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

Maternal and Child Health Bureau
Division of Research

## Maternal and Child Health Research Network Program
## *Children with Special Health Care Needs Research Network (CSHCN-RN)*

**Announcement Type:** New
**Funding Opportunity Number:** HRSA-17-060

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

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2017

## Application Due Date: March 16, 2017

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

**Issuance Date: January 13, 2017**

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

# EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau's (MCHB) Office of Epidemiology and Research is accepting applications for fiscal year (FY) 2017 Children with Special Health Care Needs Research Network (CSHCN-RN) program. The purpose of this program is to establish and maintain an interdisciplinary, multi-site, collaborative research network that will lead, promote, and coordinate national research activities to strengthen the evidence base related to key components of a comprehensive, high quality system of care for children and youth with special health care needs. The Network will extend and refine evidence utilized to establish the national Standards for Systems of Care for Children and Youth with Special Health Care Needs.[1]

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| Funding Opportunity Title: | Children with Special Health Care Needs Research Network (CSHCN-RN) |
| Funding Opportunity Number: | HRSA-17-060 |
| Due Date for Applications: | March 16, 2017 |
| Anticipated Total Annual Available Funding: | $1,000,000 |
| Estimated Number and Type of Award(s): | Up to 1 cooperative agreement |
| Estimated Award Amount: | Up to $1,000,000 per year |
| Cost Sharing/Match Required: | No |
| Project Period: | September 1, 2017 through August 31, 2022<br>(5 years) |
| Eligible Applicants: | Eligible applicants include public or nonprofit institutions of higher learning and public or private nonprofit agencies engaged in research or in programs relating to maternal and child health and/or services for children with special health care needs. Non-U.S. entities are not eligible to apply.<br>[See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.] |

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[1] Association of Maternal & Child Health Programs, Lucile Packard Foundation for Children's Health, Standards for Systems of Care for Children and Youths with Special Health Care Needs, March 2014.

## Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf, except where instructed in this FOA to do otherwise. A short video explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

## Technical Assistance

A Technical Assistance (TA) call will be held on Monday, January 23, 2017 at 2:00 p.m. Eastern Standard Time. The MCHB Project Officers will provide an overview of the FOA and be available to answer general questions until 2:30 p.m. Eastern Standard Time. Otherwise you are encouraged to contact the Project Officers listed at the end of this FOA by e-mail.

In an attempt to most effectively utilize our TA conference call time, if you have questions about the FOA, please send them via e-mail to Erica Caesar ECaesar@hrsa.gov. We will compile and address these questions during the TA call.

Call information is as follows: call number: **877-429-7311**, passcode: **2057439#**.

There will be no webinar with this call.

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# I. Program Funding Opportunity Description

## 1. Purpose

This announcement solicits applications for the Children with Special Health Care Needs Research Network (CSHCN-RN) Program.

This cooperative agreement opportunity will establish and maintain an interdisciplinary, multi-site, collaborative Research Network (hereafter referred to as "the Network"). The Network will lead, promote, and coordinate national research activities to advance and strengthen the evidence base related to key components of a comprehensive, high quality system of care for children with special health care needs (CSHCN). The Network will extend and refine evidence utilized to establish the national Standards for Systems of Care for Children and Youth with Special Health Care Need[2] (http://www.amchp.org/AboutTitleV/Resources/Documents/Standards%20Charts%20FINAL.pdf). The network infrastructure will support the design of a portfolio of multi-site, interdisciplinary research that focuses on fostering the implementation of multi-site research studies, translation of research to policy and practice, and provision of mentoring environment to train a new generation of clinical and non-clinical pediatric researchers.

In the late 1990s, the Maternal and Child Health Bureau developed six Core Outcomes for a comprehensive system of care for CSHCN and their families to improve the quality and comprehensiveness of the systems that serve them.[3] The core outcomes include: (1) family partnership in decision-making, (2) CSHCN receipt of coordinated, ongoing, comprehensive care within a medical home, (3) access to adequate health insurance, (4) early and continuous screening for special health care needs, (5) community-based services that are organized and easily accessible to families, and (6) CSHCN receipt of services necessary for transition to adulthood.[4] Since then State Title V agencies have strived to achieve comprehensive systems of care for CSHCN but have continued to face challenges. In 2014, the Association of Maternal and Child Health Programs published the Standards for Systems of Care for Children and Youth with Special Health Care Needs to support efforts to implement comprehensive systems of care. The standards are grounded in the six Core Outcomes and address the core components of the structure and process of an effective system of care for CSHCN.[5] The standards identified a set of 10 core domains for systems standards including: (1) screening, assessment and referral, (2) eligibility and enrollment, (3) access to care, (4) medical home, (5) community-based services and supports, (6) family professional partnerships, (7) transition to adulthood, (8) health information technology, (9) quality assurance and improvement, and (10) insurance and financing.

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[2] Ibid.

[3] U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. The National Survey of Children with Special Health Care Needs Chartbook 2009–2010. Rockville, Maryland: U.S. Department of Health and Human Services, 2013.

[4] Ibid.

[5] Ibid.

The standards and the core outcomes serve as measures to monitor the nation's progress towards the goal of a comprehensive, family-centered, community-based, coordinated system of services for CSHCN. Monitoring our nation's progress at achieving this goal is of policy imperative given that the 2009-2010 National Survey of Children with Special Health Care Needs reported that only 43 percent of CSHCN receive care that meets the standard established by the core outcomes[6] and only 65.7 percent of CSHCN have adequate health insurance.[7] Moreover, although the American Academy of Pediatrics asserted that access to a family-centered medical home is essential for all children;[8] and particularly important for CSHCN who are more likely to require specialized care and services, follow-up, and care coordination, only 46.8 percent of CSHCN reported having access to a medical home.[9] Disparities in the receipt of care that meets the six core outcomes could result in inequities in health care access, and their attendant poorer health outcomes, for CSHCN which are key priorities for national policymakers.

Recent national policy efforts aimed at transforming the U.S. health care system have brought attention to a number of emerging issues that impact the health care delivery systems for CSHCN. For example, there is a heightened interest in improving the efficiency of the health care delivery system. In the same vein, calls have been made for the introduction of pay-for-performance, new models of cost-containment and practitioner-reimbursement for care delivered within the national health care system. There are calls for increased family engagement and greater involvement of CSHCN in their own care. Given these new and emerging policy developments, there is a need to assess current gaps in our knowledge of the evidence that supports the Standards and the Core Outcomes on which they are grounded.

It is anticipated that studies conducted by this Network, when translated into policy and practice, will result in improvements in the system of care for CSHCN with their overall improved quality of life and health outcomes. Key components of the system to be studied include: impact of family and youth engagement and leadership on access, coordination, and quality of care at the direct-care, organizational design and governance, and policy making levels; improvements in delivery of comprehensive, coordinated care within a family-centered medical home, particularly for CSHCN from traditionally underserved populations; financing models that can support integrated care for children with medical complexity (CMC); and effective transition of CSHCN from pediatric to adult health care**.**

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[6] Ibid.

[7] American Academy of Pediatrics, Medical Home Initiatives for Children with Special Needs Project Advisory Committee, 2000-2001, Policy Statement: The Medical Home, *Pediatrics,* 110, 1.

[8] Ibid.

[9] U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *The Health and Well-Being of Children: A Portrait of States and the Nation, 2011-2012.* Rockville, Maryland: U.S. Department of Health and Human Services; 2014.

The awardee will complete all of the following major activities:

**Infrastructure Development:**

- Develop and maintain a national Network of research entities that will collaborate to advance and strengthen the evidence base for key components of the Six Core System Outcomes for CSHCN and the structures and processes contained in the Standards of care for CSHCN. Specifically, the Network will conduct studies that advance the evidence base around: (1) engagement of CSHCN and their families as partners in decision-making regarding their care and care of their children (family-professional partnerships); (2) CSHCN's receipt of coordinated, ongoing, comprehensive care within a family-centered medical home (medical home), particularly those CSHCN from traditionally underserved populations; (3) financing of the payment models that can support integrated care for children with medical complexity (CMC); ); (4) effective transition of CSHCN from pediatric to adult health care; and (5) models for regionalization of care for CSHCN;

- Establish a Network Advisory Board or Steering Committee that will comprise a broad representation of key stakeholders, including but not limited to, child health care practitioners, health care organizations, health insurers, public health practitioners, health service researchers, and families of CSHCN, including those from traditionally underserved populations, and support groups;

- Develop a clear and well-articulated strategy for incorporating youth with special health care needs, when applicable, and CSHCN family members to actively participate in the work of the Network.

**Network Activities:**

- Develop a national research agenda focused on extending and refining evidence utilized to establish key components of the Six Core System Outcomes for CSHCN and the national Standards for Systems of Care for Children and Youth with Special Health Care Needs.[10] Of particular interest are standards that have the potential to impact the quality, contain costs, and improve the experience of care within a comprehensive health system;

- Expand research from the existing knowledge base about the effectiveness of the CSHCN Standards in achieving key core system outcomes. Strategies to advance evidence may employ evidence generation and synthesis such as comparative observational and randomized trials, patient-reported outcomes, decision modeling, and economic analysis. Examples of the types of original research that could be conducted by the Network may include, but are not limited to the following:

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[10] National Consensus Framework for Systems of Care for Children and Youth with Special Health Care Needs Project. (2014). Standards for Systems of Care for Children and Youth with Special Health Care Needs. Retrieved from http://www.amchp.org/AboutTitleV/Resources/Documents/Standards%20Charts%20FINAL.pdf

- Randomized controlled trials designed to broadly identify and test the identified core system outcomes;

- Formative work through surveys, literature reviews, or environmental scans of research with the aim of understanding how and the extent to which the components of the selected core system outcomes of interest contribute to cost reduction, improvement in quality and overall system of care for CSHCN;

- Research utilizing health economics and benefit cost analytical methods to identify selected core system outcomes that are effective in impacting the health care of overall CSHCN and CMC. Examples of such outcomes include, but are not limited to, emergency room visits, hospital admissions, family experience, clinician satisfaction, clinician knowledge and training, cost, and care coordination;

- Secondary data analyses using existing large or population-based datasets and administrative data;

- Pilot and feasibility studies and/or efficacy studies testing existing and/or newly-developed interventions, e.g. shared plan of care, designed to improve the selected core system outcomes that contribute to cost reduction, quality improvement, clinician reimbursement, and system-wide positive outcomes;

- Develop and test strategies for capturing and implementing best practices in health care delivery within an electronic health records environment in order to facilitate the translation of research findings into policy and practice;

- Develop and/or validate measures that assess the impact of family and youth engagement and leadership on access, coordination, and quality of care at the direct care, organizational design and governance, and policy-making levels of the health care system and assessing which are the most effective indicators of impact at these levels;

- Evaluate the applicability of strategies like technology and social media, and tools, such as the Six Core Elements of Health Care Transition[11] to support the transition process from pediatric to adult system of care;

- Conduct comparative studies of health care delivery, cost, and outcomes within primary and subspecialty co-management arrangements; and

- Develop two tools for studying and/or implementing care for CSHCN;

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[11] Got Transition / Center for Health Care Transition Improvement, January 2014, Retrieved from www.GotTransition.org

- Ensure that projects supported by the Network identify, acknowledge and address key systems issues in program and policy that impact the system of care for CSHCN and their families;
- Provide a research environment that supports the professional development and mentorship of a diverse cadre of emerging or new investigators in fields relevant to the topic of this Network;
- Develop and implement a plan for soliciting proposals from external investigators interested in utilizing Network infrastructure to conduct multi-site studies within the Network’s scope of studies;
- Leverage Network infrastructure and capacity by competing for external funding opportunities from other federal and private sources to support and implement Network research protocols;
- Develop and implement at least three multi-site research studies that will address gaps and promote the research agenda identified by the Network;
- Leverage external funding to support at least one multi-site research study; and
- Enhance the research training and mentorship of diverse Junior/New investigators through the use of innovative mentorship/research experiences and manuscript development.

**Communications:**

- Develop a schedule of on-going communication among Network Advisory Board or Steering Committee, members of the Network and the HRSA/MCHB Project Officer and MCHB staff; and
- Translate research findings into formats that are useable for policy and practice.

**Dissemination:**

- Disseminate information on Network activities and research findings to a broad audience including researchers, child health care providers, families of CSHCN, public health practitioners, policymakers, and the public;
- Develop and implement a plan to disseminate Network findings through at least two peer-reviewed publications per multi-site study, webinars, annual Network meetings, conference presentations, and other related dissemination activities. These activities should serve to facilitate the transfer of Network findings to a broader audience including researchers, health professionals, policymakers, educators, families, and Title V Children with Special Health Care Needs programs;

- Maintain a Network website that meets the threshold requirements to be established in collaboration with the Office of Epidemiology and Research's Division of Research Project Officer to disseminate research findings, activities and products to a broad audience and to engage with Network research members and MCHB staff.

Consistent with HRSA's mission to improve access to quality services to underserved populations, the MCHB's intent is to ensure that research activities carried out by this Network will be responsive to the cultural and linguistic needs of special populations, ensure that services are family-centered and accessible to consumers, and that the broadest possible representation of culturally distinct and historically underrepresented groups is supported through programs and projects sponsored by the MCHB.

### Objectives and Function of the Children with Special Health Care Needs Research Network (CSHCN-RN)

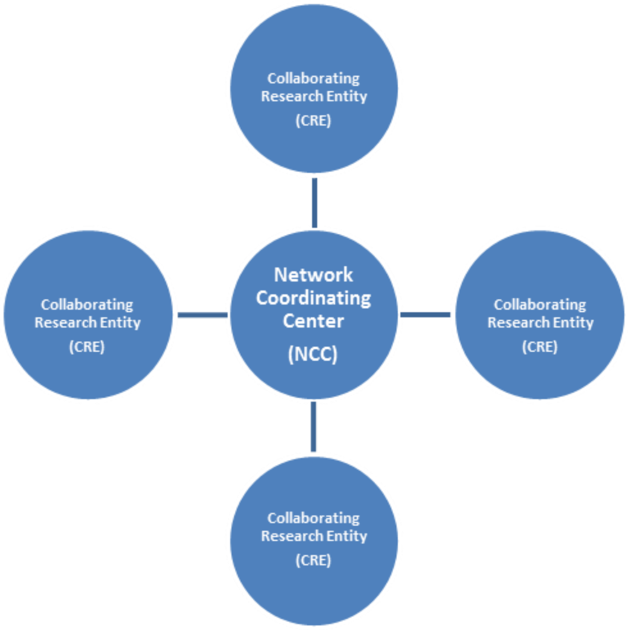
The CSHCN-RN will forge partnerships with researchers, clinicians, educators, advocates, families, state public health programs and other organizations/agencies critical to improving the health and well-being of children with a focus on, but not limited to, CSHCN and their families. The partnership between researchers and practitioners is critical to ensuring the application of new interventions in the clinical care system. In addition, research findings from the Network may translate into the development of policies that assure better access and quality services for CSHCN and their families.

The following describes multiple aspects of the CSHCN-RN that you (the applicant) should consider in the development of your application:

#### *Organization and Functions*

The CSHCN Research Network will consist of a Network Coordinating Center (NCC) and multiple Collaborating Research Entities/Sites (CREs). The NCC is the administrative center of the Research Network and provides leadership and maintains a partnership with its CREs. A sample of this structure is depicted in the following diagram:

## Research Network Organizational Structure with the NCC



The NCC will be located at the Principal Investigator's (PI) institution, which is the recipient of the cooperative agreement. The NCC provides a core of administrative and operational functions that include the following:

1) Support a Research Network infrastructure for partnership among CREs;

2) Provide the Network with administrative and operations support in activities including, but not limited to, meetings, multidisciplinary educational activities, and development of research studies;

3) Facilitate the process for the development, selection, implementation, and oversight of scientific research studies;

4) Coordinate a plan to enhance the research training and mentorship of Junior/New investigators through the use of innovative mentorship/research experiences and manuscript development;

5) Coordinate the dissemination of findings to health professionals, researchers, policymakers, family members and the greater public; and

6) Collaborate with MCHB-funded programs to assure synergy and to advance efforts to improve the system of services for children and adolescents with special health care needs.

All major scientific decisions are determined by majority vote of the Network Advisory Board or Steering Committee. All participating CREs must agree to abide by the study designs and policies approved by the Network Advisory Board or Steering Committee.

The Network Advisory Board or Steering Committee, by majority vote, will elect a Chair from among the representatives of the CREs. This body will meet monthly by phone and in-person at least once a year.

Data Collection and Management. The NCC will facilitate data gathering, data management training, and data quality assurance according to developed protocol. CREs must follow the Network policies and procedures to (1) monitor adverse events; (2) report data and other information to the NCC; and (3) ensure good clinical practice (GCP) or other applicable regulatory requirements.

### *Collaborating Research Entities (CREs)*

CREs will be public and nonprofit institutions of higher learning and public or private nonprofit agencies engaged in research, policy, and training on pediatrics, maternal and child health issues, and substantially for CSHCN. The applicant institutions must include as their representatives faculty members who are well-qualified professionals in the care, practice, and policy of CSHCN coming from such diverse disciplines as public health, pediatrics, maternal and child health, psychology, psychiatry, and child health financing. Furthermore, institutions must currently support research scientists, post-doctoral fellows and graduate students. Moreover, CREs may have affiliate faculty from other relevant disciplines such as MCH nursing, child development, nutrition, social work, speech and language pathology, education, physical therapy, occupational therapy, and public health (e.g., health policy, organization and administration of services, program development, epidemiology, evaluation).

## 2. Background

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

A number of historical, current, and emerging research, practice, and policy issues surrounding the system of care for CSHCN within a changing health care system support the need to rigorously assess progress, identify gaps, and adduce empirical evidence to support future policy and programmatic initiatives. These include access to patient/family-centered medical home, family engagement and leadership, and youth health care transition for which evidence supporting their integration within the health care system for CSHCN are much needed.

**Patient/Family-Centered Medical Home for CSHCN:** Access to health care that is family-centered through a medical home is particularly important for CSHCN given the challenges that their families face in coordinating and navigating access to needed services, as well as in participating in shared decision-making. Family-centered care through a medical home has been shown to have the capacity to increase receipt of high quality care which may improve health outcomes among CSHCN. There has been interest in encouraging the implementation of patient-centered medical homes as a means of improving quality of care through team-based coordination of care, treating the many needs of the patient at once, increasing access to care, and empowering patients to be partners in their own care.[12] Similarly, the delivery of quality and improved care is at the heart of the Centers for Medicare & Medicaid Services' Medicare Access & CHIP Reauthorization Act's new framework for rewarding health care providers for delivering better care to patients.[13] However, these frameworks were largely based on research generated through studies with adults. Given the differences between adult and child health and health care systems, evidence from adult-focused research cannot be readily extrapolated to children. Moreover, child-focused studies with results relevant for the transformation of systems of care for children are sparse. There is, therefore, a gap in empirical research examining how the key systems indicators could drive, as well as improve, access, quality and cost of health care and services for CSHCN.

**Family Engagement and Leadership:** Family engagement is defined as "patients, families, their representatives, and health professionals working in active partnership at various levels across the health care system—direct care, organizational design and governance, and policy—to improve health and health care."[14] It is an essential component for meaningful improvements in the quality of health care delivery and the health of the population. A multidimensional framework for family engagement includes three critical aspects: continuum of engagement, levels of engagement, and factors influencing engagement.[15] Family engagement is necessary at all levels of the health and health care system – direct care, organizational design and governance, and policymaking.[16] For CSHCN, family engagement can result in improved health outcomes (e.g., physical and emotional function, transition from pediatric to adult health care systems, cost, etc.).[17] Engagement requires the adoption of shared decision-making at all levels for families of CSHCN, and enables the achievement of national indicators of quality care for CSHCN.[18] By allowing families the opportunity to participate in the care of their child with special health care needs, leadership is shared between the health care practitioner and the family. While measures of family engagement currently exist, it is not known how widely they are used or how effective they are in assessing the impact of family and youth engagement and leadership on access, coordination, and quality of care at the direct care, organizational design and governance, and policy making levels of the health care system.

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[12] U.S. Department of Health and Human Services, The Affordable Care Act supports patient-centered medical homes in health centers, August 26, 2014, available from http://tinyurl.com/zwt6mpp.

[13] Centers for Medicare & Medicaid Services, Quality Payment Program: Delivery System Reform, Medicare Payment Reform, & MACRA, available from http://tinyurl.com/pw28ert .

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

[15] Cohen, E., Berry, J. G., Camacho, X., Anderson, G., Wodchis, W., Guttmann, A. Patterns and Costs of Health Care Use of Children With Medical Complexity. Pediatrics 2012; 130:6.

[16] Ibid.

[17] Ibid.

[18] Ibid.

**Children with Medical Complexity:** Children with medical complexity (CMC), a subgroup of CSHCN, have generally been characterized as "children with substantial family-identified needs, characteristic chronic and severe conditions, functional limitations, and high health care use."[19] Although they represent only about 1 percent of children, CMC account for up to one-third of overall health care spending for children.[20] With increasing number of CMC, there's an urgent need for innovative care models that would facilitate access to and coordination of the full array of multi-disciplinary services, including mental and behavioral health services, and cultivate family support required to meet these children and youth's extensive needs. While promising integrated care models are emerging, there have been few studies of the population-based payment models that need to be in place to advance and sustain such care models.

**Youth Health Care Transition:** Moving from the pediatric to the adult health care system is an aspect of a youth's transition to independence. For youth with special health care needs, the transition from pediatric to adult oriented health care is particularly critical to assure age and developmentally appropriate care, healthy lifestyles, and inclusive community living. Poor health outcomes encountered during the transition to young adulthood have been documented.[21] Preventing these adverse outcomes requires support, especially for youth with special health care needs. Recognizing this need and the fact that majority of youth with special health care needs do not receive the necessary services for successful transition, the American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Physicians in 2011 jointly published a report on transition that includes a set of specific clinical activities recommended for all youth beginning at age 18.[22] The necessary components of transition delineated in this report were further translated into a set of tools referred to as the Six Core Elements of Health Care Transition, which include a transition policy, a method of tracking patients, a self-care assessment, a transition plan, a transfer protocol, and feedback to ensure the transfer had been completed.[234] The CSHCN-RN offers an opportunity to assess the applicability of strategies and validated tools among broad groups of youth with special health care needs.

A national evidence-based research network for CSHCN will serve to strengthen the evidence for structures and processes that are necessary for improving key components of the system of care that serves CSHCN.

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[19] Cohen, E., Kuo, D.Z., Agrawal, R., Berry, J.G., et al. Children With Medical Complexity: An Emerging Population for Clinical and Research Initiatives. Pediatrics 2011;127:529–538.

[20] Cohen, Berry et al. (Ibid.)

[21] Cyne, B., Hallowell, S.C., and Thompson, M. Measurable Outcomes After Transfer From Pediatric to Adult Providers in Youth With Chronic Illness. Journal of Adolescent Health 2016; S1054-139X.

[22] American Academy of Pediatrics, American Academy of Family Physicians and American College of Physicians, Transitions Clinical Report Authoring Group. Clinical Report−−Supporting the Health Care Transition from Adolescence to Adulthood in the Medical Home. Pediatrics 2011.

[23] National Consensus Framework for Systems of Care for Children and Youth with Special Health Care Needs Projects. (Ibid.) (see footnote 8).

### MCH Research Program

The Children with Special Health Care Needs Research Network (CSHCN-RN) is administered by the MCH Research Program, located within MCHB's Division of Research, Office of Epidemiology and Research (OER). The MCH Research Program has supported groundbreaking investigations that have significantly influenced clinical practice, organization and delivery of health care services, preventive care, and early intervention for the MCH population, including CSHCN.

The MCH Research Program supports applied and translational research and research networks relating to MCH services, including services for children and youth with special health care needs. Funded programs show promise of substantial contribution in enhancing health care services and promoting the health and well-being of mothers, children, and families. For more information about the MCH Research Program, visit our website: http://www.mchb.hrsa.gov/research.

## II. Award Information

### 1. Type of Application and Award

Type(s) of applications sought: New, Competing Continuation

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

As a Cooperative Agreement, **HRSA Program involvement will include**:

- Assurance of the availability of HRSA/MCHB personnel or designees to participate in the planning and development of all phases of this activity;
- Review of policies and procedures established for carrying out project activities;
- Participation in meetings and regular communications with the award recipient to review mutually agreed upon goals and objectives and to assess progress;
- Facilitation of effective communication and accountability to HRSA/MCHB regarding the project, with special attention to new program initiatives and policy development that have the potential to advance the utility of the CSHCN-RN project;
- Assistance in establishing and maintaining federal interagency and inter-organizational contacts necessary to carry out the project;
- Review of documents developed by the Network such as Network operating procedures, authorship guidelines, website development design, including manuscripts for submission to peer-reviewed journals; and

- Participation in project activities such as meetings, webinars, presentations, publications, and other forms of disseminating information regarding project results and activities.

**The Cooperative Agreement recipient's responsibilities will include the following:**

- Develop and maintain a national Network of collaborating research entities, who will collaborate in research designed to advance the evidence supporting the standards framework and the core system outcomes for CSHCN;
- Establish a Network Advisory Board or Steering Committee that will include broad representation from key stakeholders, including but not limited to health care organizations, health insurers, and family support groups including health care organizations, health insurers, and families of CSHCN;
- Develop and publish a research agenda for scientific studies in the Network's focus areas within the first year of the award;
- Conduct research that is designed to advance our understanding of the effectiveness of core system outcome in improving quality, containing costs, and fostering reimbursement for health care for CSHCN;
- Develop at least two tools for studying and/or implementing care for CSHCN;
- Conduct monthly meetings of Network Advisory or Steering Committee and Network members;
- Collaborate with other MCHB cooperative agreements to explore the feasibility of translating the Network's findings into practice and program development;
- Recruit study participants from diverse backgrounds including racial/ethnic, geographic, and socioeconomic diversity through partnership with a program serving CSHCN and other vulnerable and underserved populations, and analysis of data from such efforts to determine the types of studies to be conducted;
- Engage in two mentored activities per funded year with diverse, emerging, or new investigators in fields relevant to the topics of this Network;
- Collaborate to leverage network capacity to compete for funding opportunities from at least one other federal funder, in addition to private sources to address identified gaps and promote the research agenda;
- Develop a clear and well-articulated strategy for incorporating family members to actively participate in the work of the Network;
- Develop and submit a dissemination plan for the dissemination of Network findings and one product per year to a broad audience such as researchers,

health professionals, policy makers, educators, and the public, including family members of CSHCN;

- Ensure that Network research and activities address the needs of underserved populations, such as low-income, racial/ethnic minorities, individuals with limited English proficiency, individuals who have limited access to services, and/or other vulnerable populations;

- Develop and implement at least two multi-site research studies that will address gaps and promote the research agenda identified by the Network;

- Leverage external funds for at least one multi-site research study;

- Translate research findings into policy or practice, as applicable per study findings;

- Develop and maintain a robust Network website with web-based analytics to disseminate research findings, activities, and products and to engage with the field and the public on Network research and other activities within the first year of the award;

- Develop and implement a plan to disseminate Network findings through at least two peer-reviewed publications per multi-site study, webinars, annual Network meetings, conference presentations, and other related activities. These activities should serve to facilitate the transfer of Network findings to a broader audience including researchers, health professionals and providers, policy makers, educators, families, Title V Children with Special Health Care Needs programs, and the public;

- Participate in a two-day annual national all cooperative agreement recipient meeting organized by the Maternal and Child Health Bureau for its cooperative agreement research recipients. This meeting will take place in the Washington, DC area, and will be an opportunity to share best practices, disseminate results, and discuss research priorities with MCHB leadership, staff, and stakeholders.

- Provide to HRSA electronic copies of any products supported by award funds, including guidelines, publications, books, pamphlets, slide sets, CD-ROMs, curricula, assessment tools, videos, toolkits, guidance documents, etc., which will be made available to the general public and to HRSA staff and stakeholders;

- Adhere to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds. See "**Acknowledgment of Federal Funding"** in Section 2.2 of HRSA's *SF-424 R&R Application Guide.*

- Nominate and confirm at least one CSHCN family member to join the Network's Advisory Board or Steering Committee within the first year of the award;

- Develop a schedule of on-going communication among Network members, and with the HRSA/MCHB Project Officer; and

- Work with MCHB Project Officer in the collection and reporting of ongoing Network impact data such as number of research sites, study enrollees, publications, investigators, mentees, etc.

### 2. Summary of Funding

Approximately $1,000,000 is expected to be available annually to fund one (1) recipient. You may apply for a ceiling amount of up to $1,000,000 per year. The actual amount available will not be determined until enactment of the final FY 2017 federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is September 1, 2017 through August 31, 2022 (5 years). Funding beyond the first year is dependent on the availability of appropriated funds for "Children with Special Health Care Needs Research Network Program" in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

## III. Eligibility Information

### 1. Eligible Applicants

Eligible applicants include only public or nonprofit institutions of higher learning and public or private nonprofit agencies engaged in research or in programs relating to maternal and child health and/or services for children with special health care needs.

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

### 2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

### 3. Other

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

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

NOTE: Multiple applications from an organization are not allowable. In order to extend the impact of HRSA-funded research programs, a Principal Investigator (PI) or Co-Investigator (Co-PI) on an existing MCHB-funded research network cannot serve as PI or Co-PI for more than one MCHB-funded network at a time. To foster innovation, maintain the uniqueness of this Research Network, avoid duplication, and ensure that Investigators devote substantial time and efforts to achieve Network goals, investigators should demonstrate how their work on this Network will not be duplicative of any other ongoing research project(s). Applicants should describe how their proposed activities will build upon ongoing efforts, and not duplicative of existing efforts, such as, but not limited to, the HHS Centers for Medicare & Medicaid Services-funded Innovation models program (https://innovation.cms.gov/index.html).

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

## IV. Application and Submission Information

### 1. Address to Request Application Package

HRSA ***requires*** applicants for this FOA to apply electronically through Grants.gov. You must download the SF-424 Research and Related (R&R) application package associated with this FOA following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

### 2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 R&R Application Guide* provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the *R&R 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 R&R Application Guide* except where instructed in the FOA to do otherwise.

See Section 8.5 of the *SF-424 R&R 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 including biographical sketches (biosketches), and letters of commitment and support required in HRSA's *SF-424 R&R Application Guide* and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit (Reminder: biographical sketches **do** count in the page limit). Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge 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 the announcement.**

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

1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Where the prospective recipient is unable to attest to any of the statements in this certification, such prospective recipient shall attach an explanation to this proposal.

See Section 4.1 viii of HRSA's *SF-424 R&R Application Guide* for additional information on this and other certifications.

### Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 R&R Application Guide* (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following:

#### *i. Project Abstract*

See Section 4.1.ix of HRSA's *SF-424 R&R Application Guide.* Include the information requested at the top of the abstract. Prepare the abstract so that it is clear, accurate, concise, and without reference to other parts of the application because it is often distributed to provide information to the public and Congress. Briefly state the principal needs and problem, goals, proposed activities including target population(s), planned coordination, anticipated products, and plans for evaluation.

Abstract content:

- Clearly indicate the FOA number and title.

- PROBLEM: Briefly state the principal needs and problems which are addressed by the project.

- GOAL(S) AND OBJECTIVES: Identify the major goal(s) and objectives for the project period. Typically, the goal is stated in a sentence or paragraph, and the objectives are presented in a numbered list.

- PROPOSED ACTIVITIES AND TARGET POPULATION(S): Describe the programs and activities used to attain the objectives, the target population(s) addressed, and comment on innovations and other characteristics of the proposed plan.

- COORDINATION: Describe the coordination planned with and participation of appropriate national, regional, state, and/or local health agencies, interdisciplinary professional groups and providers, and/or organizations that function as stakeholders or partners in the proposed project.

- PRODUCTS: Provide a brief description of the anticipated products of this Network, including modes of dissemination of project activities and findings.

- EVALUATION: Briefly describe the evaluation methods used to assess program outcomes and the effectiveness and efficiency of the project in attaining goals and objectives.

- KEY TERMS: From the Appendix select: (a) a maximum of 10 significant content terms that describe your project, and as many (b) targeted populations and (c) age ranges as apply. Include the selected (a) content terms, (b) populations, and (c) age ranges targeted at the end of your abstract.

### *ii. Project Narrative*

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

- *SECTION I - BACKGROUND AND SIGNIFICANCE -- Corresponds to Section V's Review Criteria #1 Need, #2 Response, and #4 Impact*
  In this section, you should:
    - Demonstrate a thorough knowledge and understanding of research and practice related to the national standards and Core System Outcomes for CSHCN, especially the selected and under-studied outcomes of interest to this FOA.

    - Provide a brief literature review, identify current research gaps in the national standards and Core System Outcomes for CSHCN focused on advancing and strengthening the evidence base on their impact. Discuss the national significance and impact of a CSHCN Research Network and how multi-site CSHCN-RN research can address broader system issues for children and youths with special health care needs.

- *SECTION II – SPECIFIC GOALS AND OBJECTIVES -- Corresponds to Section V's Review Criteria #2 Response, #4 Impact, and #5 Resources/Capabilities*

  This section of the narrative MUST include:

  - A numbered list of the specific goals and objectives that address the major network activities listed in the Purpose section of this announcement to be accomplished during the funding period. The specific objectives should be succinctly stated. You should be innovative with respect to specific objectives, but direct attention to the scope of expected activities listed.

  - The process for developing an integrated research network and present a plan of proposed activities that shows progressive implementation during the 5-year project period.

  - A description of the activities or steps that will be used to achieve each of the project goals. Please use a timeline that includes each activity and identifies responsible staff.

  - As appropriate, identification of meaningful support and collaboration with key stakeholders and partners in planning, designing, and implementing all activities.

  - A logic model for designing and managing the project in this section of the narrative. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this announcement, the logic model should summarize the connections between the:
    - Goals of the project;
    - Theoretical approach;
    - Inputs (e.g., organizational profile, collaborative partners, other resources);
    - Target population(s);
    - Activities;
    - Outputs (i.e., products); and
    - Outcomes (i.e., the results of the project, typically describing a change in people or systems).

  More information on logic models may be found in Section VIII of this FOA.

  Provide documentation (letters of agreement) of participation of Collaborating Research Entities (CREs) sites that will collaborate to fulfill the goals and objectives of the research network, with descriptions of each CRE's characteristics, including patient population characteristics, average patient numbers, types of treatment or services currently delivered, number, characteristics and structure of staff. **Include letters of agreement from CRE sites in Attachment 2.** At least one CRE should demonstrate success in recruiting from underserved population(s) such as low-income, racial/ethnic minorities, immigrants, individuals who have limited access to services, and/or other underserved populations as defined by the applicant.

Responsibility toward the CREs:

Address how the Research Network will manage CRE or sites.  The Network provides the CREs with guidance to ensure:

1) staff and training needed for the CREs to implement a study protocol and participate in Network activities;
2) a data acquisition system to collect intake, treatment and outcome data for all study participants, according to protocol-specific requirements; and additional support such as quality control to ensure the successful completion of the scientific goals data acquisition system to collect intake, treatment and outcome data for all study participants, according to protocol-specific requirements; and additional support such as quality control to ensure the successful completion of the scientific goals of a research project and other Network activities.  The applicant should include budgets for CRE travel support to Network meetings in your applications.

Responsibility of Each CRE Site:

Each CRE should, as appropriate, in conducting studies and participating in Network activities:

- The PI should describe his/her plan to establish and sustain the CREs;
- Participate in Network subcommittees and agree to attend Network monthly teleconferences and in-person meetings;
- Participate in the development of concept and protocol of observational and clinical trial studies to be conducted by the Network;
- Agree to participate in observational studies and clinical trials, including subject enrollment, data collection, patient record maintenance, adherence to good clinical practice (GCP), compliance with protocol requirements, randomization methods for assignment of patients to experimental or control groups or randomization of care delivered to different conditions;
- Participate in Network activities that enhance the research training and mentorship of Junior/New investigators; and,
- Participate in the translation of critical network findings to practice settings and educational training that will result in advancing and strengthening the evidence base on the impact of selected Core System Outcomes on the health and other related outcomes for CSHCN.

- *SECTION III – PROJECT DESIGN: METHODS AND EVALUATION -- Corresponds to Section V's Review Criteria # 2 Response, #3 Evaluative Measures, #4 Impact, and #5 Resources/Capabilities*

  A. Methods:

  This section of the narrative must provide detailed descriptions of the methodology for accomplishing each of the specific objectives. You must provide sufficient technical detail to demonstrate the necessary steps to accomplish each objective, and to convey to reviewers adequate information to assess the methodology.

  One important aspect of successful application is the ability to develop conceptual proposal for Network research to advancing and strengthening the evidence base on the impact of the standards and the Core System Outcomes on the health and other related outcomes for CSHCN. You should include one concept proposal that is no more than two pages in length and address the following:

  - Need
  - Specific objectives
  - Research methods (study design, sampling frame and plan for evaluation)

  In this section, also discuss plans to disseminate findings including:

  - Peer-reviewed publications. It is expected that the Network will produce at least two peer-reviewed publications per multi-site study conducted by the Network;
  - Other dissemination to the research and practice communities, as well as families and communities, including but not limited to: informational products and educational opportunities, including webinars, website material, plenary sessions, abstracts, conference presentations, annual Network meetings, and consumer materials for key stakeholders such as providers, communities, states, and families that will promote the transfer of findings to improve care.

  You must also indicate the specific methods to be used to evaluate progress in each area of activity. You must list and discuss anticipated obstacles that may be encountered and indicate how each obstacle will be overcome.

  It is crucial that you describe how the interdisciplinary team will function in true partnership within the Network to accomplish the goals and objectives. Anticipate potential problems and challenges that may arise in this process, and propose mechanisms for collaborative resolution.

  Successful participation in the Network includes the ability to work collaboratively to achieve the goals of the Network, address challenges, and fulfill commitments to the project as indicated in the proposal and letters of agreement.

B. Evaluation:

You must describe a plan for program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project.

Describe the systems, processes, and staff 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. As appropriate, describe the data collection strategies that will be used to collect, analyze, and track data to measure progress and impact/outcomes with different sociocultural groups (e.g., race, ethnicity, language, rural versus urban, socioeconomic, gender), and explain how the data will be used to inform program development and service delivery. You must describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

For each described objective, an evaluation measure must be included. The evaluation measure must be measurable and a timeline for evaluation should be presented consistent with the plan and schedule of implementation of the goals and objectives.

- *SECTION IV – PLAN AND SCHEDULE OF IMPLEMENTATION, AND CAPABILITY OF THE APPLICANT -- Corresponds to Section V's Review Criteria #3 Evaluative Measures, #4 Impact, #5 Resources/Capabilities, and #6 Support Requested*

In this section of the narrative, you must provide a description of the organizational plan for management of the project, including an explanation of the roles and responsibilities of interdisciplinary project personnel and collaborators.

In addition, an implementation schedule should be provided for each activity described in previous sections. The material should be presented in a succinct manner, with a brief listing of specific milestones and expected outcomes.

In demonstrating capability to fulfill the goals of the Network program, you (the applicant) must:

- describe your organization's significant experience and the publication record of key personnel in carrying out interdisciplinary collaborative research and related projects relating to the goals and objectives of the Research Network;

- describe how the Network will build the capacity to conduct critical research studies to advance the field of health care for CSHCN through both MCHB and other external funding sources;

- document the ability to enroll a sufficient number of research participants from the CRE sites. Include information for research studies on CSHCN (both observational and randomized controlled trials) that each site has participated in over the past 5 years; and

- describe program assurances including feasibility, evaluation and technical support and capacity, protection of human subjects, and targeted/planned enrolment for Network studies.

If the application is a competing continuation, you must also describe its significant experience and accomplishments in Attachment 8: Summary Progress Report.

**Include reference citations for publications and works cited following the end of the Project Narrative, not as an attachment.**

**NARRATIVE GUIDANCE**

In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

| **Narrative Section** | **Review Criteria** |
|---|---|
| Background and Significance | (1) Need, (2) Response, (4) Impact |
| Specific Goals and Objectives | (2) Response, (4) Impact,<br>(5) Resources/Capabilities |
| Project Design: Methods and Evaluation | (2) Response, (3) Evaluative Measures,<br>(4) Impact, (5) Resources/Capabilities |
| Plan and Schedule of Implementation, and Capability of Applicant | (3) Evaluative Measures, (4) Impact,<br>(5) Resources/Capabilities,<br>(6) Support Requested |
| Biographical Sketches | (5) Resources/Capabilities |
| Budget and Budget Justification Narrative (below) | (6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested. |
| Feasibility | (7) Program Assurances |
| Evaluation and Technical Support Capacity | (7) Program Assurances |
| Protection of Human Subjects | (7) Program Assurances |
| Targeted/Planned Enrollment | (7) Program Assurances |

### *iii. Budget*

See Section 4.1.iv of HRSA's *SF-424 R&R Application Guide*. Please note: the directions offered in the *SF-424 R&R Application Guide* may differ from those offered by Grants.gov. Please follow the instructions included in the *R&R Application Guide* and, *if applicable*, the additional budget instructions provided below.

**Travel**

The following travel is required to be budgeted for the Network:

The budget should reflect the travel expenses associated with participating in meetings that address MCH research efforts and other proposed trainings or workshops. You must budget for in-person attendance at the MCHB Research Network meeting one meeting per year in the Washington, DC area for up to two people (the PI and one other attendee) for two days. **Meeting attendance is an award requirement.**

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

In addition, the CSHCN-RN program requires the maximum number of budget periods allowed to five (5) years. A budget period represents 12 months of project effort.

- You should use the "Other Sponsored Program/Activities" indirect cost rate. Any non-federal entity that has never received a negotiated indirect cost rate, (except a governmental department or agency unit that receives more than $35 million in direct federal funding) may elect to charge a de minimis rate of 10 percent of modified total direct costs (MTDC) which may be used indefinitely. If chosen, this methodology once elected must be used consistently for all federal awards until such time as a non-federal entity chooses to negotiate for a rate, which the non-federal entity may apply to do at any time. See 45 CFR part 75, HHS's codification of the Uniform Guidance at http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=4d52364ec83fab994c665943dadf9cf7&ty=HTML&h=L&r=PART&n=pt45.1.75, particularly § 75.414 (f) Indirect (F&A) costs.

- The PI of the Research Network is required to attend the MCHB Research Network's In-Person Recipient Meetings, held in the Washington, D.C. metropolitan area. Budget plans should include travel to this in-person recipient meeting. For planning, it is recommended that the budgets include travel costs for up to two Network staff associated with this two-day recipient meeting.

*NOTE*: Travel outside of the U.S. is not supported for the CSHCN-RN.

The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." As of January, 2017, the Executive Level II salary limitation is now $187,000 (formerly $185,100) and the HRSA Application Guide will be updated accordingly in the near future. Please see Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these or other salary limitations will apply in FY 2017, as required by law.

### *iv. Budget Justification Narrative*

See Section 4.1.v. of HRSA's *SF-424 R&R Application Guide*. In addition, the CSHCN-RN requires the following:

**Staffing Plan and Personnel Requirements**

Please refer to instructions in Section 4.1.vi of HRSA's *SF-424 R&R Application Guide.* Include the position descriptions (roles, responsibilities, and qualifications of proposed project staff) in the Budget Justification under Personnel costs. The budget justification is uploaded into the Budget Narrative Attachment Form. Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included as Attachment 1. Due to the HRSA 80-page limit, it is recommended that each biographical sketch is no more than two pages in length per person and must follow the HRSA font/margin requirements. Biographical sketches should document education, skills, and experience that are relevant, necessary, and demonstrate capability to fulfill the assigned roles for the proposed project.

### *v. Program-Specific Forms*

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

HRSA has modified its reporting requirements for SPRANS projects, Community Integrated Service Systems (CISS) projects, and other grant/cooperative agreement programs administered by MCHB to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act, MCHB's authorizing legislation. Performance measures for other MCHB-funded grant/cooperative agreement programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect. An electronic system for reporting these data elements has been developed and is now available.

*2) Performance Measures for the Children with Special Health Care Needs Research Network (CSHCN-RN)*

To inform successful applicants of their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found in Section "VI. Award Administration Information" of this FOA.

**NOTE**: The performance measures and data collection information is for your PLANNING USE ONLY. These forms are not to be included as part of this application.

### *vi. Attachments*

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

*Attachment 1*: *Biographical Sketches of Key Personnel*

Include biographical sketches for persons occupying key positions. 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. Given the 80-page limit, it is recommended that biographical sketches be no more than two pages in length per person.

*Attachment 2: Letters of Agreement/Letters of Support*

Provide any documents that describe working relationships between your agency and other agencies and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the collaborators and any deliverables. Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). Letters of agreement and letters of support must be dated.

*Attachment 3: List of Key Publications by Research Team*

A list of citations for key publications by your key personnel that are relevant to the proposal can be included. Do not list unpublished theses, or abstracts/manuscripts **submitted** (but not yet accepted) for publication. In consideration of the 80-page limitation, a list of citations only may be included.

*Attachment 4:  Project Organizational Chart, Including Partners and Collaborators*

Provide a project organizational chart that describes the functional structure of the Network.  The chart should provide the following information for key personnel: Institution, Responsibilities/Activities.

*Attachment 5:  Logic Model*

*Attachment 6:  Evidence of Non-Profit Status (Not counted in the page limit)*

*Attachments 7-15: Other Relevant Documents, As Necessary*

Include here any other documents that are relevant to the application. All documents are included in the page limit.

### 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 it 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 R&R Application Guide*.

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

## 4. Submission Dates and Times

**Application Due Date**
The due date for applications under this FOA is *March 16, 2017 at 11:59 P.M. Eastern Time*.

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

## 5. Intergovernmental Review

"The Children with Special Health Care Needs Research Network" 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 R&R Application Guide* for additional information.

## 6. Funding Restrictions

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

Funds under this announcement may not be used for travel outside of the U.S.

The General Provisions in Division H of the Consolidated and Further Continuing Appropriations Act, 2016 (P.L. 114-113) apply to this program. Please see Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these or other restrictions will apply in FY 72017, as required by law.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with the all federal funding requirements and prohibitions such as lobbying, gun control, abortion, etc. The effectiveness of these policies, procedures and controls is subject to audit.

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

# V. Application Review Information

## 1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. Critical indicators have been developed 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. Review criteria are outlined below with specific detail and scoring points.

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

Review criteria are used to review and rank applications. The Children with Special Health Care Needs Research Network has seven (7) review criteria:

| | | |
|---|---|---|
| Criterion 1. | Need | 5 points |
| Criterion 2. | Response | 15 points |
| Criterion 3. | Evaluative Measures | 30 points |
| Criterion 4. | Impact | 10 points |
| Criterion 5. | Resources/Capabilities | 30 points |
| Criterion 6. | Support Requested | 5 points |
| Criterion 7. | Program Assurances | 5 points |
| TOTAL: | | 100 points |

***Criterion 1: NEED (5 points) – Corresponds to Section IV's Background and Significance***
**The extent to which the application describes:**

- The current research gaps in the evidence base related to selected Core System Outcomes for Children with Special Health Care Needs (CSHCN) focusing on those with limited research and evidence, and for which prevailing policy and practice environments call for increased attention given their potential to improve health outcomes for CSHCN;

- The national significance and impact of a CSHCN research network and how multi-site CSHCN research can address issues related to the impact of identified Core System Outcomes on the health and other related outcomes for CSHCN.

***Criterion 2: RESPONSE (15 points) – Corresponds to Section IV's Background and Significance; Specific Goals and Objectives; Project Design: Methods and Evaluation***
The extent to which the proposed project responds to the "Purpose" included in the program description. The clarity of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

- The extent to which the applicant demonstrates awareness of previous work in the area of this project, including citation of relevant literature and justification of the need for the Network.

- The extent to which the goals and objectives are clear, concise, and appropriate.

- The extent to which the aims of the project will advance scientific knowledge, technical capability, and/or clinical practice or other services and act as a catalyst in developing methodology, treatments, practice, services, or preventive interventions that advance the field.

- The extent to which the application describes critical research and methodology that challenges and seeks to shift current research, practice, or service paradigms by utilizing innovative theoretical concepts, approaches or methodologies, instrumentation, or interventions. The extent to which a refinement, improvement, or new application of theoretical concepts, approaches or methodologies, instrumentation, or interventions is proposed.

- The extent to which the applicant its abilities to implement all activities described in the “Purpose” section for this competition.

- The extent to which the applicant describes a plan to ensure successful collaboration with all key partners identified in the proposal.

- The extent to which the proposed logic model is clear.

***Criterion 3: EVALUATIVE MEASURES (30 points) – Corresponds to Section IV’s Project Design: Methods and Evaluation; Plan and Schedule of Implementation, and Capability of Applicant***
The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

- The extent to which the objectives are time-framed and measurable.

- The extent to which the proposed activities are capable of attaining project goals and objectives.

- The extent to which the plan and methodology for establishing and managing the Network described in the proposal are appropriate, feasible, and of high quality.

- The degree to which a familiarity and experience with data gathering procedures as they relate to collaborative multi-site research are described.

- The degree to which the methods include an effective publication and dissemination plan.

- The dissemination plan includes but is not limited to producing at least two peer-reviewed publications per multi-site Network study, disseminating information to scientific and professional audiences, website and webinars.

- The degree to which the methods section includes other dissemination to the research and practice communities, as well as families and communities that will promote the transfer of findings to improve care.

- The degree to which measurable evaluation measures are included for each described objective, with a timeline for evaluation consistent with the plan and schedule of implementation.

***Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Background and Significance; Specific Goals and Objectives; Project Design: Methods and Evaluation; Plan and Schedule of Implementation, and Capability of Applicant***

- The quality of the applicant's plan for the establishment of a Network and the nature and technical quality of the activities proposed;

- The significance of the project in terms of its potential impact in creating a multi-site, collaborative, interdisciplinary research network that will advance and strengthen the evidence base related to selected Core System Outcomes for Children with Special Health Care Needs (CSHCN);

- The feasibility and effectiveness of plans for dissemination of project results. The potential impact of project results in advancing and strengthening the evidence base related to selected Core System Outcomes for CSHCN;

- The extent to which the project will advance the field with research to improve understanding of the less-researched aspects of the core Systems Outcomes for CSHCN;

- The extent to which there is an effective publication and dissemination plan to facilitate the transfer of Network findings to a broad audience including researchers, health and related professionals, policy makers, educators, and families;

- The extent to which the applicant has a feasible plan for meeting the expectation to produce the expected minimum number of peer-reviewed publications (i.e., at least two peer-reviewed publications per multi-site Network study); and

- The extent to which there is an effective plan for engaging other funded MCH programs, research networks, pertinent to CYSHCN.

### *Criterion 5: RESOURCES/CAPABILITIES (30 points) – Corresponds to Section IV's Specific Goals and Objectives; Project Design: Methods and Evaluation; Plan and Schedule of Implementation, and Capability of Applicant; Biographical Sketches*

The extent to which project personnel and collaborators are qualified by training and/or experience to implement and carry out the project. This includes evaluation of the capabilities of the applicant organization and collaborators, and the quality and availability of facilities, and personnel to fulfill the needs and requirements of the proposed project.

The PI and project team's documented history of leadership in the conduct of multi-site, interdisciplinary, collaborative research and publication record on advancing the field of CSHCN and core systems Outcome for CSHCN.

- The extent to which the PI, staff, and collaborators are well-qualified by training and/or expertise to develop the infrastructure of the research network and to accomplish the activities of the Network as described in this FOA.

- The extent to which the PI and other key personnel demonstrate current and/or past success in publishing the findings of their research.

- The extent to which the applicant has the existing resources/facilities to achieve project objectives and to successfully support the research network described in the proposal.

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

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

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.

- The extent to which budget line items are well described and justified in the budget justification.

- The extent to which time allocated by key personnel is appropriate to achieve project objectives.

### *Criteria 7: PROGRAM ASSURANCES (5 points) -- Corresponds to F. Feasibility; G. Evaluation and Technical Support Capacity; H. Protection of Human Subjects; I. Targeted/Planned Enrollment*

#### *F. Feasibility*

The applicant should demonstrate the feasibility of its proposal to implement the Network. This should include a documented strategy to indicate that the project can be completed as proposed and approved, sharing key timelines and strategies to address challenges.

#### Proposed Sequence or Timetable

- The extent to which the timeline provided is clear and feasible;
- The extent to which the proposed project is feasible to conduct within the project time frame;
- The extent to which the project is feasible in terms of meeting targeted participant enrollment, given recruitment methods and frequent difficulties of recruiting among hard-to-reach populations;
- The degree to which the project demonstrates the feasibility of reaching targeted/planned enrollment levels within the timeline provided.

#### Resolution of Challenges

- The extent to which potential barriers to project progress are anticipated and addressed.
- The extent to which you provide assurance that the research can be conducted and completed as proposed.
- The extent to which you demonstrate the feasibility of reaching targeted/planned enrollment levels within the timeline provided.

#### *G. Evaluation and Technical Support Capacity*

- The extent to which plans are in place to evaluate whether the project objectives are being met according to the timeline provided.

#### *H. Protection of Human Subjects*

- The extent to which adequate protections are afforded to human subjects, including children and youth, and the extent to which measures are in place to ensure the security of the research data (data security);
- The extent to which the proposal is in compliance with the Department of Health and Human Services (HHS) regulations for protection of human subjects (45 CFR Part 46). See the instructions in HRSA’s SF-424 R&R Application Guide, Appendix B: Supplemental Instructions for Preparing the Human Subjects Section of the Research Plan;
- The extent to which the project includes plans for: 1) protection of human subjects from research risks; and 2) inclusion of minorities and members of both sexes/genders;

- The extent to which you discuss plans to seek Institutional Review Board (IRB) approval (IRB approval is not required at the time of application submission but must be received prior to initiation of any activities involving human subjects).

### *I. Targeted/Planned Enrollment*

- The extent to which the proposal provides details regarding the Targeted/Planned Enrollment for the study, including information on anticipated ethnic, racial and gender categories.
- The extent to which appropriate diversity is planned with regard to the target population.
- The extent to which the project provides assurance regarding cultural competence as appropriate.

## 2. Review and Selection Process

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

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

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

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

Applications receiving a favorable objective review that HRSA is considering for funding are reviewed for other considerations. These include, as applicable, cost analysis of the project/program budget, assessment of the applicant's management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. You may be asked to submit additional programmatic or grants 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 an award will be made. Following review of all applicable information, the HRSA approving and business management officials will determine whether an award can be made, 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 the applicant that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in FAPIIS in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

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

### 4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 1, 2017.

## VI. Award Administration Information

### 1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 1, 2017. See Section 5.4 of HRSA's *SF-424 R&R Application Guide* for additional information.

### 2. Administrative and National Policy Requirements

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

**Human Subjects Protection:**
Federal regulations (45 CFR part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, recipients must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in the Code of Federal Regulations, Title 45 – Public Welfare, Part 46 – Protection of Human Subjects (45 CFR part 46), available online at http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html.

**Data Rights**
All publications the cooperative agreement recipient develops or purchases with funds awarded under this announcement must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the cooperative agreement recipient owns the copyright for materials that it develops under this cooperative agreement, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the

right to obtain, reproduce, publish, or otherwise use data produced under this cooperative agreement and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by other researchers. The specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the Notice of Award (NoA). Data and copyright-protected works developed by a sub-recipient also are subject to the Federal Government's copyright license and data rights.

### 3. Reporting

On June 10, 2016, the Office of Management and Budget approved MCHB to collect new performance measures from recipients as part of its Discretionary Grant Information System (DGIS). The new performance measures reflect MCHB's strategic and priority areas including financial and demographic information, health domain and program-specific measures, and program-specific measures that highlight the unique characteristics of discretionary grant/cooperative agreement projects that are not already captured. Collectively, these data communicate the MCHB "story" to a broad range of stakeholders on the role of the Bureau in addressing the needs of maternal and child health populations. These performance data will also serve several purposes, including recipient monitoring, performance reporting, MCHB program planning, and the ability to demonstrate alignment between MCHB discretionary programs and the MCH Title V Block Grant program.

These new performance measures will allow a more accurate and detailed picture of the full scope of activities supported by MCHB-administered grant/cooperative agreement programs, while reducing the overall number of performance measures from what was previously used. The MCHB Project Officer will assign a subset of measures relevant to the program for which the recipients will report. In addition to reporting on the new performance measures, recipients will continue to provide financial and program data.

The new reporting package can be reviewed at: https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection.

New and continuing awards issued on or after October 1, 2016, will be required to report on the new measures. For successful competing continuation awards, recipients will report on their previous year activities (defined as those completed before October 1, 2016) using the forms and measures in DGIS as assigned in the previous FOA.

The successful applicant under this FOA must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

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

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

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

### a) Performance Measures and Program Data

After the Notice of Award (NoA) is released, the Project Officer will inform recipients of the administrative forms and performances measures they must report.

### b) Performance Reporting Timeline

Successful applicants receiving HRSA funds will be required, within 120 days of the NoA, to register in HRSA's Electronic Handbooks (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 project period. Recipients will be required, within 120 days of the NoA, to enter HRSA's EHBs and complete the program-specific forms. This requirement includes providing expenditure data, finalizing the abstract and grant/cooperative agreement summary data as well as finalizing indicators/scores for the performance measures.

### c) Project Period End Performance Reporting

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

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

## VII. Agency Contacts

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

Ms. Ernsley P. Charles
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Room 10N146A
Rockville, MD 20857
Telephone: (301) 443-8329
Fax: (301) 443-9354
E-mail: echarles@hrsa.gov

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

Romuladus E. Azuine, DrPH, MPH, RN. and Erica Caesar, MSPH, MBA
Division of Research, Office of Epidemiology and Research
Attn: Children with Special Health Care Needs Research Network (CSHCN-RN) Program
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18N130
Rockville, MD 20857
Telephone: (301) 443-2410
E-mail: RAzuine@hrsa.gov
E-mail: ECaesar@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, seven days a week, excluding federal holidays at:

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

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

**Relevant Websites:**

**MCH Research Website**
http://www.mchb.hrsa.gov/research

**MCHB Autism Programs Website**
https://mchb.hrsa.gov/maternal-child-health-initiatives/autism

**Interagency Autism Coordinating Committee**
http://iacc.hhs.gov/index.shtml

**Human Subjects Assurances**
http://www.hhs.gov/ohrp
http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html

**Making Websites Accessible: Section 508 of the Rehabilitation Act**
https://www.section508.gov/

**Healthy People 2020**
http://www.healthypeople.gov/

**Logic Models:**

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

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

**Technical Assistance:**

A Technical Assistance (TA) call will be held on Monday, January 23, 2017 at 2:00 p.m. Eastern Standard Time. The MCHB Project Officers will provide an overview of the FOA and be available to answer general questions until 2:30 p.m. Eastern Standard Time. Otherwise you are encouraged to contact the Project Officers listed at the end of this FOA by e-mail.

In an attempt to most effectively utilize our TA conference call time, if you have questions about the FOA, please send them via e-mail to Erica Caesar ECaesar@hrsa.gov. We will compile and address these questions during the TA call.

Call information is as follows: call number: **877-429-7311**, passcode: **2057439#**.

There will be no webinar with this call.

## IX. TIPS for Writing a Strong Application

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

## Appendix: Key Terms for Project Abstracts

### (a) Content Terms (maximum of 10)

***Health Care Systems & Delivery***

- ☐ Access to Health Care
- ☐ Capacity & Personnel
- ☐ Clinical Practice
- ☐ Health Care Quality
- ☐ Health Care Utilization
- ☐ Health Disparities
- ☐ Health Information Technology
- ☐ Home Visiting
- ☐ Innovative Programs and Promising New Practices
- ☐ Perinatal Regionalization
- ☐ Telehealth

***Primary Care & Medical Home***

- ☐ Adolescent Health
- ☐ Coordination of Services
- ☐ Community-Based Approaches
- ☐ Integration of Care
- ☐ Medical Home
- ☐ Oral Health
- ☐ Preconception/Interconception Health & Well-Woman Care
- ☐ Primary Care
- ☐ Well-Child Pediatric Care

***Insurance & Health Care Costs***

- ☐ Cost Effectiveness
- ☐ Health Care Costs
- ☐ Insurance Coverage

***Prenatal/Perinatal Health & Pregnancy Outcomes***

- ☐ Cesarean
- ☐ Labor & Delivery
- ☐ Low Birthweight
- ☐ Perinatal
- ☐ Postpartum
- ☐ Pregnancy
- ☐ Prenatal Care
- ☐ Preterm

***Nutrition & Obesity***

- ☐ Breastfeeding
- ☐ Nutrition & Diet
- ☐ Obesity & Weight
- ☐ Physical Activity

***Parenting & Child Development***

- ☐ Cognitive & Linguistic Development
- ☐ Fathers
- ☐ Parent-Child Relationship
- ☐ Parenting
- ☐ Physical Growth
- ☐ Social & Emotional Development

***School Settings, Outcomes, & Services***

- ☐ Child Care
- ☐ Early Childhood Education
- ☐ School Health Programs
- ☐ School Outcomes & Services

***Screening & Health Promotion***

- ☐ Early Intervention
- ☐ Illness Prevention & Health Promotion
- ☐ Immunization
- ☐ Health Education & Family Support
- ☐ Screening
- ☐ Sleep

***Illness, Injury, & Death***

- ☐ Emergency Care
- ☐ Infant Illness & Hospitalization
- ☐ Maternal Illness & Complications
- ☐ Mortality
- ☐ Safety & Injury Prevention
- ☐ SIDS/SUID
- ☐ Trauma & Injury

***Mental/Behavioral Health & Well-being***

- ☐ Bullying & Peer Relationships
- ☐ Depression
- ☐ Mental Health & Well-being
- ☐ Risk Behaviors
- ☐ Sexually Transmitted Diseases
- ☐ Smoking
- ☐ Stress
- ☐ Substance Use
- ☐ Violence & Abuse

***Special Health Care Needs & Disabilities***

- ☐ ADD/ADHD
- ☐ Asthma
- ☐ Autism
- ☐ Chronic Illness
- ☐ Developmental Disabilities
- ☐ Special Health Care Needs

- ☐ YSHCN Transition to Adulthood

***Life Course & Social Determinants***

- ☐ Neighborhood
- ☐ Life Course
- ☐ Social Determinants of Health

***(b) Targeted Population(s) (as many as apply)*:**

- ☐ African American
- ☐ Asian/Pacific Islander
- ☐ Hispanic/Latino
- ☐ Immigrant
- ☐ Low-income
- ☐ Native American/Alaskan Native
- ☐ Rural
- ☐ Special Health Care Needs

***(c) Targeted Age Range(s) (as many as apply):***

- ☐ Women's Health & Well-being (Preconception/Interconception/Parental)
- ☐ Prenatal (until 28th week of gestation)
- ☐ Perinatal (28th week of gestation to 4 weeks after birth)
- ☐ Infancy (1-12 months)
- ☐ Toddlerhood (13-35 months)
- ☐ Early Childhood (3-5 years)
- ☐ Middle Childhood (6-11 years)
- ☐ Adolescence (12-18 years)
- ☐ Young Adulthood (19-25 years)