

**U.S. Department of Health and Human Services**



Health Resources & Services Administration

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2023

Maternal and Child Health Bureau

Division of Maternal and Child Health Workforce Development

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

**Funding Opportunity Number: HRSA-23-061**

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

**Assistance Listings Number: 93.110**

**Application Due Date: October 12, 2022**

**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 may take up to 1 month to complete.**

**Issuance Date: July 14, 2022**

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See [Section VII](#) for a complete list of agency contacts.

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

## 508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in [Section VII. Agency Contacts](#).

## EXECUTIVE SUMMARY

The [Health Resources and Services Administration \(HRSA\)](#) is accepting applications for the fiscal year (FY) 2023 Healthy Tomorrows Partnership for Children Program (HTPCP). The purpose of this program is to support innovative, community-based initiatives to improve the health of infants, children, adolescents, and their families in rural and other underserved communities by increasing their access to preventive care and services (please see [Appendix A](#) for the HHS definition of underserved communities).

This notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. You should note that this program may be cancelled before award.

|  |   |
|--|---|
| Funding Opportunity Title:                   | Healthy Tomorrows Partnership for Children Program (HTPCP)  |
| Funding Opportunity Number:                  | HRSA-23-061   |
| Due Date for Applications:                   | October 12, 2022  |
| Anticipated FY 2023 Total Available Funding: | \$450,000   |
| Estimated Number and Type of Award(s):       | Up to 9 grants  |
| Estimated Annual Award Amount:               | Up to \$50,000 per award, subject to the availability of appropriated funds   |
| Cost Sharing/Match Required:                 | Yes (see details in <a href="#">Section III.2.</a> )  |
| Period of Performance:                       | March 1, 2023 through<br>February 29, 2028<br>(5 years)   |
| 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. § 5304 (formerly cited as 25 |

|  |  |
|--|--|
|  | <p>U.S.C. § 450b)), is eligible to apply. See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are eligible to apply.</p> <p>See <a href="#">Section III.1</a> of this notice of funding opportunity (NOFO) for complete eligibility information.</p> |
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**Application Guide**

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFO and in [HRSA’s SF-424 Application Guide](#). Visit [HRSA’s How to Prepare Your Application page](#) for more information.

**Technical Assistance**

HRSA has scheduled the following webinar:

Friday, July 29, 2022  
2–3 p.m. ET  
Meeting ID: 160 325 5100  
Passcode: nTNhh8dA  
Weblink: <https://hrsa.gov.zoomgov.com/j/1603255100?pwd=NGVEVmRDYmMvZ0lKdlpCYzlaVUtpZz09>

Attendees without computer access or computer audio can use the dial-in information below.

Call-In Number: 1-833 568 8864  
Meeting ID: 160 325 5100  
Passcode: 72082395

Archive will be available after August 5, 2022 at <https://mchb.hrsa.gov/training/healthy-tomorrows.asp>

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# I. Program Funding Opportunity Description

## 1. Purpose

This notice announces the opportunity to apply for funding under the Healthy Tomorrows Partnership for Children Program (HTPCP).

The purpose of the program is to support community-based partnerships and collaborations aimed at promoting access to health care for under-resourced and underserved children, youth, and their families nationwide, through the implementation and evaluation of new or enhanced community-based projects and models of care. Recipients will implement community-based projects incorporating evidence-informed or evidence-based strategies or innovations to increase access to health care and preventive health services in rural and other underserved populations. Community-based partnerships and collaborations will support the establishment of these projects and advance innovations.

A successful HTPCP project will accomplish the following objectives during the 5-year period of performance:

- Implement an innovative project to promote preventive child health services with at least one measurable outcome.
- Form new collaborative relationships with at least three community and/or statewide partners.
- Develop a sustainability plan that includes at least three community partnerships and at least one funding strategy.
- If applicable, assess improvement in health promotion and prevention efforts through the use of materials and/or anticipatory guidance from the Bright Futures for Infants, Children and Adolescents initiative.

## 2. Background

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

### **About MCHB and Strategic Plan**

The Maternal and Child Health Bureau (MCHB) administers programs with focus areas in maternal and women's health, adolescent and young adult health, perinatal and infant health, child health, and children with special health care needs. To achieve its mission of improving the health and well-being of America's mothers, children, and families, MCHB is implementing a strategic plan that includes the following four goals:

**Goal 1:** *Assure access to high quality and equitable health services to optimize health and well-being for all MCH populations*

**Goal 2:** *Achieve health equity for MCH populations*

**Goal 3: Strengthen public health capacity and workforce for MCH**

**Goal 4: Maximize impact through leadership, partnership, and stewardship**

This program addresses MCHB's goals to assure access to high quality and equitable health services to optimize health and well-being for all MCH populations, and achieve health equity for MCH populations. To learn more about MCHB and the bureau's strategic plan, visit [Mission, Vision, and Work | MCHB \(hrsa.gov\)](https://www.hrsa.gov/mchb/mission-vision-work).

This funding notice will support innovative, community-based initiatives to improve the health status of infants, children, adolescents, and families in rural and other underserved communities by increasing their access to preventive care and clinical services. According to the CDC, children in rural areas with mental, behavioral, and developmental disorders face more community and family challenges in receiving care than their urban counterparts, because of limited financial resources and lack of access to transportation, broadband, and support services.<sup>1</sup> According to the 2019-2020 National Survey of Children's Health, Hispanic children and non-Hispanic Black children in the U.S. were less likely than non-Hispanic White children to have had a preventive health visit in the previous 12 months.<sup>2</sup>

HTPCP accomplishes its purpose to increase access to preventive care and services by fostering community-based partnerships between pediatric providers and community leaders (e.g. state AAP chapters, state Title V MCH programs and other MCH-programs, businesses, family advocates, faith-based and community-based organizations, and tribal organizations). Partnerships with state Title V agencies, in particular, are useful for HTPCP projects to pilot and test models in communities to advance the key priorities of HRSA and MCHB, and build the evidence base for community-based MCH programs. You can locate information on how to contact your state Title V MCH Program by visiting the [Title V Information System](#).

Over 30 years, the HTPCP reached over 1.7 million children and families in rural and other underserved communities through 325 projects in 49 states, the District of Columbia, and two U.S. territories. In FY 2020, HTPCP projects provided health care and preventive health services to over 60,000 individuals across 25 states and the District of Columbia.<sup>3</sup> Seventy-four percent of those served are from ethnically underrepresented groups, and 27 percent are from racially underrepresented groups. Ninety-two percent of recipients noted an increased capacity in using partnerships effectively. Evaluation findings have been used by projects to improve services (79 percent), work continuously to ensure additional funding for their projects (52 percent), and replicate effective models of care in other settings (52 percent).

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<sup>1</sup> Centers for Disease Control and Prevention. Working together, we can help children in rural communities thrive. Retrieved 5/2022. <https://www.cdc.gov/childrensmenalth/health/features/rural-health.html>

<sup>2</sup> National Survey of Children's Health Survey Data Brief (2021). Retrieved 4/2022 <https://mchb.hrsa.gov/sites/default/files/mchb/data-research/national-survey-childrens-health-2021-overview-fact-sheet.pdf>

<sup>3</sup> The Discretionary Grant Information System. Individuals Served (2016). Retrieved 3/2020. <https://grants6.hrsa.gov/MCHB/DGISReports/ProgramData/IndvServedReportViewer.aspx>

Sustainability of HTPCP grants after HRSA grant completion is a key measure of impact. Ninety-one percent of activities supported by HTPCP grants were partially or fully sustained 5 years or more after federal funding ended.<sup>4</sup> Award recipients cited having strong institutional commitment (75 percent) and strong community partnerships (69 percent) as top factors in achieving long-term sustainability.<sup>5</sup>

In FY 2021, 80 percent of funding recipients reported their projects increased access to care in communities served. Eighty-three percent of recipients continued to improve access to children's health care 1-5 years post federal funding.<sup>6</sup> Previous HTPCP project outcomes that contribute to improved access to care include: 1) increase in insurance coverage; 2) better access to Federally Qualified Health Centers and Community Health Center services; 3) improved access to pediatric behavioral health and oral health services in primary care; and 4) enhanced care coordination for populations that are under-resourced and underserved.

HTPCP collaborates with the American Academy of Pediatrics' (AAP) to provide technical assistance to HTPCP projects. The AAP's National Resource Center for Patient/Family-Centered Medical Home (NRC-PFCMH) provides an opportunity for the dissemination of HTPCP products and resources. More information on medical home tools, resources, state-specific information, and promising practices can be found on the [NRC's website](#). HRSA disseminates current HTPCP project products and resources, including the recently published [Healthy Tomorrows Partnership for Children Program Recommendations to Advance Health Equity Report](#) through the [HTPCP web page](#) and related listservs.

## II. Award Information

### 1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a grant.

### 2. Summary of Funding

HRSA estimates approximately \$450,000 to be available annually to fund 9 recipients. The actual amount available will not be determined until enactment of the final FY 2023 federal appropriation. You may apply for a ceiling amount of up to \$50,000 (direct and indirect, facilities and administrative costs) per year. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

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<sup>4</sup> Maternal and Child Health Bureau. Healthy Tomorrows Partnership for Children: Sustaining Community-Based Innovations (2022). Retrieved 4/2022. [https://mchb.hrsa.gov/training/documents/HTPCP\\_Infographic.pdf](https://mchb.hrsa.gov/training/documents/HTPCP_Infographic.pdf)

<sup>5</sup> 2019 Follow-up survey data from HTPCP award recipients (surveys administered by the American Academy of Pediatrics)

<sup>6</sup> Maternal and Child Health Bureau. Healthy Tomorrows Partnership for Children: Sustaining Community-Based Innovations (2022). Retrieved 4/2022. [https://mchb.hrsa.gov/training/documents/HTPCP\\_Infographic.pdf](https://mchb.hrsa.gov/training/documents/HTPCP_Infographic.pdf)

The period of performance is March 1, 2023 through February 29, 2028 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the Healthy Tomorrows Partnership for Children Program in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government. HRSA may reduce recipient funding levels beyond the first year if the recipient is unable to succeed fully in achieving the goals listed in the application.

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

### III. Eligibility Information

#### 1. Eligible Applicants

Any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. § 5304 (formerly cited as 25 U.S.C. § 450b)), is eligible to apply. See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are eligible to apply.

Previous recipients are eligible to apply for this notice of funding opportunity, if they propose a new initiative or an initiative that builds upon, expands, or enhances an existing HTPCP project.

#### 2. Cost Sharing/Matching

Cost sharing/matching is required for this program.

Under 42 CFR § 51a.8(c), award recipients of Healthy Tomorrows Partnership for Children Program **must contribute non-federal matching funds in years 2 through 5 of the 5-year period of performance equal to two times the amount of the federal grant award** (i.e., if the federal grant award is for \$50,000, then the matching requirement is \$100,000) or such lesser amount determined by the Secretary for good cause shown. The non-federal matching funds **must** come from non-federal funds, including, but not limited to, individuals, corporations, foundations, in-kind resources, and/or state and local agencies.

Documentation of matching funds is required (i.e., specific sources, funding level, in-kind contributions). Reimbursement for services provided to an individual under a state plan under Title XIX will not be deemed “non-federal matching funds” for this purpose. Further information regarding the cost sharing match requirement is found in [Federal Register, Vol. 72, No. 15, pp. 3079-80](#) (January 24, 2007).

#### 3. Other

HRSA may not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the ceiling amount



- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)

NOTE: Multiple applications from an organization with the same [Unique Entity Identifier](#) (UEI) are allowed if the applications propose separate and distinct projects.

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, before the Grants.gov application due date.

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

## IV. Application and Submission Information

### 1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](#) using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at [Grants.gov: HOW TO APPLY FOR GRANTS](#). If you use an alternative electronic submission, see [Grants.gov: APPLICANT SYSTEM-TO-SYSTEM](#).

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-23-061 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

#### Application Format Requirements

Section 4 of HRSA’s [SF-424 Application Guide](#) provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, and certifications. You must submit the information outlined in the HRSA *SF-424 Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in this NOFO and HRSA’s [SF-424 Application Guide](#). 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 HRSA *SF-424 Application Guide* for the Application Completeness Checklist to assist you in completing your application.

## **Application Page Limit**

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of **40 pages** when printed by HRSA. Standard OMB-approved forms included in the workspace application package do not count in the page limit. The abstract is the standard form (SF) "Project\_Abstract Summary." If there are other attachments that do not count against the page limit, this will be clearly denoted in Section IV.2.vi Attachments.

The abstract is no longer an attachment that counts in the page limit. Additionally, Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. However, if you use an OMB-approved form that is not included in the workspace application package for HRSA-23-061, it will 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.

**It is important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit will not be read, evaluated, or considered for funding.**

**Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-23-061 before 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. § 3354).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachments 10-15: Other Relevant Documents*.

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

## **Program Expectations**

HTPCP funding supports projects that provide **clinical or public health services**, and does not support research projects. Successful HTPCP applications are expected to represent either a new initiative (i.e., project that was not previously in existence) within the community, or an innovative new component that builds upon an existing community-based program or initiative.

Successful applications will address the following program expectations:

- 1. Implement innovative clinical services or public health projects in community-based settings, in at least one of the following topics.** Examples of innovations include new protocols, service delivery models, and partnerships/collaborations. Service provision can be in-person or through telehealth. Please see [Appendix A](#) for select topic definitions and the HHS definition of telehealth.
  - Behavioral health (including the integration of substance use services for children and youth at-risk for or with substance use disorders (SUD), or assessing for substance use and SUD during pre-natal and well-child visits),
  - Care coordination and case management,
  - Developmental/behavioral pediatrics,
  - Early childhood development/school readiness,
  - Medical home (including enhanced family and youth engagement),
  - Mental health,
  - Nutrition and physical activities to promote healthy weight,
  - Oral health, or
  - School-based health.

**Specific examples of new or expanded projects may include:**

- Adding mental health services to school-based health centers in a school district;
  - Opening new clinical sites to provide services in urban neighborhoods, where individuals from racially and ethnically underrepresented groups reside; or
  - Expanding inclusion of literacy promotion activities into pediatric care statewide.
- 2. Review and incorporate findings from your State Title V MCH Block Grant Program Needs Assessment, Title V State Action Plan, and your state's Community Health Needs Assessment data.**
    - You are expected to review the [State Title V MCH Block Grant Program Needs Assessment](#) findings for your state to document need for proposed projects in the communities you intend to serve.
    - You are expected to review the [Title V State Action Plan](#) for your state to document the need for proposed projects. For example, a state may cite reducing childhood obesity as a priority need in its State Action Plan. HTPCP applicants could establish partnerships with the state to implement healthy weight promotion strategies within communities served.
    - If available, you are encouraged to review existing community health needs assessment data from your state when developing your application. The [Community Health Needs Assessment Toolkit](#) offers a nine-step pathway for conducting a CHA and developing implementation strategies.
  - 3. Advance health equity in your project.**
    - Assess Structural and Social Determinants of Health (SSDOHs) that impact your communities.

- Engage family, youth, and community members in project development and implementation.
  - Ensure community-based programs reach identified rural and underserved communities and tailor the project to the community’s cultural and linguistic needs.
- 4. Provide training and technical assistance (TA) resources.**
- Develop and promote tools, trainings, and resources for pediatric professionals, community members, families, state Title V agencies, and MCH programs.
- 5. Evaluate your project and disseminate project findings.**
- Develop a data collection strategy to collect, analyze and track data to measure process and outcome measures, in communities served and explain how the data will be used to inform project development and service delivery.
  - HTPCP projects are expected to have at least one (1) measurable outcome by the end of the 5-year period of performance. Example outcomes from previous HTPCP projects include: knowledge increase, behavior change, health care use, project enhancement or expansion, community improvements, partnerships, and cost savings.
  - Provide updates to your evaluation plan and logic model in the annual progress report. Successful recipients are expected to schedule an introductory technical assistance meeting with the American Academy of Pediatrics’ (AAP) HTPCP Evaluation Consultant during Year 1 and participate in a mandatory “Evaluation 101” webinar.
  - Participate in a HRSA-supported national evaluation of HTPCP 1 and 5 years after the 5-year period of performance.
- 6. Develop collaborative partnerships.**
- Facilitate partnerships between pediatric providers, community organizations, families, community members, [State Title V Maternal and Child Health \(MCH\) agencies](#), MCH programs, [state AAP Chapters](#), and businesses to create self-sustaining projects.
  - Form an Advisory Board to provide advice on and oversight of project direction, and support project sustainability.
- 7. Use Bright Futures Guidelines.**
- Include and build upon the goals and objectives of the [Bright Futures for Infants, Children, and Adolescents](#) initiative to improve health promotion and preventive services.

## 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**

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

Please use the following headers in your Project Abstract Summary Form 2.0:

Problem; Goals and Objectives; Methodology; Coordination; and Evaluation.

## NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

| <b>Narrative Section</b>                  | <b>Review Criteria</b>                                    |
|---|---|
| Introduction                              | (1) Need  |
| Needs Assessment                          | (1) Need  |
| Methodology                               | (2) Response,(4) Impact                                   |
| Work Plan                                 | (2) Response, (3) Evaluative Measures,(4) Impact          |
| Resolution of Challenges                  | (2) Response  |
| Evaluation and Technical Support Capacity | (3) Evaluative Measures and<br>(5) Resources/Capabilities |
| Organizational Information                | (5) Resources/Capabilities                                |
| Budget Narrative                          | (6) Support Requested                                     |

### ii. **Project Narrative**

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

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

**INTRODUCTION -- Corresponds to Section V's Review Criterion [1](#)**

Briefly describe the purpose of the proposed project.

**NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion [#1](#)**

Provide a clear description of the status, capacity and needs of the different population(s) living in the proposed project area to justify a strong need for the activities proposed in your application. Provide a reference for all data sources. Use demographic data and cite data sources whenever possible to support the information provided. Include relevant data from your [State Title V MCH Block Grant Program Needs Assessment](#) and Community Health Assessments. Please refer to [Program Expectations section](#) for examples of how to use state Title V data to document the need for your project. Please include and/or describe the following in this section:

- A. Factors that contribute to the identified problem. Clear and succinct description of the unmet health need(s) and health and health care disparities of the communities served in the proposed project. Include structural and social determinants of health that impact the population or communities served.
- B. An adequate description of cultural and linguistic needs of the communities you will serve in your project. Document how your project will address disparities and inequities in your service settings (e.g., staff recruitment, training, and professional development), and through recruitment of families and community members from racially and ethnically underrepresented groups to participate in the project Advisory Board(s). A description of the project Advisory Board can be found in section IV.2.ii. [Methodology. F.](#)

**METHODOLOGY -- Corresponds to Section V's Review Criteria [#2](#) and [#4](#)**

- A. Description of the Proposed Project.
  - a. Clearly explain whether the proposed project is new (i.e., program that has never existed) or a new component of an existing activity (i.e., expanding services by adding a new component). Please refer to [Program Expectations section](#) for examples of HTPCP projects.
  - b. Describe the proposed project and the evidence-informed or evidence-based strategies or innovations that will be used to address access to health care and preventive health services in rural and other underserved populations. Describe the new tools and products that will be developed. Please refer to [Program Expectations section](#) for examples of project innovations.
- B. Project Goals and Objectives. Clearly identify project goals and objectives that are responsive to the identified needs of the communities served, and consistent with the purpose and requirements of the HTPCP. Objectives should be **specific, measurable, attainable/achievable, relevant, time-framed, inclusive, and**

**equitable (SMARTIE). Please click [here](#) for more information about SMARTIE objectives.**

- C. Project Activities. Provide a clear description of the proposed project activities. Proposed activities should be clearly linked to project goals and objectives and should be feasible and reasonably expected to achieve goals and objectives within the period of performance. Discuss development of effective tools and strategies for ongoing staff training, continuing education for community-based MCH health professionals, outreach and information sharing (including use of social media), and dissemination with efforts to involve patients, families and community members of culturally, linguistically, socio-economically and geographically diverse backgrounds.
- D. Community Engagement. Describe how you will engage community health workers to promote health education with the communities they propose to serve, if applicable. If you are interested in utilizing community health workers in your project, you should review [evidence-based practice models](#) that are most appropriate for the unique needs of your communities.
- E. Health Equity/Structural and Social Determinants of Health. Describe how the proposed project will address [Structural and Social Determinants of Health \(SSDOHs\)](#) that impact the populations or communities to be served. You can explore evidence-based resources on SSDOHs [here](#). Please see [Appendix A](#) for the HHS definition of health equity.

Describe how community partners will collaborate with project staff to review materials and resources produced by the project for cultural and linguistic appropriateness and health literacy levels. Please see [Appendix A](#) for the HHS definition of culturally and linguistically appropriate services.

- F. Project Advisory Board. Describe how you will form an Advisory Board to provide advice on and oversight of the project; discuss dissemination of project findings; and identify and plan for use of resources to sustain the project after federal funding ends. Describe how you will involve families and community members on your Advisory Board, and how often the Advisory Board will convene.

In **Attachment 8** of the application, describe the anticipated membership of the Advisory Board, providing a complete list of proposed members (including family and community members) and the organizations they will represent.

- G. Collaborative Relationships. Discuss how you will develop and maintain collaborative relationships between the proposed project, the state Title V MCH Program, and the state AAP Chapter. In your application, you are encouraged to include letters of support from the state Title V MCH Program, and the state AAP Chapter in **Attachments 10–15**.



Describe any partnerships with MCH programs, including programs led by faith-based and community-based organizations and tribal organizations that work to change conditions in the community and environment to improve health. Discuss how these partnerships will help to increase resource and referral linkages to children, youth, and families in need of support services. Please include letters of support from MCH programs, if applicable, in **Attachments 10–15**.

- H. Pediatric Primary Care. Discuss plan for how pediatric primary care providers (pediatricians, family physicians, nurse practitioners, physician assistants) will be substantively involved in the proposed project (either directly managing the project, or as collaborative partners).
- I. Cost Sharing/Matching. Discuss plans for finding resources to fulfill the non-federal program-match requirement in years 2 through 5 of the 5-year period of performance that was discussed in the [Cost Sharing/Matching section](#) of the NOFO, and how you will support sustainability of the proposed project after federal funding ends
- J. Bright Futures. Discuss how the proposed project will address the goals and objectives of the [Bright Futures initiative](#), including how it will address the theme of [Promoting Lifelong Health for Families and Communities](#). The Bright Futures initiative has been particularly useful to HTPCP recipients in the following ways:
  - Increasing access to preventive care and health promotion;
  - Partnering with community partners to share lessons learned on well-child care; and
  - Promoting improvements in clinical and public health practice in rural and other underserved communities.
- **WORK PLAN -- Corresponds to Section V's Review Criteria [#2](#), [#3](#) and [#4](#)**  
Describe the steps that you will use to achieve each of the activities proposed during the entire period of performance in the Methodology section. Provide a timeline that includes each activity and identifies responsible staff. As appropriate, identify support and collaboration with key community partners in planning, designing, and implementing all activities, including developing the application, and how contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served. Include the work plan in **Attachment 1**.

#### **Logic Model**

Submit a logic model for designing and managing the project. A logic model is a one-page plan that presents the framework for a proposed project and explains the links among project components. 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;
- Assumptions (e.g., beliefs about how the project will work and support resources. Base assumptions on research, best practices, and experience.);
- Inputs (e.g., organizational information, collaborative partners, key staff, budget, other resources);
- Communities served
- Activities (e.g., project approach);
- Outputs (i.e., the direct products of project activities); and
- Outcomes (i.e., the results of a project, typically describing a change in people or systems).

You can find additional information on developing logic models, [here](#).

Include the proposed project's logic model in **Attachment 2**. Ensure your project's logic model reflects the purpose of HTPCP and what HTPCP intends to produce and achieve overall. The HTPCP logic model can be found on the [HTPCP web page](#)

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

Discuss challenges you will likely meet in designing and implementing the activities described in the work plan, and approaches you will use to resolve these challenges.

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

Submit a preliminary project evaluation plan that will contribute to continuous quality improvement. Include the evaluation plan in **Attachment 9**. The plan should link the goals and objectives of the project to data collection activities. You are encouraged to review the evaluation plan resources on the [HTPCP](#) web page. The evaluation plan should track progress towards achieving the goals and objectives of the project.

Include both process and outcome measures in your evaluation plan to support the measurement of progress toward goals. Explain how you will continuously use data to make changes to the project based on evaluation results. Measures that identify and address factors that contribute to poor health outcomes in populations that are under-resourced and underserved should be included in project evaluation plans.

Previous HTPCP projects have been able to document impacts on child health and health care access in their communities. Additional information on HTPCP project outcomes can be found in the recently updated HTPCP [infographic](#).

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

Describe your organization's mission and structure, relevant experience, and scope of current activities. Describe how your organizational structure and experience will allow you to successfully carry out project requirements and expectations. Provide an

organizational chart in **Attachment 6** that shows the structure for the administrative, fiscal, and project management teams. Describe your organization's experience supporting delivery of culturally and linguistically appropriate services and services that improve the health literacy of communities served. Discuss how project staff are culturally representative of the communities served and how they uniquely contribute to the delivery of culturally and linguistically relevant services. Describe how your organization will assess and promote the unique assets of the communities served.

Describe your organization's capacity to manage federal awards, equipment, and staff supported by the award. Describe how you have the necessary policies, procedures, and financial controls in place to manage federal awards.

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

### 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 your 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.

As required by the Consolidated Appropriations Act, 2022 (P.L. 117-103), Division H, § 202, "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.0

### iv. **Budget Narrative -- Corresponds to Section V's Review Criterion #6**

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

#### **Budget Considerations**

Awards are subject to adjustment after program review. If this occurs, project components and/or activities will be negotiated to reflect the final award. Reviewers will deduct points from

applications where budgets are not thoroughly justified. The budget and budget narrative correspond to Section V's Review [Criterion 6](#).

Ensure that the amount requested to implement activities during the period of performance is fully justified in the budget narrative. Clearly document meeting the cost matching requirement in years 2 through 5 of the project in the budget form SF-424A and the budget narrative.

**v. Program-Specific Forms**

Program-specific forms are not required for application.

**vi. Attachments**

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment.** You must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

**Attachment 1: Work Plan**

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#).

**Attachment 2: Logic Model**

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

**Attachment 3: Staffing Plan and Job Descriptions for Key Staff (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 staff costs.

**Attachment 4: Biographical Sketches of Key Staff**

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

**Attachment 5: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)**

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

**Attachment 6: Organizational Chart**

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

**Attachment 7: For Multi-Year Budgets--Fifth Year Budget**

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the fifth year as an attachment. Use the SF-424A Section B. Note: Budget information submitted using the SF424A (years 1-4) is not counted towards the application page limit.

**Attachment 8: Advisory Board Membership Roster**

**Attachments 9: Preliminary Project Evaluation Plan**

**Attachments 10-15: 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 (in-kind services, dollars, staff, space, equipment, etc.). List all other support letters on one page.

**3. Unique Entity Identifier (UEI) and System for Award Management (SAM)**

The UEI (SAM), a new, non-proprietary identifier assigned by [SAM](#), has replaced the UEI Data Universal Numbering System (DUNS) number.

Effective April 4, 2022:

- Register in SAM and you will be assigned your UEI (SAM) within SAM.
- You will no longer use a UEI (DUNS) and that number will not be maintained in any Integrated Award Environment (IAE) systems (SAM.gov, CPARS, FAPIIS, eSRS, FSRS, FPDS-NG). For more details, visit the following webpages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration's UEI Update](#).

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have an active federal award, an active application, or an active plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. 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 HRSA may use that determination as the basis for making an award to another applicant.

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

The Grants.gov registration process requires information in two separate systems:

- System for Award Management (SAM) (<https://sam.gov/content/home> | [SAM Knowledge Base](#))
- Grants.gov (<https://www.grants.gov/>)

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

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

#### **4. Submission Dates and Times**

##### **Application Due Date**

The application due date under this NOFO is *October 12, 2022 at 11:59 p.m. ET*. HRSA suggests you submit your application 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 in HRSA's [SF-424 Application Guide](#) for additional information.

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

The Healthy Tomorrows Partnership for Children program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

#### **6. Funding Restrictions**

You may request funding for a period of performance of up to 5 years, at no more than \$50,000 per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2022 (P.L. 117-103) apply to this program. See Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these and 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 specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's [SF-424 Application Guide](#). Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under 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 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.

Reviewers will evaluate and score the merit of your application based upon these criteria

Six review criteria are used to review and rank Healthy Tomorrows Partnership for Children program applications. Below are descriptions of the review criteria and their scoring points.

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

The extent to which the application demonstrates the problem and associated contributing factors to the problem.

- A. The strength and effectiveness of the application in demonstrating a comprehensive understanding of the problem and associated contributing factors to the problem.
- B. The strength and quality of the description of the needs of the communities that will be served.
- C. The strength and effectiveness of relevant data, with appropriate references, to document and justify need for the proposed project, and the inclusion of data from needs assessments such as the state Title V MCH Block Grant Program Needs Assessment and Action Plan for a state, or a Community Health Needs Assessment.
- D. The strength and effectiveness of the proposed project in addressing at least one of the priority topics referenced in the [Program Expectations section](#) of this NOFO.

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.



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

- A. The strength and effectiveness of the application in clearly describing the purpose of the proposed project.
- B. The application adequately describes an innovative and new community-based initiative, or a new component that will build upon, expand, and enhance an existing initiative, that uses prevention strategies and promotes access to health care for infants, children, adolescents, and their families.
- C. The strength and effectiveness of the applicant's description of partnerships with diverse community partners to test out evidence-based practice at the community level and improve health care for the population(s) served by the project.
- D. The strength and reasonableness of the project's proposed SMARTIE goals and objectives and their relationship to the identified need.
- E. The proposed project activities are clearly linked to project goals and objectives, and are achievable within the period of performance.
- F. The strength of the proposal in demonstrating that the cultural and linguistic needs of the communities served will be met.
- G. The strength and effectiveness of the applicant's plan to address the SSDOHs affecting communities served, by providing health care and preventive services in a more equitable manner.

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

- A. The strength and reasonableness of the applicant's proposal to involve families and community members in project activities.
- B. The strength and feasibility of the applicant's proposal to take an active role in strengthening surrounding communities and requiring community involvement in project activities.
- C. The strength and effectiveness of the applicant's ability to collaborate with the state Title V MCH Program and the state AAP Chapter to achieve the goals and objectives of the project.
- D. The strength and feasibility of the applicant's plan to collaborate with MCH programs (including faith-based and community-based organizations and tribal organizations) in partnership to achieve the goals and objectives of the project. The strength and reasonableness of the proposed project's plan to have pediatric primary care providers involved.
- E. The strength and effectiveness with which the applicant describes the makeup of the Advisory Board and its role in the implementation of the proposed project, including extent to which the Advisory Board includes, or plans to include representation of individuals served by the project, families, pediatric providers, and other key community partners.

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

- The strength and effectiveness of the application in discussing how the proposed project will address the goals and objectives of the **Bright Futures for Infants, Children, and Adolescents** initiative and incorporate the [Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, Fourth Edition](#) and other

Bright Futures materials in project activities.

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

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 objectives were improved through this project.

- A. The strength, feasibility, and effectiveness of the evaluation plan to measure project objectives, progress on achieving objectives, and the extent these accomplishments can be attributed to the project.
- B. The strength and effectiveness of the project's logic model in demonstrating the relationship among resources, communities served, activities, outputs, short and long-term outcomes, impact, and possible measures of success for the project, and identifies at least one measurable outcome. The project's logic model should reflect the purpose of HTPCP.
- C. The capability of the applicant to make changes to the project's data collection and evaluation plan, based on evaluation results.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's [Methodology](#) and [Work Plan](#)  
The extent to which the proposed project has a public health impact on communities served and the project will be effective, if funded.

- A. The feasibility of plans for dissemination of project results, including engagement with communities served.
- B. The feasibility of project activities being replicated in other communities or settings.
- C. The strength, feasibility, and effectiveness of plans to meet the budget matching requirement in years 2 through 5 of the project, and a description of how matching funds will support sustainability of the proposed project after federal funding ends.
- D. Degree of impact of project results on communities served.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's [Organizational Information](#) and [Evaluation and Technical Support Capacity](#)

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. The effectiveness of the applicants plan to ensure project staff and contributors provide culturally and linguistically appropriate services.

- A. The strength and capability of the applicant organization and qualified project staff to implement and carry out the project.
- B. The strength and effectiveness of the project's description of collaboration with community partners involved in key project activities.
- C. The strength and capability of project staff to provide culturally and linguistically appropriate services and services that consider the health literacy level of the communities served.
- D. The strength of the applicant's ability to hire project staff who reflect the cultural, racial, linguistic, and geographic diversity of the populations and communities served.



- E. The strength of the applicant's ability to collaborate with project contributors who reflect the cultural, racial, linguistic, and geographic diversity of the populations and communities served.
- F. The effectiveness of approaches proposed to resolve challenges that are likely to be encountered during the project.

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

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, and the anticipated results.

- A. The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the activities, and the anticipated results given the scope of work of the project.
- B. The reasonableness of the proposed budget in ensuring key staff have adequate time devoted to achieve project objectives.
- C. The strength, feasibility, and effectiveness of the applicant to meet the cost matching requirement in years 2 through 5 of the project in the budget form SF-424A and the budget narrative.

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

The objective review process provides an objective evaluation of applications 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.

## **VI. Award Administration Information**

### **1. Award Notices**

HRSA will release the Notice of Award (NOA) on or around the start date of March 1, 2023. 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 NOA, 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 federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

### **Accessibility Provisions and Non-Discrimination Requirements**

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See [Providers of Health Care and Social Services](#) and [HHS Nondiscrimination Notice](#).

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see [Fact Sheet on the Revised HHS LEP Guidance](#) and [Limited English Proficiency](#).
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see [Discrimination on the Basis of Disability](#).

- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See [Discrimination on the Basis of Sex](#).
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see [Conscience Protections for Health Care Providers](#) and [Religious Freedom](#).

Please contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at [HRSACivilRights@hrsa.gov](mailto:HRSACivilRights@hrsa.gov).

### **[Executive Order on Worker Organizing and Empowerment](#)**

Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

### **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 HRSA 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/ProgramManual?NOFO=HRSA-23-061&ActivityCode=H17>. 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                  |
|---|--|--|----------------------------------|
| <b>a) New Competing Performance Report</b>      | March 1, 2023 to February 29, 2024<br><br><i>(administrative data and performance measure projections, as applicable)</i>                            | Period of performance start date                           | 120 days from the available date |
| <b>b) Non-Competing Performance Report</b>      | March 1, 2023 to February 29, 2024<br>March 1, 2024 to February 28, 2025<br>March 1, 2025 to February 28, 2026<br>March 1, 2026 to February 28, 2027 | Beginning of each budget period (Years 2–5, as applicable) | 120 days from the available date |
| <b>c) Project Period End Performance Report</b> | March 1, 2027 to February 29, 2028   | 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>.

- 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.

**Recipients will be expected to establish baseline on the following measures in their applications, track annually, and report the following data to HRSA in their annual progress reports:**

- Number of partnerships established or maintained in the past year.
- In the past year, have you increased your capability to use community partnerships? Response options: A great deal, Somewhat, Seldom, Not at all
- Number of innovative evidence-based strategies implemented in the past year.
- In the past year, has your project increased access to care among communities served? Response options: A great deal, Somewhat, Seldom, Not at all

A glossary of terms used in these performance measures is in [Appendix A](#).

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. No additional termination provisions apply unless otherwise noted.

## VII. Agency Contacts

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

Djuana Gibson  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
Phone: (301) 443-3243  
Email: [DGibson@hrsa.gov](mailto:DGibson@hrsa.gov)

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

Madhavi M. Reddy, MSPH | Kelly Hughes, MPH  
Program Director | Project Officer  
Attn: HTPCP  
Maternal and Child Health Bureau  
Health Resources and Services Administration  
Phone: (301) 443-0754 | (301) 945-3331  
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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

Phone: 1-800-518-4726 (International callers dial 606-545-5035)

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Successful applicants/recipients may need assistance when working online to submit information and reports electronically through the [EHBs](#). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center

Phone: (877) 464-4772 / (877) Go4-HRSA

TTY: (877) 897-9910

Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

## **VIII. Other Information**

### **Technical Assistance**

See [TA details](#) in Executive Summary.

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

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

## Appendix A: Glossary of Terms

### Access to Health Services

The National Academies of Sciences, Engineering, and Medicine (formerly known as the Institute of Medicine) define access to health care as the “timely use of personal health services to achieve the best possible health outcomes.” Healthy People 2030 organizes the social determinants of health into 5 domains ([Healthy People 2030](#), retrieved, 4/2022):

- Economic Stability
- Education Access and Quality
- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community Context

### Care Coordination

Care coordination involves deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care. This means that the patient's needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient. ([Agency for Healthcare Research and Quality](#), retrieved, 4/2022)

### Culturally and Linguistically Appropriate Services (CLAS)

Services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs. CLAS helps to ensure that care is safe, effective, patient-centered, timely, efficient, and equitable. ([HHS Office of Minority Health - CLAS, Cultural Competency, And Cultural Humility](#), retrieved, 4/2022)

### Early Childhood Development

Early childhood development (ECD) encompasses physical, socio emotional, cognitive and motor development between 0–8 years of age. ([World Health Organization](#), retrieved, 4/2022)

### Evidence-based Public Health Practice

Evidence-based public health practice is the development, implementation, and evaluation of effective programs and policies in public health through application of principles of scientific reasoning, including systematic uses of data and information systems and appropriate use of behavioral science theory and program planning models. Just as evidence-based medicine seeks to combine individual clinical expertise with the best available scientific evidence, evidence-based public health draws on principles of good practice, integrating sound professional judgments with a body of appropriate, systematic research. There has been strong recognition in public health of the need to identify the evidence of effectiveness for different policies and programs, translate that evidence into recommendations, and increase



the extent to which that evidence is used in public health practice. (HHS Office of Disease Prevention and Health Promotion, [HealthyPeople.gov](https://www.healthypeople.gov), retrieved 4/2022).

### Equity

The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality ([Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#), 86 FR 7009, at § 2(a) (Jan. 20, 2021), retrieved 1/2021).

### Developing Partnerships

Partnerships provide the capacity to achieve what may not otherwise be achieved. Effective partnerships draw together different organizations with complementary and reinforcing strengths, allowing each partner to focus on its central capacities and assets to produce outcomes with greater impact than can be achieved independently.

- Inspire creative ideas and greater potential for innovation through collaboration with partners that have different experiences and perspectives;
- Provide access to more resources to create opportunities for greater impact, cost reductions, and efficiencies;
- Improve decision making as a result of information sharing among partners;
- Improve outcomes of project activities, as partners can work collaboratively to provide services.
- Enhance programmatic credibility by involving well-established partners;
- Reduce conflict by involving more people in program development and in informing policy development; and
- Increase opportunities to facilitate the implementation of project activities. ([USDA](#), retrieved, 5/2022)

### Medical Home

The Medical Home (also known as Patient or Family-Centered Medical Home) is an approach to providing comprehensive primary care that facilitates partnerships between patients, clinicians, medical staff, and families. It is a medical practice organized to produce higher quality care and improved cost efficiency. ([American Academy of Pediatrics](#), retrieved, 4/2022)

### School Readiness

School readiness is foundational across early childhood systems and programs. It means children, ages 0–5, are ready for school, families are ready to support their children's learning, and schools are ready for children. Head Start views school readiness as children possessing the skills, knowledge, and attitudes necessary for success in school and for later learning and



life. Physical, cognitive, social, and emotional development are all essential ingredients of school readiness. ([Head Start, Early Childhood Learning & Knowledge Center](#), 4/2022)

#### Social and Structural Determinants of Health

Structural determinants of health are social structures and economic systems including the social environment, physical environment, health services, and structural and societal factors. Social determinants of health (SDoH) encompass conditions in which people are born, grow, live, work, and age. They include factors like socioeconomic status, education, neighborhood and physical environment, community violence, employment, and social support networks, as well as access to health care. ([Health People 2030 Social Determinants of Health](#), retrieved 4/2022)

#### Telehealth

Telehealth is defined as the use of electronic information and telecommunications technologies to support and promote, at a distance, health care, patient and professional health-related education, health administration, and public health. ([Telehealth.hhs.gov](#), retrieved 4/2022)

#### The Maternal and Child Health Services Block Grant, Title V of the Social Security Act

The Title V Maternal and Child Health (MCH) Block Grant Program is a partnership between the federal government and states. The Title V Block Grant aims to support the health and well-being of all mothers, children, and families. More information about the Title V MCH Block Grant can be found at: <https://mchb.hrsa.gov/programs-impact/title-v-maternal-child-health-mch-block-grant>

#### Underserved Communities:

The populations sharing a particular characteristic, as well as geographic communities that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list of individuals in the definition of “equity” above. ([Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#), 86 FR 7009, at § 2(b) (Jan. 20, 2021).