discretionary Grant<br>Form 7, Discretionary Grant Project<br>Products, Publications, and Submissions Data Collection Form |                            |  |                              |
| <b>Updated DGIS Performance Measures, Numbering by Domain</b><br><i>(All Performance Measures are revised from the previous OMB package)</i>  |                            |  |                              |
| <b>Performance Measure</b>  | <b>New/Revised Measure</b> | <b>Prior PM Number (if applicable)</b> | <b>Topic</b>                 |
| <b>Core</b>   |                            |  |                              |
| Core 1  | New                        | N/A                                    | Grant Impact                 |
| Core 2  | New                        | N/A                                    | Quality Improvement          |
| Core 3  | New                        | N/A                                    | Health Equity – MCH Outcomes |
| <b>Capacity Building</b>  |                            |  |                              |
| CB 3  | New                        | N/A                                    | Impact Measurement           |
| CB 4  | Revised                    | 5                                      | Sustainability               |
| CB 5  | Revised                    | 3, 4                                   | Scientific Publications      |
| CB 6  | New                        | N/A                                    | Products                     |

|                     |     |     |   |
|---------------------|-----|-----|---|
| <b>Child Health</b> |     |     |   |
| CH 1                | New | N/A | Well Child Visit (Tiers 1, 2, and 3 only) |

**DIVISION OF MCH WORKFORCE DEVELOPMENT:**

| <b>Performance Measure</b> | <b>New/Revised Measure</b> | <b>Prior PM Number (if applicable)</b> | <b>Topic</b>  |
|----------------------------|----------------------------|--|---|
| <b>Training 01</b>         | New                        | N/A                                    | MCH Training Program and Healthy Tomorrows Family Member/Youth/Community Member participation |
| <b>Training 02</b>         | New                        | N/A                                    | MCH Training Program and Healthy Tomorrows Cultural Competence                                |
| <b>Training 03</b>         | New                        | N/A                                    | Healthy Tomorrows Title V Collaboration   |

**b) Performance Reporting Timeline**

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

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

**c) Period of Performance End Performance Reporting**

Successful 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 period of performance,

the project abstract and grant/cooperative agreement summary data as well as final indicators/scores for the performance measures.

## VII. Agency Contacts

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

Djuana Gibson  
Grants Management Specialist  
Maternal, Child, and Health Systems Branch  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-3243  
Fax: (301) 594-4073  
Email: [dgibson@hrsa.gov](mailto:dgibson@hrsa.gov)

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

Madhavi M. Reddy, MSPH  
Maternal and Child Health Bureau  
Health Resources and Services Administration  
5600 Fishers Lane, Room 18W54  
Rockville, MD 20857  
Telephone: (301) 443-0754  
Fax: (301) 443-1797  
Email: [mreddy@hrsa.gov](mailto:mreddy@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](mailto:support@grants.gov)  
Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

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

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

## **VIII. Other Information**

### **Logic Models**

You can find additional information on developing logic models at the following website: <http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf>.

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

### **Evaluation Guides:**

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/commpeds/healthy-tomorrows/Pages/HTPCP-Resources.aspx>

### **Proposal Development Guide:**

[https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/commpeds/healthy-tomorrows/Documents/Healthy%20Tomorrows-Proposal\\_Development\\_Guide.pdf](https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/commpeds/healthy-tomorrows/Documents/Healthy%20Tomorrows-Proposal_Development_Guide.pdf)

### **Technical Assistance**

HRSA has scheduled the following technical assistance:

#### *Webinar*

Day and Date: Thursday, August 9, 2018

Time: 2 – 3:30 p.m. ET

Call-In Number: 1-800-967-7149

Participant Code: 531134

Weblink: <https://hrsa.connectsolutions.com/healthytomta/>

The recording will be posted on the MCHB website at <https://mchb.hrsa.gov/fundingopportunities/default.aspx>

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

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

## APPENDIX: HTPCP Logic Model

| PROGRAM INPUTS  | PROGRAM OUTPUTS   |   | PROGRAM OUTCOMES   |   |
|---|---|---|--|---|
|   | ACTIVITIES  | PRODUCTS / SYSTEMS  | SHORT-TERM / INTERMEDIATE  | LONG-TERM / IMPACT  |
| <b>Eligible Entities, Stakeholders &amp; Key Resources</b>  | <b>Activities to create/improve health/service systems and infrastructure</b><br><br><b>(What will program inputs do?)</b>  | <b>Health/service systems and infrastructure created to support desirable systems or behaviors</b><br><br><b>(What will be created as a result of the activity?)</b>  | <b>Health/service systems or behaviors that lead to improved health outcomes</b><br><br><b>(What will change as a result of the product/system implemented?)</b> | <b>Improved health or health care outcomes</b><br><br><b>(What will change if short-term / intermediate outcomes are achieved?)</b> |
| <u>Recipient Org.</u> <ul style="list-style-type: none"> <li>• Medical centers</li> <li>• Schools</li> <li>• Local foundations</li> <li>• Nonprofit agencies</li> <li>• Community-based clinics</li> <li>• Community health centers</li> <li>• Hospitals</li> <li>• Local and state health departments</li> </ul><br><u>Other Key Stakeholders</u> <ul style="list-style-type: none"> <li>• AAP</li> <li>• Title V</li> </ul> | Identify/develop innovative community-based programs/interventions based on a review of state and community MCH priorities and needs assessment data. <ul style="list-style-type: none"> <li>• Programs/interventions must have family/youth/community involvement and be culturally and linguistically competent.</li> </ul> | <ul style="list-style-type: none"> <li>• Environmental scan</li> <li>• Needs assessment data</li> <li>• Identify gaps in services and other support/resources</li> <li>• Evidence-based strategies to meet the child health and developmental needs of children and families (including racial and ethnic minority groups) in rural and other underserved populations.</li> <li>• Program/intervention</li> </ul> | Increase use of innovative evidence-based strategies/interventions   | Increase access to care   |



|   |  |   |   |   |
|---|--|---|---|---|
| <u>Existing infrastructure and systems</u>  |  | identified/developed  |   |   |
| <ul style="list-style-type: none"> <li>• AAP Healthy Tomorrows Technical Assistance Resource Center</li> <li>• AAP National Center for Medical Home Implementation</li> </ul>   | Implement clinical and public health interventions in community-based settings primarily in the following areas: <ul style="list-style-type: none"> <li>• Early childhood development/school readiness</li> <li>• Developmental/behavioral pediatrics</li> <li>• Medical home (including enhanced family and youth engagement)</li> </ul>              | Community-based programs providing targeted clinical services or public health messages in rural and other underserved populations. |   |   |
| <u>Key Tools, guidelines</u>  |  |   |   |   |
| <ul style="list-style-type: none"> <li>• Guides (e.g., proposal development, evaluation)</li> <li>• Webinars (e.g., logic models, economic analyses)</li> </ul> Workbooks and tip sheets (e.g., sustainability, economic analyses, diversity & health equity) | <ul style="list-style-type: none"> <li>• Oral health</li> <li>• Behavioral health (including integration of substance use services for children and adolescents at-risk for or have substance use disorders)</li> <li>• Mental health</li> <li>• School-based health</li> <li>• Nutrition and physical activities to promote healthy weight</li> </ul> |   |   |   |
|   | Form collaborative partnerships between pediatric providers, community   | <ul style="list-style-type: none"> <li>• Formal partnerships in place as evidenced by letters of</li> </ul>                         | Increase capability of pediatric providers to effectively serve | Increase sustainability of implemented community- |

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|  | <p>organizations, families, community members, State Title V agencies and other MCH-related programs, and businesses to create self-sustaining programs.</p>  | <p>agreement and/or descriptions of proposed and existing program-specific contracts</p> <ul style="list-style-type: none"> <li>• Informal partnerships with local, state, regional and/or national stakeholders</li> <li>• Program Advisory Board</li> <li>• Family/Community Advisory Board</li> </ul>   | <p>the target population.</p> <p>Increase collaborative partnerships in order to enhance the capability to serve target populations effectively.</p> | <p>based programs.</p>  |
|  | <p>Formulate and continually reassess the program logic model and evaluation plan for the following reasons:</p> <ul style="list-style-type: none"> <li>• Monitor ongoing processes and progress toward achieving goals and objectives</li> <li>• Utilize evaluation data to document impacts on child health and health care access in communities</li> <li>• Leverage evaluation data to support the ongoing need for the program in the community</li> </ul> | <ul style="list-style-type: none"> <li>• Evaluation plan developed <ul style="list-style-type: none"> <li>○ Standardized data elements identified and defined</li> <li>○ Creation and maintenance of approvals and protocols for data collection</li> </ul> </li> <li>• Baseline data collected and reported by end of Year 1 for program goals</li> </ul> | <p>Increase capability of grantees to use evaluation data to demonstrate the effectiveness of interventions</p>                                      | <p>Increase access to care.</p> <p>Increase sustainability of implemented community-based programs.</p> |

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|  | <p>Develop tools, trainings, and resources for pediatric professionals, community members, families, State Title V agencies, and other MCH-related programs.</p>        | <ul style="list-style-type: none"> <li>• Training for: State Title V agencies, Other MCH-related programs, Families, Community members</li> <li>• Health education materials for communities</li> <li>• Publications that facilitate the transfer of research findings into practice</li> </ul>  | <p>Increase capability of pediatric providers to effectively serve the target population</p> <p>Increase use of innovative evidence-based strategies/interventions.</p> | <p>Increase access to care.</p>   |
|  | <p>Disseminate program results and findings to the target population, partners, and other stakeholders who might be interested in using the results of the program.</p> | <ul style="list-style-type: none"> <li>• Fact sheets on program implementation to local MCH partners</li> <li>• Program web sites</li> <li>• Social media</li> <li>• Infographics</li> <li>• PowerPoint presentations</li> <li>• Data collected and analyzed on an annual basis, and shared with potential funders, community partners, and other stakeholders</li> <li>• Leveraged evaluation data with the parent organization, community partners, and</li> </ul> | <p>Increase use of innovative evidence-based strategies/interventions.</p>  | <p>Increase sustainability of implemented community-based programs.</p> |

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|   |   | other stakeholders to ensure long-term sustainability of the program  |   |   |
|   | Assess whether the dissemination of program results has facilitated changes in practice, service delivery, program development, and/or policy-making in ways that affect the target population. | # and types of program innovations such as: <ul style="list-style-type: none"> <li>• New protocols or new service delivery models</li> <li>• New partnerships or collaborations</li> <li>• Technology (e.g., Electronic Health Record, data dashboard, social media)</li> <li>• Integration of care (e.g., primary care and behavioral health)</li> </ul> | Increase capability of pediatric providers to effectively serve the target population.<br><br>Increase use of innovative evidence-based strategies/interventions  | Increase access to care.<br><br>Increase sustainability of implemented community-based programs.  |
| <p align="center"><b>PROGRAM MONITORING &amp; PERFORMANCE METRICS</b></p> <p align="center"><b>Measures of success</b></p> <p align="center"><b>(Program performance measures should be in BOLD.)</b></p> |   | Number of: <ul style="list-style-type: none"> <li>• informal partnership established</li> <li>• formal partnerships established</li> <li>• community boards established</li> <li>• meetings between partners</li> <li>• education events</li> </ul>   | Percent of: <ul style="list-style-type: none"> <li>• providers that report increased capability to leverage community partnerships</li> <li>• providers trained that report increased capability to use evaluation data</li> <li>• <b>(DGIS Training 3): The degree to which a Healthy Tomorrows</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b>(DGIS CB 4): The percent of HTPCP projects working to promote sustainability of their programs or initiatives beyond the life of MCHB funding, and</b></li> </ul> |

|  |  |   |   |
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|  | <ul style="list-style-type: none"> <li>• outreach/net working events</li> <li>• community partners on Advisory Board(s)</li> <li>• educational materials developed</li> <li>• educational materials disseminated</li> <li>• trainings</li> <li>• providers trained</li> <li>• evaluation products (i.e., program results) disseminated</li> </ul> <p><b>Total number of:</b></p> <ul style="list-style-type: none"> <li>• <b>innovative evidence-based strategies implemented</b></li> <li>• evidence-based strategies that provide clinical services to target population</li> <li>• evidence-based public health strategies provided to target population</li> </ul> | <p><b>program collaborates with State Title V agencies, other MCH or MCH-related programs and other professional organizations.</b></p> <ul style="list-style-type: none"> <li>• <b>(DGIS Training 2): The of HTPCP projects that have integrated cultural and linguistic competence into policies, guidelines, and training.</b></li> <li>• (DGIS Core 2): The percent of HTPCP projects implementing quality improvement initiatives.</li> <li>• <b>(DGIS Capacity Building 3): The percent of grantees that collect and analyze data on the impact of their grants on the field, and the methods used to collect data.</b></li> <li>• Increase in percent of HTPCP programs promoting and/ or facilitating improving health equity. → (DGIS Core 3): The percent of</li> </ul> | <p><b>through what methods.</b></p> <ul style="list-style-type: none"> <li>• Number and percent of HTPCP programs meeting their 2:1 Non-Federal match requirement in Years 2-5 of their 5-year period of performance</li> <li>• <b>Number of: HTPCP programs sustained one year and 5 years after federal funding (MCHB) ends</b></li> <li>• <b>Number of individuals in target populations touched by program</b></li> <li>• Percent touched from racial/ethnic minorities</li> <li>• <b>Percent of interventions that show increased access to care among their target populations</b></li> </ul> |
|--|--|---|---|

|  |  |   |   |
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|  |  | <p>HTPCP projects with specific measurable aims related to promoting health equity.</p> <ul style="list-style-type: none"> <li>• Increase in the of HTPCP programs supporting the development of informational products and through what means, and related outcomes. → (DGIS CB 6): The percent of HTPCP projects supporting development of informational products, and through what processes.</li> <li>• Increase in the percent of HTPCP programs promoting and/or facilitating well-child visits. → (DGIS CH 1): The percent</li> <li>• of HTPCP projects promoting and/ or facilitating well-child visits.</li> <li>• Increase in the percent of HTPCP programs that ensure family, youth, and community member participation in program and policy activities. → (DGIS Training</li> </ul> | <ul style="list-style-type: none"> <li>• Increase in percentage of HTPCP programs meeting the stated aims of their grant at the end of the grant cycle. → <b>(DGIS Core 1): The percent of HTPCP projects meeting their stated objectives.</b></li> </ul> |
|--|--|---|---|

|  |  |  |  |
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|  |  | 01): The percent of HTPCP projects that ensure family/youth/community member participation in program and policy activities. |  |
|--|--|--|--|