

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Health Resources & Services Administration

Maternal and Child Health Bureau
Division of Services for Children with Special Health Needs

Vision Screening in Young Children Program

Funding Opportunity Number: HRSA-21-033
Funding Opportunity Type(s): Competing Continuation, New
Assistance Listings (CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: April 12, 2021

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

Issuance Date: January 14, 2021

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Vision Screening in Young Children Program. The purpose of this program is to improve children's vision and eye health through early detection, follow-up, treatment, and surveillance at the national, state, and community levels for children under 5 years of age, including traditionally underserved populations, and those residing in medically underserved areas.

Funding Opportunity Title:	Vision Screening in Young Children Program
Funding Opportunity Number:	HRSA-21-033
Due Date for Applications:	April 12, 2021
Anticipated Total Annual Available FY 2021 Funding:	\$300,000
Estimated Number and Type of Award(s):	One (1) grant
Estimated Award Amount:	Up to \$300,000 per year
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2021 through August 31, 2023 (2 years)
Eligible Applicants:	<p>Any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. § 450b) is eligible to apply. See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are also eligible to apply.</p> <p>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>

Application Guide

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

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Thursday, January 28, 2021

Time: 3–4 p.m. ET

Call-In Number: 1-877-471-4207

Participant Code: 74809883

Weblink:

https://hrsa.connectsolutions.com/fy21_vision_screening_in_young_children_program/

HRSA will record the webinar and make it available at:

<https://mchb.hrsa.gov/fundingopportunities/default.aspx>.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Vision Screening in Young Children Program. The purpose of the program is to improve children’s vision and eye health through early detection, follow-up, treatment, and surveillance at the national, state, and community levels for children under 5 years of age, including traditionally underserved populations,¹ and those residing in medically underserved areas.² The recipient will be expected to:

- 1) Serve as a national resource at the national, state, and community-levels on children’s vision and eye health; and
- 2) Convene an advisory committee to provide guidance to the Vision Screening in Young Children Program on achieving improved children’s vision and eye health.

Program Goal

The goal of the Vision Screening in Young Children Program is to support national, state, and community efforts to develop, identify, and implement evidence-based best practices on improving children’s vision and eye health; compile and utilize state- and community-level data on children’s vision and eye health; and convene family and community partners to lead system, infrastructure, and quality improvement efforts.

Program Objectives

Baseline data will be collected and reported by the recipient to HRSA within the first year of the program.

1. By August 2022, increase by 10 percent the number of individuals from traditionally underserved populations who serve on the advisory committee to implement vision screening guidelines for young children.
2. By August 2023, ensure 90 percent of national, state, and community stakeholders, including those representing preschool and early childhood education programs, who participate in the program’s training and technical assistance activities, will demonstrate an increased knowledge and/or awareness of evidence-based vision screening resources, tools, and recommended guidelines.
3. By August 2023, provide a report that identifies and describes emerging issues and vision screening trends and outcomes in young children, including available data on populations traditionally underserved.

¹ National Center for Children’s Vision and Eye Health at Prevent Blindness. 2020. Children’s Vision and Eye Health: A Snapshot of Current National Issues (2nd ed.) Chicago, IL: National Center for Children’s Vision and Eye Health at Prevent Blindness. For purposes of this NOFO, traditionally underserved populations are those who were least likely to have access to vision screening.

² HRSA definition for Medically Underserved Areas: <https://datawarehouse.hrsa.gov/topics/shortageareas.aspx>.

2. Background

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

In the United States (U.S.), up to 6 percent of children under 6 years of age have a vision problem.³ Research indicates uncorrected vision problems (e.g., amblyopia) can lead to poorer performance on cognitive and language tasks, developmental and academic skills, or permanent vision loss.^{4 5 6} In 2017, the U.S. Preventive Services Task Force endorsed vision screening for all children ages 3 to 5 years⁷, and the Bright Futures Guidelines, 4th Edition recommend vision screening for all children to detect amblyopia or risk factors for the development of amblyopia. Increased vision testing in children ages 3 to 5 years is associated with states having state-level school vision screening requirements⁸, however only 26 states require vision screening for preschool-age children.⁹ Vision screening for children under 5 years of age may occur in a variety of settings and states and communities experience challenges implementing coordinated systems of eye health care that will improve detection of vision problems in young children particularly in those populations that are underserved. Results from the 2018 National Survey of Children's Health found only 41.6 percent of children ages 5 years or younger had ever had their vision tested.¹⁰ Additional data indicates disparities in screening, diagnosis, and treatment. Children from families where the primary language spoken was not English, whose household incomes were less than 200 percent of the federal poverty level, whose care did not meet medical home criteria, or who were uninsured at the time of the survey were more likely to have not received a vision screening, compared with their counterparts.¹¹ Furthermore, those who are Mexican-American were more likely to have inadequately corrected refractive error, regardless of family income level.¹² Finally, children from families with higher incomes or whose primary household language was English were more likely than other children to have diagnosed eye or vision disorders, suggesting greater access to screening and diagnostic eye care.¹³

³ McKean-Cowdin R, Cotter SA, Tarczy-Hornoch K, et al. Prevalence of amblyopia or strabismus in asian and non-Hispanic white preschool children: multi-ethnic pediatric eye disease study. *Ophthalmology*.2013 Oct; 120(10): 2117-24.

⁴ Orlansky G, Wilmer J, Taub MB, Rutner D, Ciner E, Gryczynski J. Astigmatism and early academic readiness in preschool children. *Optom Vis Sci*. 2015 Mar;92(3):279-85..

⁵ Loh, AR and Chiang MF. Pediatric vision screening. *Pediatr Rev*. 2018 May: 39(5): 225-234.

⁶ Harvey EM, McGrath ER, Miller JM, Davis AL, Twelker JD, Dennis LK. A preliminary study of astigmatism and early childhood development. *J AAPOS*. 2018 Aug;22(4):294-298

⁷ US Preventive Services Task Force. Vision screening in children aged 6 months to 5 years of age: US Preventive Services Task Force recommendation statement. *JAMA*. 2017;318(9):836-844.

⁸ Lillvis JH, Lillvis DF, Towle-Miller LM, Wilding GE, Kuo DZ. Association of state vision screening requirements with parent-reported vision testing in young children. *Journal of AAPOS* (2020), doi: <https://doi.org/10.1016/j.jaapos.2020.04.015>.

⁹ National Center for Children's Vision and Eye Health at Prevent Blindness. 2020. Children's Vision and Eye Health: A Snapshot of Current National Issues (2nd ed.) Chicago, IL: National Center for Children's Vision and Eye Health at Prevent Blindness.

¹⁰ Child and Adolescent Health Measurement Initiative. 2018 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved 10/5/20 from <https://www.childhealthdata.org/>.

¹¹ Ibid

¹² Qiu M, Wang SY, Singh K, Lin SC. Racial disparities in uncorrected and undercorrected refractive error in the United States. *Investigative Ophthalmology & Visual Science*, 2014;55(10):6996-7005.

¹³ Child and Adolescent Health Measurement Initiative. 2018 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health

The Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) recognizes the importance of early vision and eye health, and since 2009, has funded a Vision Screening in Young Children Program. To date this program serves as the only federally-funded program that supports a public health approach to vision screening in young children ages 0 to 5. The program has strengthened the system of care for early childhood vision screening through developing and disseminating evidence-based guidelines for early childhood vision screening and eye care,¹⁴ providing technical assistance to communities and states in implementing the guidelines, and monitoring and analyzing data to address disparities in children's vision and eye health.

In this notice of funding opportunity (NOFO), this Vision Screening in Young Children Program seeks to address two key issues: 1) low rate of early childhood vision screening; and 2) disparities in screening, follow-up, and treatment (see Program Description of this NOFO for a full description of what to address).

II. Award Information

1. Type of Application and Award

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

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately \$300,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to \$300,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is September 1, 2021 through August 31, 2023 (2 years). Funding beyond the first year is subject to the availability of appropriated funds for the Vision Screening in Young Children Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved 10/5/20 from <https://www.childhealthdata.org/>.

¹⁴ Cotter SA, Cyert LA, Miller JM, Quinn GE. Vision screening for children 36 to <72 months: recommended practices. *Optom Vis Sci.* 2015 Jan; 92(1): 6-16

III. Eligibility Information

1. Eligible Applicants

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

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

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

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for each NOFO you are reviewing or preparing in the workspace application package in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

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

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

Application Page Limit

The total size of all uploaded files included in the page limit may not exceed the equivalent of **60 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-033, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important 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.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
- 3) Where you are unable to attest to the statements in this certification, an explanation shall be included in *Attachment 7: Other Relevant Documents*.

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

Program Description

Successful applications will propose methodologies and strategies to achieve the following:

1. National Leadership
 - a. Convene an advisory committee made up of family representatives, including those from underserved populations, and professionals in ophthalmology, optometry, pediatric primary care, education, early childhood education programs, quality improvement, research, and related fields to provide input to the award recipient on eye health surveillance, development and implementation of eye health recommendations, and to support building partnerships and collaborations.
 - b. Provide subject matter expertise on children's vision and eye health at the national, state, and community levels.
 - c. Serve as a clearinghouse for promising practices and policies to improve children's eye health.
2. Develop Tools and Resources
 - a. Review and synthesize evidence-based recommendations on preschool screening and vision health.
 - b. Develop and evaluate resources based on guidance from the synthesized evidence-based recommendations on preschool screening and vision health.
 - c. Identify and develop tools and educational resources that improve vision screening and eye health outreach and awareness, including materials targeted to traditionally medically underserved populations.
 - d. Track and monitor available national, state, and community data on vision screening of children under 5 years of age.
 - e. Report on emerging issues and vision screening trends in young children, including data on populations traditionally underserved.
 - f. Develop resources, guidance, reports, and toolkits on evidence-based screening, diagnosis, and referrals, including resources to help stakeholders develop emergency/contingency plans for vision screening of young children.
3. Technical Assistance
 - a. Provide education, training, and other technical assistance to state public health and Title V agencies, families of young children, pediatric clinicians, early care and education providers, insurers, and policy makers to promote a comprehensive and evidence-based approach to young children's vision screening, diagnosis, and referral for eye health.
 - b. Provide technical assistance to states and communities implementing the evidence-based vision screening and referral recommendations and best practices.
4. Dissemination of Resources
 - a. Disseminate resources and evidence-based recommendations on preschool screening and vision health to support stakeholders' implementation of the synthesized recommendations.

- b. Conduct outreach to families and caregivers of young children, particularly those who are traditionally medically underserved about the importance of eye health and vision screening.
 - c. Develop webinars and fact sheets of evidence-based best practices, tools, and resources for states, communities, and stakeholders.
5. Partnerships and Collaboration
- a. Build partnerships and collaborations among key stakeholders and partners, including parents and caregivers, to facilitate implementation of vision screening and eye health recommendations and to increase access to screening services for children under 5 years of age.
 - b. Coordinate with relevant federal, state, and community partners to provide leadership on infrastructure development, including surveillance, professional education, sharing of best practices, and public awareness to support an integrated system approach for children’s vision and eye health.
 - c. Build partnerships and collaborations with relevant federal, state, and community partners to provide technical assistance, develop guidelines, and provide outreach to traditionally underserved populations and those residing in medically underserved areas, about vision screening for children under 5 years of age.
 - d. Develop a plan to provide guidance to states and communities on state/community-wide policy changes improving the vision systems of care, such as data sharing agreements at the state/community level.
 - e. Develop a plan to collaborate with other early childhood screening programs, including, but not limited to, hearing and developmental screening programs.

Program-Specific Instructions

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

i. Project Abstract

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

ii. Project Narrative

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

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

- ***INTRODUCTION -- Corresponds to Section V’s Review Criterion 1 Need***
Briefly describe the purpose of the proposed project including how you will provide national leadership and resources to improve young children’s vision health, particularly in populations that are traditionally underserved.

- **NEEDS ASSESSMENT** -- Corresponds to Section V's Review Criterion [1 Need](#)
Outline the needs of the community and/or organization. Describe and document the target population and its unmet health needs. Describe an understanding of the needs and required support of state and community vision screening systems for young children, particularly those who are traditionally underserved. Use and cite demographic data whenever possible to support the information provided. Discuss any relevant barriers in the service area that the project hopes to overcome. This section will help reviewers understand the communities and/or organizations that you will serve with the proposed project.
- **METHODOLOGY** -- Corresponds to Section V's Review Criteria [2 Response](#) and [4 Impact](#)
Propose methods that you will use to address the stated needs and meet each of the previously described Program Description and expectations in this NOFO (see pages 6–7). As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families, and communities. Include a plan to disseminate reports, products, and/or project outputs so key target audiences receive the project information.

Include a description of any innovative methods that you will use to address the stated needs.

Propose a plan for project sustainability after the period of federal funding ends. HRSA expects recipients to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population.

In addition to the items above, describe the methods utilized to achieve the following activities (see [Program Description](#) of this NOFO for a full description of what to address):

- 1) Provide National Leadership. This should include a description of convening an advisory committee, and providing subject matter expertise to national, state, and community level stakeholders.
- 2) Develop Tools and Resources. This should include: synthesizing evidence-based guidelines and developing resources from these guidelines; tracking data on vision screening; reporting on vision screening trends; and developing resources to help stakeholders develop emergency/contingency planning for vision screening.
- 3) Provide Technical Assistance. This should include a description of how the program will: provide education, training, and technical assistance to various stakeholders to promote a comprehensive approach to vision screening; provide technical assistance to states and communities; and provide training to preschool and other early childhood settings.
- 4) Disseminate Resources. This should include: conducting outreach to families and caregivers; developing webinars and fact sheets; and increasing stakeholder awareness of data on children's vision and eye health.

- 5) Establish Partnerships and Collaboration. This should include: building partnerships and collaborations among key stakeholders, including parents and caregivers, to facilitate implementation of vision screening guidelines and recommendations; providing leadership on infrastructure development, including data sharing across systems; building partnerships to provide technical assistance and outreach to medically underserved populations; developing a plan to increase implementation of state/community-wide policy changes; and collaborating with other early childhood screening programs.
- **WORK PLAN -- Corresponds to Section V's Review Criteria [2](#) Response and [4](#) Impact**
Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application. Include the work plan and logic model as Attachment 1 of your application.

Logic Models

Submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:

- Goals of the project (e.g., reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
- Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a time line used during program implementation; the work plan provides the “how to” steps. https://www.peerta.acf.hhs.gov/sites/default/files/public/uploaded_files/Logic%20Model%20Guide.pdf.

- **RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion [2](#) Response**
Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

- **EVALUATION AND TECHNICAL SUPPORT CAPACITY** -- Corresponds to Section V's Review Criteria [3 Evaluative Measures](#) and [5 Resources/Capabilities](#)
Describe the plan for the program performance evaluation that will include a plan for measuring and evaluating progress on the program objectives, including proposed measures and data collection strategies. Final measures and data collection procedures will be established post-award with discussion and approval of MCHB. Baseline data will be submitted within the first year of the program and then progress towards the goals and objectives of the project will be monitored throughout the project. In addition to these main evaluation measures for the stated objective, please also include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.

Potential measures for measuring progress on the objectives could include:

- 1) Number of tools and educational resources developed and disseminated.
- 2) Number of stakeholders, including state and local public health agencies, state Title V agencies, families of young children, pediatric clinicians, early care and education providers, insurers, and policy makers provided education and training on a comprehensive approach to young children's vision and eye health.
- 3) Number of stakeholders receiving education and training that demonstrate increased knowledge and awareness.
- 4) Number of families receiving education and training that are from traditionally underserved populations and those residing in medically underserved areas.
- 5) Number of families serving on the advisory committee that are from traditionally underserved areas.
- 6) Number of advisory committee members representing traditionally underserved populations and those residing in medically underserved areas.
- 7) Increase in screening rates in states and communities receiving training and technical assistance.

Describe the systems and processes that will support your 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. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze, and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery. Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

- **ORGANIZATIONAL INFORMATION** -- Corresponds to Section V's Review Criterion [5 Resources/Capabilities](#)
Succinctly describe your organization's current mission, structure, and scope of current activities, and how these elements all contribute to the organization's

ability to implement the program requirements and meet program expectations. Include an organizational chart. Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings. Describe how you will routinely assess and improve the unique needs of target populations of the communities served.

iii. Budget

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

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

The Consolidated Appropriations Act, 2021 (P.L.116-260), Division H, § 202 states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” See Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. Budget Narrative

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

NARRATIVE GUIDANCE	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities

Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested

v. Program-Specific Forms

Program-specific forms are not required for application.

vi. Attachments

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

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#). Include the required logic model in this attachment. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's [SF-424 Application Guide](#))

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Biographical Sketches of Key Personnel

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

Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

Attachment 5: Project Organizational Chart

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

Attachment 6: Tables, Charts, etc.

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachments 7–15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the *DUNS number will be replaced by the UEI, a “new, non-proprietary identifier” requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following pages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration’s UEI Update](#).

You must also register with 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)).

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, if you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award and use that determination as the basis for making an award to another applicant.

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

*Currently, the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA’s [SF-424 Application Guide](#).

[SAM.GOV ALERT](#): For your SAM.gov registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

In accordance with the Federal Government’s efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-

Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA’s application packages and the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at [SAM.gov](https://www.sam.gov).

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *April 12, 2021 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA’s [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

The Vision Screening in Young Children Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA’s [SF-424 Application Guide](#) for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 2 years, at no more than \$300,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project’s objectives, and a determination that continued funding would be in the best interest of the Federal Government.

You cannot use funds under this notice for the following purposes:

Shared Staffing: If you are proposing to utilize the same director or contractual staff across multiple grants/programs (e.g., Community Integrated Service Systems (CISS), Special Projects of Regional and National Significance (SPRANS), State Title V block grant, Healthy Start (HS)), you must assure that the combined funding for each position does not exceed 100 percent FTE. If such an irregularity is found, HRSA funding will be reduced accordingly.

Shared Equipment: If you are proposing to purchase equipment which will be used across multiple grants/programs (e.g., CISS, SPRANS, State Title V block grant, HS), you must pro-rate the costs of the equipment across programs and show the calculation of this pro-ration in the justification. If an irregularity is found where HRSA equipment is

being used by other programs without reimbursement, HRSA funding will be reduced accordingly.

Cash Stipends/Incentives: Funds cannot be utilized for cash stipends/monetary incentives given to clients to enroll in project services. However, funds can be used to facilitate participation in project activities (e.g., childcare, transportation costs), as well as for services rendered to the project (e.g., adolescent peer mentors).

Purchase of Vehicles: Projects must not allocate funds to buy vehicles for the transportation of clients, but rather lease vehicles or contract for these services.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L.116-260) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in following fiscal years, as required by law.

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

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

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

V. Application Review Information

1. Review Criteria

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

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

Review criteria are used to review and rank applications. The Vision Screening in Young Children Program has six review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: NEED (10 points) – Corresponds to Section IV’s [Introduction](#) and [Needs Assessment](#)

The extent to which the application describes an understanding of the national, state, and community vision screening systems for young children and unmet needs and how national leadership and resources to improve young children’s vision health will be provided, particularly in populations that are traditionally underserved.

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

The extent to which the proposed project responds to the “[Purpose](#)” included in the program description. The strength 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. This includes the thoroughness, feasibility, and applicability of the methods and activities proposed to (see Program Description of this NOFO for a full description of what to address):

National Leadership (7 points)

- 1) Convene an advisory committee that will provide subject matter expertise to national, state, and community level stakeholders.

Develop and Disseminate Tools and Resources and Provide Technical Assistance (20 points)

- 2) Synthesize evidence-based guidelines, develop resources from these guidelines, track data on vision screening, report on vision screening trends, and help stakeholders develop emergency/contingency planning for vision screening.
- 3) Develop, disseminate, and implement resources based on evidence-based recommendations, conduct outreach to families and caregivers, develop webinars and factsheets, and increase stakeholder awareness of data on children’s vision and eye health including in traditionally underserved populations and those residing in medically underserved areas.
- 4) Provide education, training, and technical assistance to promote a comprehensive approach to vision screening, provide technical assistance to states and communities, and provide training to preschool and other early childhood settings.

Partnerships and Collaboration (8 points)

- 5) Build partnerships and collaborations among key stakeholders and partners, to implement vision screening recommendations, provide leadership on infrastructure development, including data sharing across systems, to serve underserved populations, increase implementation of state/community-wide policy changes, and collaborate with other early childhood screening programs.

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

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

- 1) Developing and evaluating resources based on guidance from the synthesized evidence-based recommendations on preschool screening and vision health.
- 2) Tracking and monitoring available national, state, and community data on vision screening of children under 5 years of age.
- 3) Measuring if stakeholders have increased their knowledge about best practices regarding implementation of a comprehensive approach to young children’s vision screening and eye health.
- 4) Providing education, training, and other technical assistance of evidence-based/evidence-informed guidelines for vision screening, diagnosis, and referral.

Criterion 4: IMPACT (20 points) – Corresponds to Section IV’s [Methodology](#) and [Work Plan](#)

The extent to which the proposed project has a public health impact and the project will be effective, if funded. This may include: the effectiveness of plans for dissemination of project results, the impact results may have on the community or target population, the extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.

This also includes the extent to which the proposed project describes the following activities:

- 1) Providing leadership at the national, state, and community level.
- 2) Providing education, training, and technical assistance to preschool and early childhood education settings of evidence-based/evidence-informed guidelines for vision screening, diagnosis, and referral.
- 3) Providing tools and resources to help stakeholders, including the development of emergency/contingency plans for vision screening of young children.
- 4) Building partnerships with federal, state, and community partners to reach traditionally underserved populations, particularly those residing in medically underserved areas, about vision screening for children under 5 years of age.

Criterion 5: RESOURCES/CAPABILITIES (10 points) – Corresponds to Section IV’s [Evaluation and Technical Support Capacity](#) and [Organizational Information](#)

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

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV’s [Budget](#) and [Budget Narrative](#)

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the research 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 key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA’s [SF-424 Application Guide](#) for more details.

3. Assessment of Risk

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

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

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of September 1, 2021. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

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

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

Requirements of Subawards

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

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, 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 award 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 others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

3. Reporting

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

- 1) **DGIS Performance Reports.** Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report **annually**, by the specified deadline. To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are available at <https://grants4.hrsa.gov/DGISReview/FormAssignmentList/H7M.html>. The type of report required is determined by the project year of the award's period of performance.

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	September 1, 2021 – August 31, 2023 <i>(administrative data and performance measure projections, as applicable)</i>	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	September 1, 2021 – August 31, 2022	Beginning of each budget period (Year 2)	120 days from the available date
c) Project Period End Performance Report	September 1, 2022 – August 31, 2023	Period of performance end date	90 days from the available date

The full OMB-approved reporting package is accessible at <https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection> (OMB Number: 0915-0298 | Expiration Date: 06/30/2022).

- 2) **Progress Report(s).** The recipient must submit a progress report narrative to HRSA **annually** via the Non-Competing Continuation Renewal in the EHBs, which should address progress against program outcomes (e.g., accomplishments, barriers, significant changes, plans for the upcoming budget year). Submission and HRSA approval of a progress report will trigger the budget period renewal and release of each subsequent year of funding. Further information will be available in the NOA.

- 3) **Final Project Period Narrative Report.** The recipient must submit a final narrative progress report to HRSA following the end of the period of performance. The report will be submitted in the EHBs and should include final outcomes related to the program goal and objectives, including accomplishments and barriers. Further information will be available in the NOA.
- 4) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

Please note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020.

VII. Agency Contacts

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

Hazel N. Booker
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-4236
Email: NBooker@hrsa.gov

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

Anna Maria Padlan
Public Health Analyst, Division of Services for Children with Special Health Needs
Attn: Vision Screening in Young Children Program
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18W-10D
Rockville, MD 20857
Telephone: (301) 443-1737
Email: APadlan@hrsa.gov

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

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

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

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

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Thursday, January 28, 2021

Time: 3–4 p.m. ET

Call-In Number: 1-877-471-4207

Participant Code: 74809883

Weblink:

https://hrsa.connectsolutions.com/fy21_vision_screening_in_young_children_program/

HRSA will record the webinar and make it available at:

<https://mchb.hrsa.gov/fundingopportunities/default.aspx>.

Tips for Writing a Strong Application

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