

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

**HRSA**

Health Resources & Services Administration

Maternal and Child Health Bureau  
Office of Epidemiology and Research  
Division of Research

***Bridging the Word Gap Research Network (BWG)***

**Funding Opportunity Number: HRSA-21-040**

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

**Assistance Listings (CFDA) Number: 93.110**

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2021

**Application Due Date: April 22, 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 21, 2021**

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## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Bridging the Word Gap Research Network (BWG). The purpose of this program is to establish and maintain a national, multi-site, collaborative Research Network to develop, test, and promote effective interventions for supporting the enrichment of the early (ages 0-5 years) home learning environments of children from underserved families for whom there are limited interventions or existing interventions are ineffective.

Funding Opportunity Title:	Bridging the Word Gap Research Network (BWG)
Funding Opportunity Number:	HRSA-21-040
Due Date for Applications:	April 22, 2021
Anticipated Total Annual Available FY 2021 Funding:	\$300,000
Estimated Number and Type of Award(s):	One cooperative agreement
Estimated Award Amount:	Up to \$300,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2021 through August 31, 2024 (3 years)
Eligible Applicants:	Eligibility is limited to domestic public or non-profit institutions of higher learning and public or private non-profit agencies engaged in research or in programs relating to maternal and child health and/or services for children with special health care needs (42 CFR § 51a.3(b)). Domestic faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply.  See <a href="#">Section III.1</a> of this notice of funding opportunity (NOFO) for complete eligibility information.

### **Application Guide**

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

## **Technical Assistance**

HRSA has scheduled the following technical assistance:

### *Webinar*

Day and Date: Thursday, February 4, 2021

Time: 2–3 p.m. ET

Call-In Number: 1-888-831-8965

Participant Code: 4940273

Weblink: [https://hrsa.connectsolutions.com/bwg\\_pre-application\\_ta\\_webinar/](https://hrsa.connectsolutions.com/bwg_pre-application_ta_webinar/)

In an attempt to more effectively utilize our TA webinar time, if you have questions about the NOFO, please send them prior to the webinar via email to Lisa Hund at [lhund@hrsa.gov](mailto:lhund@hrsa.gov). We will compile and address these questions during the TA webinar.

HRSA will record the webinar and make it available approximately 2 weeks after the webinar 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 for the Bridging the Word Gap Research Network (BWG). Previous research has found that on average, by age three, children from low-income families knew less than half of the amount of words compared to children from more economically advantaged families (i.e., 500 words versus 1100 words).<sup>1</sup> This word gap negatively impacts early language learning, educational attainment, health care-seeking, and socioeconomic outcomes in later years. The purpose of this program is to establish and maintain a national, multi-site, collaborative Research Network to develop, test, and promote effective interventions for supporting the enrichment of the early home learning environments of children from underserved<sup>2</sup> families for whom there are limited interventions or existing interventions are ineffective.

BWG will:

- Lead, promote, and coordinate national research activities to support the enrichment of early home learning environments experienced by children from underserved families relative to children from families with greater resources;
- Develop and maintain an infrastructure to support a portfolio of interdisciplinary research to foster the implementation of multi-site intervention research studies to support the enrichment of children's early home learning environments;
- Coordinate a plan to enhance the research, training and mentorship of diverse emerging MCH investigators through the use of innovative mentorship/research experiences and manuscript development;<sup>3</sup> and
- Expand the evidence base and disseminate study findings to key stakeholders including parents, educators, researchers, policymakers, and relevant professionals in the health and community sectors.

The recipient of the cooperative agreement should leverage existing work in the field, as appropriate, and extend the impact of HRSA's existing programs and resources. The BWG research network should collaborate with researchers, health care practitioners, early childhood educators, policymakers, civic leaders and funders to advance a coordinated national research agenda to develop individual, community, and population-based interventions<sup>4</sup> to support the enrichment of early home learning environments for

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<sup>1</sup> Hart B, Risley T. *Meaningful Differences in Everyday Parenting and Intellectual Development in Young American Children*. Baltimore, MD: Brookes; 1995.

<sup>2</sup> The Department of Health and Human Services (HHS) characterizes underserved, vulnerable, and special needs populations as communities that include members of minority populations or individuals who have experienced health disparities. For this funding opportunity, underserved populations include low-income, racial/ethnic minorities, immigrants, tribal, geographically remote, and other groups that are not already well-represented in current pediatric research. Source: Centers for Medicare & Medicaid Services, Health Insurance Marketplace: Serving Vulnerable and Underserved Populations. Available at: <https://marketplace.cms.gov/technical-assistance-resources/training-materials/vulnerable-and-underserved-populations.pdf>. Accessed November 4, 2020.

<sup>3</sup> Consistent with HRSA's mission, training and mentoring of diverse emerging MCH investigators fosters the development of a pipeline of researchers who are critical in promoting the sustainability of research activities and the work of the network.

<sup>4</sup> For the purpose of this NOFO, an "intervention" is defined as a manipulation of the participant or participant's environment to modify one or more behavioral practices or outcomes for families with young children through the use of strategies designed to change parental behavior(s) that enhance the early home learning environment. A manipulation or task would be regarded as an intervention if it is used to modify a relevant parental behavior or outcome. Source: National Institutes of Health, Office of Extramural

underserved children. Identification and dissemination of information on effective strategies allows parents and relevant professionals in the health and community sectors to create stronger early home learning environments and promote all children's readiness for kindergarten.

## 2. Background

This program is authorized by the 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act) as a Special Project of Regional and National Significance (SPRANS).

Previous research has found that on average, by age three, children from low-income families knew less than half of the amount of words compared to children from more economically advantaged families (i.e., 500 words versus 1100 words).<sup>1</sup> This word gap reflects disparities at age 3 in the early home learning environment that underserved children experience as compared to children from families with greater resources.<sup>5,6</sup> These disparities continue to accrue over time, affecting children's kindergarten readiness at age 5, and ultimately impacting outcomes such as educational attainment, health literacy, and health care-seeking behaviors.<sup>7</sup> Early intervention studies conducted in homes showed that increasing cognitively-enhancing parent-child interactions during the early years was critical for enhancing children's pre-literacy skills and kindergarten readiness.<sup>8</sup>

The BWG Research Network focuses on developing and testing interventions for supporting the enrichment of early home learning environments among underserved children and families. Focusing on this population is consistent with HRSA's mission to reduce disparities and improve health equity across the life course, especially in vulnerable and disadvantaged populations. The Research Network will identify and collaborate with local health care providers and community organizations, and other HRSA programs such as the Health Center Program, the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, the Healthy Start Program, the Family-to-Family Health Information Center Program, the Title V Maternal and Child Health Services Block Grant Program (Title V), or the Early Childhood Comprehensive Systems (ECCS): Health Integration Prenatal to Three Program. The Research Network will continue to advance the evidence base for intervention research that will translate into meaningful changes in how parents, educators, and relevant professionals in the health and community sectors support the early home learning environment of underserved children.

BWG is the first national Research Network promoting scientific collaboration for advancing intervention research to support the enrichment of early home learning

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Research Frequently Asked Questions: NIH clinical trial definition. Available at: [https://grants.nih.gov/grants/policy/faq\\_clinical\\_trial\\_definition.htm#5226](https://grants.nih.gov/grants/policy/faq_clinical_trial_definition.htm#5226). Accessed August 20, 2020.

<sup>5</sup> Carta J, Greenwood C, Baggett K, Buzhardt J, Walker D. Research-based approaches to individualizing caregiving and educational interventions for infants and toddlers in poverty. In: Odom S, Pungello E, Gardner-Neblett, eds. *Re-visioning the Beginning: The Implications of Developmental and Health Science for Infant/Toddler Care and Poverty*. New York, NY: Guilford Press; 2012.

<sup>6</sup> Shonkoff JP, Garner AS, Siegel BS, et al. The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*. 2012; 129(1):e232-e246.

<sup>7</sup> Radesky JS, Carta J, Blair-Merritt M. The 30 million-word gap: Relevance for pediatrics. *JAMA Pediatr*. 2016; 170(9): 825-826.

<sup>8</sup> Roberts, M. Y., & Kaiser, A. P. (2011). The effectiveness of parent-implemented language interventions: A meta-analysis. *American Journal of Speech Language Pathology*, 20, 180-199.

environments of children from underserved families relative to children from families with greater resources. The Research Network has brought together an interdisciplinary team of 190 researchers and practitioners across 22 states and the District of Columbia. Since its inception in 2014, the Research Network has mentored 30 emerging investigators, and produced 87 peer-reviewed publications, including 10 research syntheses of practices that promote early learning for families and practitioners from a database of over 2,000 early home learning intervention studies. BWG has facilitated collaboration between researchers and practitioners from various disciplines (i.e., psychology, education, public health), and identified gaps in interventions related to supporting the enrichment of early home learning environments among children and families from underserved backgrounds.

### **The HRSA Maternal and Child Health (MCH) Research Network Program**

The HRSA Maternal and Child Health (MCH) Research Network Program administered by the Division of Research in the Maternal and Child Health Bureau's (MCHB) Office of Epidemiology and Research supports the establishment and maintenance of national, multi-site, collaborative Research Networks that lead, promote, and coordinate national research activities on both broad and specific MCH topics. In 2019, HRSA MCH Research Networks contributed to enhancing the lives and health of MCH populations by:

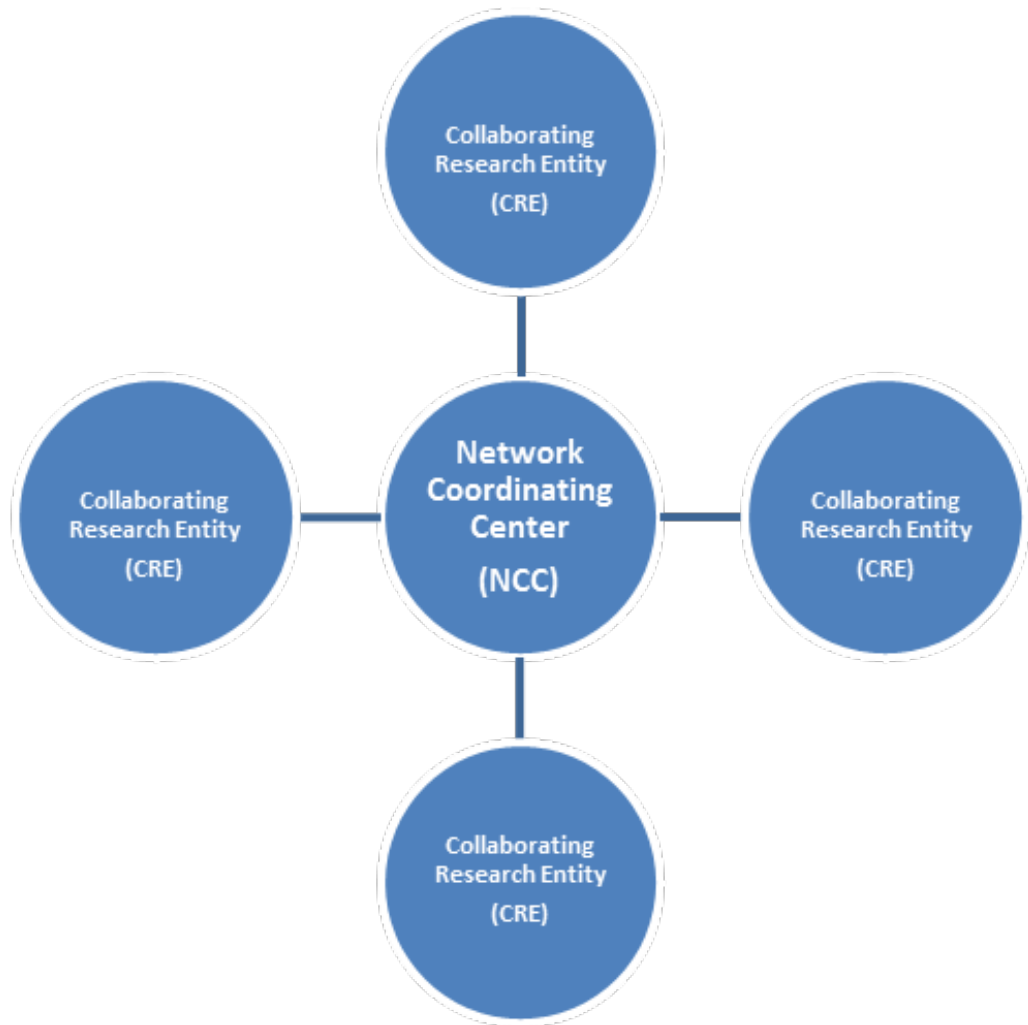
- Enrolling approximately 14,000 participants and utilizing data on an additional 10 million participants in secondary data analyses in 124 research studies;
- Publishing 155 peer-reviewed articles in leading scholarly journals; and
- Developing and distributing 63 clinical guidelines, tools, or toolkits collectively to service providers and families.

### **Functions**

The following describes the expectations for a Research Network:

#### *Organization and Functions*

The Research Network will consist of a Network Coordinating Center (NCC) and multiple Collaborating Research Entities/Sites (CREs).<sup>9</sup> The NCC is the administrative center of the Research Network, providing leadership and maintaining a partnership with its CREs. An example of this structure is depicted in the following diagram:



### Research Network Organizational Structure with the NCC

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

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<sup>9</sup> This figure was designed for use in this NOFO. This structure ensures that all Research Network activities encompass a general approach to address population needs to accelerate, upstream, together. **Accelerate:** An acknowledgement that although progress has been made in a variety of areas, much remains to be done. Research Networks must continue to innovate, grow the evidence base, and strive to address health disparities in MCH populations—whether those are defined by race, place, age, or gender. **Upstream:** A consideration of the social determinants of health—a broader and expansive way of looking at contributors to health beyond health care. Research Networks must think about primary prevention, but recognize the importance of secondary and tertiary prevention for some MCH populations. **Together:** A need to strategically engage stakeholders who understand the needs and priorities of the MCH population. Research Networks must collaboratively develop solutions to current and emerging health and development challenges.



- 1) Support the Research Network infrastructure for partnership among CREs;
- 2) Facilitate the process for the development, selection, implementation, and oversight of scientific research studies;
- 3) Coordinate a plan to enhance the research training and mentorship of diverse emerging investigators through the use of innovative mentorship/research experiences and manuscript development;
- 4) Coordinate the dissemination of findings to other HRSA/MCHB funded recipients, health professionals, researchers, policymakers, family members, and the greater public;
- 5) Establish and foster partnerships with programs and organizations serving underserved populations, and recruit study participants from these populations;
- 6) Establish a plan to ensure parent, family and/or consumer involvement across populations, including underserved populations, in Research Network activities; and
- 7) Collaborate with pertinent partners, such as the other MCH Research Network recipients (available here: <https://mchb.hrsa.gov/research>), Title V MCH Services Block Grant recipients, and other MCHB programs as relevant.

Responsibility of the NCC Overseeing the CREs: Address how the Research Network will manage CRE or sites, including a description of how the Research Network will provide the CREs with guidance to ensure the availability of:

- Staff and training needed for the CREs to implement a study protocol and participate in Research Network activities;
- A data acquisition system to collect intake, treatment, and outcome data for all study participants, according to protocol-specific requirements; and
- Additional support, such as quality control, to ensure the successful completion of the scientific goals of a research project and other Research Network activities. You should include budgets for CRE travel support to Research Network meetings in your application.

Responsibility of each CRE Site: Describe a plan to establish and sustain the CREs to enable CREs, as appropriate in conducting studies and participating in Research Network activities, to:

- Participate in Research Network subcommittees and agree to attend Research Network monthly teleconferences and in-person meetings (may be virtual meetings if in-person meetings are not feasible due to the pandemic);
- Participate in the development of concept and protocol requirements associated with observational and clinical trial studies to be conducted through the Research Network;
- Agree to participate in observational studies and clinical trials, including subject enrollment, data collection, patient record maintenance, adherence to good clinical practice, compliance with protocol requirements, randomization methods for assignment of patients to experimental or control groups or randomization of care delivered to different conditions;
- Participate in Research Network activities that enhance the research training and mentorship of junior/new investigators; and

- Participate in increasing the number of tools/resources and relevant interventions accessible to professionals in the health and community sectors to help support the enrichment of early home learning environments.

### Research Network Advisory Board or Steering Committee

The Research Network Advisory Board or Steering Committee will be comprised of representatives of the CREs, HRSAMCHB, and, new to this competition, at least two community members (e.g., a family advocate). The PI will serve as Chair of the Network Advisory Board or Steering Committee. All major scientific issues (e.g., research direction, approval of study proposals and designs, development of applicable policies and procedures (including those relating to human subject protections)) are addressed through discussions among the Research Network Advisory Board or Steering Committee and through recommendations for approval, where appropriate, to HRSAMCHB project officers and leadership. The NCC is responsible for ensuring that all participating CREs are informed of and abide by these actions. The Research Network Advisory Board or Steering Committee will meet monthly by telephone or other online platforms, and in-person at least once a year in the Washington, D.C. area, if possible (may be a virtual meeting if an in-person meeting is not feasible due to the pandemic). The PI will meet annually with HRSAMCHB leadership and other key stakeholder organizations, such as Title V MCH Services Block Grant programs, clinical interest groups, state and local education districts, and federal partners, such as the HHS Centers for Medicare and Medicaid Services, and U.S. Department of Education agencies, as applicable, to brief them on the existence and progress of the Research Network and to engage them in translating Research Network findings into practice and policy.

### Data Collection and Management

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

## **II. Award Information**

### **1. Type of Application and Award**

Type(s) of applications sought: New

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

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, **HRSA program involvement will include:**

- 1) Assurance of the availability of HRSA/MCHB personnel or designees to participate in the planning and development of all phases of this activity;
- 2) Review of policies and procedures established for carrying out project activities;
- 3) Participation in meetings and regular communications with the award recipient to review mutually agreed upon goals and objectives and to assess progress;
- 4) Facilitation of effective communication and accountability to HRSA/MCHB regarding the project, with special attention to new program initiatives and policy developments that have the potential to advance the utility of the Research Network;
- 5) Assistance in establishing and maintaining federal interagency and inter-organizational contacts necessary to carry out the project;
- 6) Review of all documents and products prior to submission for publication or public dissemination;
- 7) Identification of emerging research issues or agency priority topics that warrant new Research Network studies; and
- 8) Participation in project activities such as meetings, webinars, presentations, publications, and other forms of disseminating information regarding project results and activities.

**The cooperative agreement recipient's responsibilities will include:**

- 1) Establishing and maintaining a national, multi-site, collaborative Research Network of researchers in the fields of early childhood development, community health, pediatric primary care, and education who collaborate in the development and implementation of research designed to support the enrichment of early home learning environments among children and families from underserved backgrounds;
- 2) Designing and implementing multi-site research protocols to develop evidence-based practices for interventions (including innovative models for reaching underserved populations);
- 3) New to this competition, establishing partnerships with programs serving underserved populations, such as HRSA's Health Center Program or MCHB programs such as the MIECHV Program, Healthy Start Program, Family-to-Family Health Information Center Program, Title V Maternal and Child Health Services Block Grant Program, or ECCS Program;
- 4) Recruiting research study participants from underserved populations, such as those served by HRSA's Health Center Program or other MCHB programs;
- 5) Providing a research environment that supports the professional development and mentorship of new investigators that includes researchers representing underserved populations, ensuring the diversity of new investigator trainees;
- 6) Developing and instituting a plan to ensure dissemination of Research Network findings via peer-reviewed publications and other formats (e.g., presentations, tools, guidelines) to diverse stakeholders in order to increase the evidence base and accelerate the adoption of effective interventions into practice and care;
- 7) Developing and implementing procedures to store and share, after a 3-year embargo period, de-identified data with interested members of the research community in a manner that protects the privacy of participants and providers while enabling the full utilization of those data to improve the health and well-being of the population;

- 8) Leveraging Research Network capacity to compete for funding opportunities from other federal and private sources to bolster support and more strongly extend implementation of Research Network protocols;
- 9) Providing an electronic copy of any products supported by award funds (e.g., guidelines, assessment tools, publications, books, pamphlets, PowerPoint presentations, curricula, videos, etc.) to the general public and to the MCH Research Program; and
- 10) Collaborating with other HRSA-supported programs, Title V Maternal and Child Health Services Block Grant Program recipients, and MCH Research Networks to ensure synergy, sharing of information, avoidance of duplication, and to promote the translation of findings into practice.

## **2. Summary of Funding**

HRSA estimates approximately \$300,000 to be available annually to fund one (1) 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, 2024 (3 years). Funding beyond the first year is subject to the availability of appropriated funds for the BWG Research Network 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](#).

Please note that if indirect costs are requested, you must submit a copy of the latest negotiated rate agreement. This project supports an infrastructure from which to conduct research, but is not a research project in and of itself, therefore, it is not eligible for research indirect rates. The indirect costs rate refers to the "Other Sponsored Program/Activities" rate and to neither the research rate, nor the education/training program rate. Those applicants without an established indirect cost rate for "other sponsored programs" may only request 10 percent of salaries and wages, and must request an "other sponsored programs" rate from Cost Allocation Services (CAS).

Direct cost amounts for equipment (capital expenditures), tuition and fees, and contracts in excess of \$25,000 are excluded from the actual direct cost base for purposes of this calculation.

## **III. Eligibility Information**

### **1. Eligible Applicants**

Eligibility is limited to domestic public or non-profit institutions of higher learning and public or private non-profit agencies engaged in research or in programs relating to maternal and child health and/or services for children with special health care needs (42 CFR § 51a.3(b)). Domestic faith-based and community-based organizations, tribes, and tribal organizations are 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.

The [Methods section](#) of the **Project Narrative is limited to 12 pages in length**. Applications that exceed this 12-page limit for the Methods section will be deemed nonresponsive and will **not** be considered for funding under this notice.

HRSA will not consider any application that does not adhere to the 1" margin guidelines specified in HRSA's *SF-424 Research and Related (R&R) Application Guide*.

NOTE: Multiple applications from an organization are allowable. In order to diversify the HRSA/MCHB research grant portfolio, an individual cannot serve as the project director/principal investigator (PD/PI) on more than one active HRSA MCH Research Network. In general, the NOFO does not specify any minimum or maximum time requirement for the PD/PI, but we expect the PD/PI to dedicate a minimum of 20 percent effort on this project to justify their commitment to the project. To foster interdisciplinary collaboration and increase opportunities for mentorship for diverse emerging MCH investigators, a PD/PI on an active HRSA MCH research grant is allowed up to 10 percent effort as a co-investigator on an existing HRSA MCH research grant. HRSA allows one PD/PI to be named on the cover page of the SF-424 R&R application, who will serve as the key point of contact. The application can include co-investigators as key personnel on the project. This policy does not apply to PIs for programs funded by other federal agencies. However, if selected for funding, the new recipient will need to verify that percent effort across all federally-funded programs does not exceed 100 percent.

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

**Please make sure you submit your application to the correct NOFO number: HRSA-21-040, BWG Research Network competition. Applications submitted to the wrong competition will be deemed nonresponsive and will not be considered for funding under this notice.**

## 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 Research and Related (R&R) 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 R&R Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the *R&R Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA’s [SF-424 R&R Application Guide](#) except where instructed in the 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 [SF-424 R&R 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 **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA’s [SF-424 R&R Application Guide](#) and this 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-21-040, 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 **Attachments 7-15: Other Relevant Documents**.

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

### **Program-Specific Instructions**

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 R&R Application Guide](#) (including the budget, budget justification, 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 R&R Application Guide](#).

Include the information requested at the top of the abstract. Because the abstract is often distributed to provide information to the public and Congress, be clear, accurate, concise, and do not refer to other parts of the application. Briefly state the principal needs and problem, goals, proposed activities including target population(s), planned coordination, anticipated products, and plans for evaluation.

**Abstract content:** The following describes the different suggested section headers (capitalized) and content. The abstract should not exceed one page in length.

- FUNDING OPPORTUNITY NUMBER: HRSA-21-040
- FUNDING OPPORTUNITY TITLE: Bridging the Word Gap Research Network (BWG)
- PROBLEM: Briefly state the principal needs and problems that are addressed by the project.
- GOAL(S) AND OBJECTIVES: Identify the major goal(s) and objectives for the period of performance. Typically, the goal is stated in a sentence or paragraph, and the objectives are presented in a numbered list.
- PROPOSED ACTIVITIES AND TARGET POPULATION(S): Describe the programs and activities used to attain the objectives, the target population(s) addressed, and comment on innovations and other characteristics of the proposed plan.
- COORDINATION: Describe the coordination planned with, and participation of, appropriate national, regional, state, and/or local health agencies, interdisciplinary professional groups and providers, and/or organizations that function as stakeholders or partners in the proposed project.

- **PRODUCTS:** Provide a brief description of the anticipated products of this Research Network, including modes of dissemination of project activities and findings.
- **EVALUATION:** Briefly describe the evaluation methods used to assess program outcomes as well as the effectiveness and efficiency of the project in attaining goals and objectives.
- **KEY TERMS:** From [Appendix B](#) select: (a) significant content terms that describe your project (maximum of 10 content terms), (b) targeted populations (select all that apply), and (c) age ranges (select all that apply), and include at the end of your abstract.

## **ii. Project Narrative**

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, 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:

### **SECTION I – BACKGROUND AND SIGNIFICANCE -- CORRESPONDS TO SECTION V'S REVIEW CRITERIA [#1 NEED](#), [#2 RESPONSE](#), AND [#4 IMPACT](#)**

Demonstrate/include the following:

- Knowledge and understanding of gaps in evidence-based practices for interventions to support the enrichment of early home learning environments among children and families from underserved backgrounds;
- Understanding the national significance of this Research Network;
- Knowledge and identification of the ways in which the early home learning environment impacts kindergarten readiness as well as long-term educational attainment, health literacy and health care-seeking, and socioeconomic outcomes in later years;
- How interdisciplinary research studies can fill the gaps in research and advance interventions designed to support the enrichment of early home learning environments; and
- How a national, multi-site, collaborative Research Network can address the identified needs, including those of underserved populations for whom there are limited interventions or for whom existing interventions do not work.

### **SECTION II – SPECIFIC GOALS AND OBJECTIVES -- CORRESPONDS TO SECTION V'S REVIEW CRITERIA [#2 RESPONSE](#), [#4 IMPACT](#), AND [#5 RESOURCES/CAPABILITIES](#)**

Include the following:

- A numbered list of goals and objectives to be accomplished during the period of performance that address the major Research Network activities listed in the [Purpose section](#) of this notice. Specific objectives should be succinctly stated and innovative, and direct attention to the scope of expected activities



- listed. Objectives should be specific, measurable, achievable, realistic, time-bound (SMART), and tied to a distinct project goal;
- A detailed plan for completing several intervention studies in consultation with HRSAMCHB, focusing on children and families from underserved backgrounds. Describe:
    - Your plan to collaborate with local health and community partners and/or HRSA programs in the development, implementation, and promotion of evidence-based interventions designed to support the enrichment of early home learning environments;
    - Your plan to disseminate findings and promote the adoption of evidence-based interventions among relevant health and community partners and other key stakeholders; and how you will;
    - Develop and test intervention research studies designed to support the enrichment of early home learning environments of children in families from underserved backgrounds for whom gaps in implementation have been identified in the literature.
  - A description of how proposed activities will build upon ongoing efforts, and not be duplicative of existing funded efforts (including HRSA/MCHB projects);
  - As appropriate, identification of meaningful support and collaboration with key stakeholders and partners in planning, designing, implementing, and evaluating all activities; and
  - 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. The creation of a logic model is a requirement of the Research Network Application, as described in the [Attachments Section](#) of this NOFO (**Attachment 4**). HRSA's expectations and goals for the Research Network logic model is further illustrated in [Appendix D](#) of this NOFO.

Provide documentation (letters of agreement) of participation of nationally-distributed CRE sites from across HRSA regions that will collaborate to fulfill the goals and objectives of the Research Network, with descriptions of each CRE's characteristics, including patient population characteristics, average patient numbers, interventions, or services currently delivered, and characteristics and structure of staff. **Include letters of agreement from CRE sites in Attachment 1.** It is expected that at least six CREs are identified in the application and the CREs should demonstrate success in recruiting from underserved population(s).

To assist you in demonstrating a plan for collaboration with programs serving underserved populations, please refer to [Appendix E: Collaboration Plan Guidance](#).

**SECTION III – PROJECT DESIGN: METHODS AND EVALUATION --**  
**CORRESPONDS TO SECTION V'S REVIEW CRITERIA [#2 RESPONSE](#),**  
**[#3 EVALUATIVE MEASURES](#), [#4 IMPACT](#),**  
**[#5 RESOURCES/CAPABILITIES](#), AND [#7 PROGRAM ASSURANCES](#)**

## A. Methods:

This section has a strict 12-page limit.

Describe the methodology for accomplishing the work of the Research Network and each of its distinct objectives. Provide sufficient technical detail to demonstrate the necessary steps to accomplish each objective and to convey to reviewers adequate information to assess the effectiveness and appropriateness of the proposed methodology. Indicate the specific methods that will be used to evaluate progress in meeting each objective. List and discuss anticipated obstacles that may be encountered and indicate how these will be overcome.

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

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

In addition, describe plans to disseminate findings to stakeholders, including health professionals, policymakers, family members, and the greater public. Discuss your plans for:

- **Peer-reviewed publications:** It is expected that the Research Network will produce at least three peer-reviewed publications per year. In addition, it is expected that a new or updated national research agenda for the Research Network will be published in a peer-reviewed journal;
- **Research Network website:** It is expected that the Research Network will maintain a publicly available Research Network website to disseminate research findings, generate interest in the Research Network, and expand Research Network membership;
- **Research acceleration:** It is expected that the Research Network will disseminate findings to help accelerate the synthesis, analysis and translation of existing and future knowledge so that it can be applied to practice and policy at the state and national levels; and
- **Stakeholder engagement:** It is expected that the Research Network will showcase informational products and educational opportunities, including webinars, website material, plenary sessions, abstracts, conference presentations, annual Research Network meetings, and consumer materials, etc.

## B. Evaluation:

Describe a plan for program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing

processes and the progress towards achievement of the goals and objectives of the project.

Indicate the specific methods that will be used to evaluate progress in each activity area. List and discuss anticipated obstacles to implementing the program performance evaluation that may be encountered and describe plans to overcome these obstacles. Describe how you will develop and monitor the data infrastructure in collaboration with CREs and community partners.

Describe the systems, processes, and staff that will support performance management through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. As appropriate, describe the data collection strategies that will be used to collect, analyze, and track data to measure progress and impact/outcomes with different sociocultural groups (e.g., race, ethnicity, language, rural versus urban, socioeconomic, gender), and explain how the data will be used to inform program development activities, program improvement efforts and service delivery. Describe a plan to recruit participants in research studies from underserved populations.

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

### **C. Network Coordinating Center Activities:**

For this cooperative agreement you will perform the activities listed below.

#### **Infrastructure Development:**

- Develop and maintain a national, multi-site, collaborative Research Network of research entities from across the country that will collaborate to advance and strengthen the evidence base on effective interventions for reducing the word gap in accordance with the objectives and functions outlined in this NOFO; and
- Establish an interdisciplinary Research Network Advisory Board or Steering Committee comprised of a broad representation of diverse key stakeholders, including but not limited to, health professionals, national experts, research entities, and family members, including those from underserved populations, in accordance with the guidance outlined in this NOFO.

#### **Research Network Activities:**

- In consultation with HRSA/MCHB leadership, design, implement, and complete several multi-site intervention research studies aimed at supporting the enrichment of early home learning environments;

- Address the needs of underserved populations, such as low-income, racial/ethnic minorities, immigrants, individuals who have limited access to services, and/or other underserved populations;
- Engage family members in the planning, design, and implementation of Research Network studies;
- Conceptualize, or update and publish, in a peer-reviewed journal, a national research agenda for supporting the enrichment of the early home learning environments of children from underserved families;
- Develop and foster partnerships with several programs serving underserved populations (e.g., HRSA's Health Center Program; MIECHV Program; Healthy Start Program, Family-to-Family Health Information Center Program, Title V Maternal and Child Health Services Block Grant Program, or ECCS Program). We encourage partnerships with minority-represented community level organizations such as Historically Black Colleges and Universities (HBCUs) and family-led organizations that can advocate for and connect with underserved populations;
- Develop and implement a dissemination plan for communicating research findings to diverse stakeholders;
- Engage key stakeholders such as policymakers; researchers; early childhood education systems; families; relevant professionals in the health and community sectors; and state, tribal, territorial, and local agencies that support underserved children to advance the translation of research on early home learning environments into practice;
- Develop and disseminate resources such as guidelines, tools, or toolkits for use with families and among relevant professionals in the health and community sectors;
- Develop and implement strategies to sustain the Research Network infrastructure;
- Train and mentor diverse emerging MCH investigators; and
- Develop and maintain a publicly available website for engaging multiple stakeholders.

### **Communications:**

- Schedule monthly and ad hoc meetings with the HRSA project officer to ensure ongoing communication and collaboration;
- Ensure challenges and barriers to completing proposed activities and achieving goals are discussed with HRSA project officer in a timely manner;
- Coordinate monthly virtual meetings with the Research Network Advisory Board or Steering Committee and at least one in-person meeting annually (may be a virtual meeting if an in-person meeting is not feasible due to the pandemic); and
- Meet annually with HRSAMCHB leadership and other key stakeholders.

### **Dissemination:**

- Disseminate information on Research Network activities and research findings to a broad audience including researchers, policymakers, educators, relevant professionals in the health and community sectors, and families; and

- Translate research findings into formats that are beneficial for the constituents/research community for policy and practice.

Consistent with HRSA's mission to improve access to quality services for underserved populations, the Research Network should ensure that its activities will be responsive to the cultural and linguistic needs of underserved populations. Examples of cultural and linguistic responsiveness include, but are not limited to, partnering with programs that serve these populations, ensuring community representation with regard to study protocol development and dissemination of materials, and when possible hiring bilingual/bicultural staff for the project to work directly with participants. These services should be family-centered, accessible to consumers, and reflect the needs of the populations described above.

**SECTION IV – PLAN AND SCHEDULE OF IMPLEMENTATION, AND CAPABILITY OF THE APPLICANT -- CORRESPONDS TO SECTION V'S REVIEW CRITERIA #3 EVALUATIVE MEASURES, #4 IMPACT, #5 RESOURCES/CAPABILITIES, #6 SUPPORT REQUESTED, AND # 7 PROGRAM ASSURANCES.**

Provide a description of the organizational plan for management of the project, including an explanation of the roles and responsibilities of interdisciplinary project personnel and collaborators. Provide a draft organizational chart as **Attachment 3** describing the leadership structure of the Research Network demonstrating collaboration between the PI, co-investigators, and the CREs.

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

In demonstrating capability to fulfill the goals of the Research Network program, describe your organization's significant experience and the publication record of key personnel in carrying out interdisciplinary collaborative research and related projects relating to the goals and objectives of the Research Network. Describe experience in working with underserved populations and key stakeholders groups, as available.

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

<b>NARRATIVE GUIDANCE</b>	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative section and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.	
<b><u>Narrative Section</u></b>	<b><u>Review Criteria</u></b>
Background and Significance	(1) Need (2) Response (4) Impact

Specific Goals and Objectives	(2) Response (4) Impact (5) Resources/Capabilities
Project Design: Methods and Evaluation	(2) Response (3) Evaluative Measures (4) Impact (5) Resources/Capabilities (7) Program Assurances
Plan and Schedule of Implementation, and Capability of Applicant	(3) Evaluative Measures (4) Impact (5) Resources/Capabilities (6) Support Requested (7) Program Assurances
Budget and Budget Justification Narrative (below)	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

### iii. Budget

The directions offered in the [SF-424 R&R Application Guide](#) may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA’s [SF-424 R&R Application Guide](#) and the additional budget instructions provided below. A budget that follows the *R&R 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.

In addition, the maximum number of budget periods allowed is 3. A budget period represents 12 months of the project effort.

The budget should reflect travel expenses associated with participating in meetings that address MCH research efforts and other proposed trainings or workshops. The following annual in-person meetings are required for the Research Network (may be virtual meetings if in-person meetings are not feasible due to the pandemic):<sup>10</sup>

- Research Network leadership meeting in the Washington, D.C. metropolitan area;
- Meeting of the PI and/or co-PIs with HRSA/MCHB leadership to provide updates on the Research Network; and

<sup>10</sup> If planned meetings must be held virtually due to extenuating circumstances, any unused funds may be re-allocated with the approval of your project officer.

- Attendance for up to two people (the PI and one key personnel) for 2 days at the HRSA MCH Research Network and Single Investigator Innovation Program Grantee Meeting in the Washington, D.C. metropolitan area.

*NOTE:* Travel outside of the United States is not supported.

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 R&R 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 Justification Narrative**

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

In addition, the Research Network program requires the position descriptions (roles, responsibilities, and qualifications of proposed project staff) in the Budget Justification under Personnel costs. The budget justification is uploaded into the Budget Narrative Attachment Form. Biographical sketches for any key personnel must be attached to RESEARCH & RELATED Senior/Key Person Profile (OMB Number 4040-0001) found in the application package on Grants.gov. Due to the HRSA 80-page limit, it is recommended that all biographical sketches are no more than two pages in length and must follow the HRSA font/margin requirements. *NOTE: The biographical sketch may not exceed five pages per person. This OMB form does count against your page limit and can be attached to RESEARCH & RELATED Senior/Key Person Profile (OMB Number 4040-0001) found in the application package on Grants.gov.* For details on how to format the biographical sketch visit:

<https://mchb.hrsa.gov/research/documents/FORM-Biographical-Sketch-for-Research-Grant-Applicants-Jan2020-2023.docx>. Please note that even though the document has an OMB clearance number, it is not a standard form and your response counts against the page limit.

#### **v. Program-Specific Forms**

Program-specific forms are not required for this 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: Letters of Agreement/Letters of Support***

Provide any documents that describe working relationships between your agency and other agencies and programs cited in the proposal. Documents that confirm actual or

pending contractual agreements should clearly describe the roles of the collaborators and any deliverables. Include only letters, which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). Letters of agreement and letters of support must be dated.

***Attachment 2: List of Citations for Key Publications***

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

***Attachment 3: Project Organizational Chart, Including Partners and Collaborators***

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

***Attachment 4: Logic Model***

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 HRSA does not endorse any organization/website, the following reference may be helpful when developing a logic model:

<http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf>.

[Appendix D](#) contains an example of a logic model.

***Attachment 5: Proof of Non-Profit Status (Not counted in the page limit)***

***Attachment 6: Indirect Cost Rate Agreements (Not counted in the page limit)***

Check with your sponsored program's office for further information about the indirect cost rate. Your institution's indirect cost rate is negotiated by the institution with HHS. [Limitations on indirect cost rates](#) are discussed earlier in this NOFO.

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

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

- 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 it 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 R&R 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](#).

**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 22, 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 R&R Application Guide](#) for additional information.

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

The Research Network is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

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

You may request funding for a period of performance of up to 3 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.

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 R&R Application Guide](#) for additional information. Note that these or other restrictions will apply in the 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 funding 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 Research Network has seven (7) review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1.	Need	10 points
Criterion 2.	Response	20 points
Criterion 3.	Evaluative Measures	20 points
Criterion 4.	Impact	20 points
Criterion 5.	Resources/Capabilities	10 points
Criterion 6.	Support Requested	10 points
Criterion 7.	Program Assurances	10 points
TOTAL		100 points

**Criterion 1: NEED (10 points)** -- Corresponds to [Background and Significance](#)

The extent to which the application:

- Demonstrates awareness of previous work in the topic area of this project, including citation of relevant literature and justification of the need for the Network;
- Identifies gaps in the evidence base on effective practices to support the enrichment of early home learning environments, focused on addressing disparities in effective interventions, treatment, and access to care, especially for underserved populations; and
- Describes an approach to interdisciplinary, collaborative, multi-site research to address the identified needs of target populations, including the needs of underserved populations.

**Criterion 2: RESPONSE (20 points)** -- Corresponds to [Background and Significance](#); [Specific Goals and Objectives](#); and [Project Design: Methods and Evaluation](#)

The degree to which the application:

- Responds to, and describes its abilities to implement, all activities described in the "[Purpose](#)" section for this competition;
- Describes clear, concise, and appropriate goals and objectives and their relationship to the identified project;

- Includes project aims that will advance scientific knowledge, technical capability, and/or clinical practice or other services and act as a catalyst in developing methodology, treatments, practice, services, or preventive interventions that advance the field;
- Describes critical research and methodology that challenges and seeks to shift current research, practice, or service paradigms by utilizing innovative theoretical concepts, approaches or methodologies, instrumentation, or interventions;
- Proposes intervention studies to support the enrichment of early home learning environments in underserved populations;
- Describes collaboration with several partnering programs serving underserved populations, such as HRSA's Health Center Program or MCHB programs such as the MIECHV Program, Healthy Start Program, Family-to-Family Health Information Center Program, Title V Maternal and Child Health Services Block Grant Program, or ECCS Program, and includes documentation of agreement from the partnering programs; and
- Clearly articulates the project objectives in a logic model.

**Criterion 3: EVALUATIVE MEASURES (20 points)** – Corresponds to [Project Design: Methods and Evaluation](#) and [Plan and Schedule of Implementation, and Capability of Applicant](#)

The effectiveness of the application plan to ensure that:

- The plan and methodology for establishing and managing the Research Network described in the proposal are appropriate, feasible, and of high quality;
- A clear implementation plan is articulated for the proposed intervention studies;
- A plan for developing and monitoring the data infrastructure in collaboration with CREs and community partners is included; and
- Experience and familiarity with data gathering procedures as they relate to collaborative multi-site research are well described; and SMART objectives are tied to a distinct project goal.

The extent to which the description in the application methods section includes:

- An effective and robust dissemination plan that includes at least three peer-reviewed publications a year; disseminating information to scientific and professional audiences, establishment of a publicly available Research Network website; and
- Other dissemination strategies targeting researchers, relevant professionals in the health and community sectors, families, and other key stakeholders in order to promote the transfer of findings to support the enrichment of early home learning environments.

**Criterion 4: IMPACT (20 points)** – Corresponds to [Background and Significance](#); [Specific Goals and Objectives](#); [Project Design: Methods and Evaluation](#); and [Plan and Schedule of Implementation, and Capability of Applicant](#)

The extent to which the application describes:

- The plan for establishing a Research Network and the technical quality of the activities proposed;
- The national significance and impact of the Research Network and how the coordination of multi-site research can advance the field by developing guidelines, fostering the adoption of innovative treatment models, and disseminating findings;
- How the project will advance the field in understanding early home learning environments in underserved populations, identifying effective points of intervention, and coordinating research activities to support the enrichment of early home learning environments across underserved populations;
- The impact results may have on the community and target population;
- How 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;
- The effectiveness of the dissemination plan to facilitate the translation of Research Network findings to a broad audience of researchers, health professionals, policymakers, educators, and families;
- The feasibility of the plan for delivering at least three peer-reviewed publications each year resulting from the award; and
- An effective plan for engaging other MCH programs (e.g., Research Networks) and cooperative agreements pertinent to the Research Network.

**Criterion 5: RESOURCES/CAPABILITIES (10 points)** – Corresponds to [Specific Goals and Objectives](#); [Project Design: Methods and Evaluation](#); [Plan and Schedule of Implementation](#), and [Capability of Applicant](#); and [Biographical Sketches](#)

### **Implementation of a National Research Network (5 points)**

The extent to which the applicant proposes:

- Key personnel such as co-investigators, study coordinator, data manager, NCC staff, and other key personnel for the successful implementation of a national, multi-site, collaborative Research Network responsive to the goals of the program.

### **Other Resource/Capabilities (5 points)**

The extent to which:

- The PI, staff, and collaborators are well-qualified by training and/or expertise to develop the infrastructure of the Research Network and to accomplish the activities of the Research Network as described in this NOFO;
- The PI and other key personnel demonstrate current and/or past success in publishing the findings of their research;
- The applicant has the existing resources/facilities to achieve project objectives and to successfully support the proposed Research Network; and
- The applicant demonstrates the commitment to partnering with programs (e.g., HRSA's Health Center Program or various MCHB programs) and demonstrates

their capacity and experience in recruiting participant populations for Research Network studies.

**Criterion 6: SUPPORT REQUESTED (10 points)** – Corresponds to [Budget](#) and [Budget Justification Narrative](#)

The extent to which:

- Costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;
- Budget line items are well described and justified in the budget justification; and
- Key personnel have adequate time devoted to the project to achieve project objectives.

**Criterion 7: PROGRAM ASSURANCES (10 points)** -- Corresponds to [Project Design: Methods and Evaluation](#) and [Plan and Schedule of Implementation, and Capability of Applicant](#)

**Proposed Sequence or Timetable, Targeted/Planned Recruitment/Enrollment, and Resolution of Challenges (6 points)**

The extent to which the application:

- Provides a sequence or timetable for the project that includes the activities or steps that will be taken to achieve each of the activities proposed during the entire project period;
- Uses a timeline that includes each activity and identifies responsible staff;
- Discusses any challenges that are likely to be encountered in designing and implementing the research activities, and approaches that will be used to resolve such challenges. Examples include recruitment of study sites and study participants, staff training and standardization of research protocols across multiple sites, putting culturally/linguistically competent project staff in place quickly, recruiting participants from specific populations, etc.; and
- Discusses the feasibility of reaching targeted/planned enrollment levels and describes strategies that will be used to address the management of any high-risk aspects of the proposed work.

**Protection of Human Subjects (4 points)**

The extent to which the application description includes:

- Adequate protections afforded to human subjects, including children and youth, and the adequacy of measures in place to ensure the security of the research data (data security);
- Compliance with the HHS regulations for protection of human subjects (45 CFR Part 46). See the instructions in HRSA's [SF-424 R&R Application Guide](#),

Appendix: Supplemental Instructions for Preparing the Human Subjects Section of the Research Plan; and

- Plans to seek Institutional Review Board (IRB) approval (IRB approval is not required at the time of application submission, but must be received prior to initiation of any activities involving human subjects).

## 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 R&R 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 \(FAPIS\)](#). 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 [FAPIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

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

## 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 R&R Application Guide](#) for additional information.

### 2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 R&R 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.

#### Human Subjects Protections

Federal regulations ([45 CFR part 46](#)) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If



you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

- Please refer to instructions provided in HRSA's [SF-424 R&R Application Guide](#), Appendix Supplemental Instructions for Preparing the Protection of Human Subjects Section of the Research Plan and Human Subjects Research Policy for specific instructions on preparing the human subjects section of the application.
- Please refer to HRSA's [SF-424 R&R Application Guide](#) to determine if you are required to hold a Federal Wide Assurance (FWA) of compliance from the Office of Human Research Protections (OHRP) prior to award. You must provide your Human Subject Assurance Number (from the FWA) in the application. If you do not have an assurance, you must indicate in the application that you will obtain one from OHRP prior to award.
- In addition, you must meet the requirements of the HHS regulations for the protection of human subjects from research risks, including the following: (1) discuss plans to seek IRB approval or exemption; (2) develop all required documentation for submission of research protocol to IRB; (3) communicate with IRB regarding the research protocol; (4) communicate about IRB's decision and any IRB subsequent issues with HRSA.

IRB approval is not required at the time of application submission but must be received prior to initiation of any activities involving human subjects. Do not use the protection of human subjects section to circumvent the page limits of the [Methods](#) portion of the Project Narrative Section.

### 3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 R&R 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/U6D.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
<b>a) New Competing Performance Report</b>	September 1, 2021- August 31, 2024  <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>	September 1, 2021- August 31, 2022  September 1, 2022- August 31, 2023	Beginning of each budget period (Years 2–4, as applicable)	120 days from the available date
<b>c) Project Period End Performance Report</b>	September 1, 2023- August 31, 2024	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) **Integrity and Performance Reporting**. The NOA will contain a provision for integrity and performance reporting in [FAPIIS](#), 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:

Tonya Randall  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 10SWH03  
Rockville, MD 20857  
Telephone: (301) 594-4259  
Email: [trandall@hrsa.gov](mailto:trandall@hrsa.gov)

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

Lisa Hund, MPH  
Program Officer, Office of Epidemiology and Research, Division of Research  
Attn: BWG Research Network  
Maternal and Child Health Bureau  
Health Resources and Services Administration  
5600 Fishers Lane, Room 18N-136A  
Rockville, MD 20857  
Telephone: (301) 945-3075  
Email: [lhund@hrsa.gov](mailto:lhund@hrsa.gov)

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

Grants.gov Contact Center  
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)  
Email: [support@grants.gov](mailto:support@grants.gov)  
Self-Service Knowledge Base:  
<https://grantsportal.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 the following technical assistance:

*Webinar*

Day and Date: Thursday, February 4, 2021

Time: 2–3 p.m. ET

Call-In Number: 1-888-831-8965

Participant Code: 4940273

Weblink: [https://hrsa.connectsolutions.com/bwg\\_pre-application\\_ta\\_webinar/](https://hrsa.connectsolutions.com/bwg_pre-application_ta_webinar/)

In an attempt to more effectively utilize our TA webinar time, if you have questions about the NOFO, please send them prior to the webinar via email to Lisa Hund at [lhund@hrsa.gov](mailto:lhund@hrsa.gov). We will compile and address these questions during the TA webinar.

HRSA will record the webinar and make it available approximately 2 weeks after the webinar at:

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

**Tips for Writing a Strong Application**

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

## **Appendix A: Relevant Websites**

While HRSA does not endorse any organization/website, the following list, although not exhaustive, may be helpful references:

### **Bright Futures**

<http://brightfutures.aap.org/>

### **Healthy People 2020 / Developing Healthy People 2030**

<http://www.healthypeople.gov/2020/>

<https://www.healthypeople.gov/2020/About-Healthy-People/Development-Healthy-People-2030>

### **HRSA/MCHB Division of Workforce Development Website**

<http://www.mchb.hrsa.gov/training>

### **Human Subjects Assurances**

<http://www.hhs.gov/ohrp>

<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>

### **Inclusion across the Lifespan- Policy Implementation**

<http://grants.nih.gov/grants/funding/children/children.htm>

### **Logic Models**

[https://www.cdc.gov/eval/tools/logic\\_models/index.html](https://www.cdc.gov/eval/tools/logic_models/index.html)

### **Making Websites Accessible: Section 508 of the Rehabilitation Act**

<https://www.section508.gov/create/web-content>

### **National Academy of Medicine**

<https://nam.edu/>

### **National Center for Cultural Competence**

<http://nccc.georgetown.edu/>

### **National Resource Center for Patient/Family-Centered Medical Home (formerly the National Center for Medical Home Implementation)**

<https://medicalhomeinfo.aap.org/>

## **Appendix B: Key Terms for Project Abstracts**

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

#### **Health Care Systems & Delivery**

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

#### **Primary Care & Medical Home**

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

#### **Insurance & Health Care Costs**

- Cost Effectiveness
- Health Care Costs
- Insurance Coverage

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

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

#### **Nutrition & Obesity**

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

## **Parenting & Child Development**

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

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

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

## **Screening & Health Promotion**

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

## **Illness, Injury & Death**

- Emergency Care
- Infant Illness & Hospitalization
- Maternal Illness & Complications
- Mortality
- Safety & Injury Prevention
- Sudden Infant Death Syndrome/Sudden Unexpected Infant Death
- Trauma & Injury

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

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

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

- Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder
- Asthma
- Chronic Illness
- Developmental Disabilities

- Special Health Care Needs
- Youth with Special Health Care Needs Transition to Adulthood

**Life Course & Social Determinants**

- Neighborhood
- Life Course
- Social Determinants of Health

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

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

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

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



## Appendix C: Application Completeness Checklist

Funding Opportunity Number: HRSA-21-040 Application Due Date in Grants.gov: April 22, 2021	
Requirement	Yes
Do you meet the <a href="#">eligibility criteria</a> ?	
Did you read the <a href="#">R&amp;R Application Guide</a> ( <a href="https://www.hrsa.gov/sites/default/files/hrsa/grants/apply/applicationguide/sf-424-rr-app-guide.pdf">https://www.hrsa.gov/sites/default/files/hrsa/grants/apply/applicationguide/sf-424-rr-app-guide.pdf</a> )?	
Do you have a <a href="#">DUNS number</a> ( <a href="https://www.dnb.com/duns-number.html">https://www.dnb.com/duns-number.html</a> )?	
Did your Authorized Organization Representative (AOR) register in <a href="#">SAM</a> ( <a href="https://www.sam.gov/">https://www.sam.gov/</a> )?	
Did your AOR register in <a href="#">Grants.gov</a> ( <a href="https://www.grants.gov/">https://www.grants.gov/</a> )?	
Is your <a href="#">Abstract</a> no more than one page in length <u>and</u> single spaced?	
Does the <a href="#">Narrative Section</a> of your application fully address: <ul style="list-style-type: none"> <li>• Background and Significance?</li> <li>• Specific Goals and Objectives?</li> <li>• Project Design, Methods, and Evaluation?</li> <li>• Plan/Schedule of Implementation and Capability of Applicant?</li> <li>• Feasibility?</li> <li>• Evaluation and Technical Support Capacity?</li> <li>• Protection of Human Subjects?</li> <li>• Targeted/Planned Enrollment?</li> </ul>	
Did you confirm that your application addressed all of the NOFO <a href="#">Review Criteria</a> ?	
Is your <a href="#">Methods Section</a> within the 12-page limit?	
Are your <a href="#">budget</a> and <a href="#">budget justification</a> narrative completed accurately and in the yearly funding limit?  <b>NOTE:</b> The directions offered in the HRSA <a href="#">SF-424 R&amp;R Application Guide</a> differ from those offered by <a href="#">Grants.gov</a> . Please follow the instructions included in the <a href="#">R&amp;R Application Guide</a> and, <i>if applicable</i> , the additional budget instructions in the <b>NOFO</b> .	
Did you clearly label all of your <a href="#">attachments</a> ?	
Did you include the <a href="#">Biographical Sketches of Key Personnel</a> in the Application?	
Do you know your institution's <a href="#">indirect cost rate</a> ?	
Did you use no less than 12-point font and are your page margins no more at least 1 inch wide in the Narrative and Attachment Sections of the Application?  <b>NOTE:</b> The <a href="#">Biographical Sketches of Key Personnel</a> can have .5" margins.	
Are your pages, including attachments, within the 80-page limit?  <b>NOTE:</b> Pages which <u>do not count</u> toward the 80-page limit include: Cover Page, <a href="#">Indirect Cost Rate Agreement</a> , <a href="#">Proof of Non-Profit Status</a> , <a href="#">Budget</a> , and Standard OMB-approved forms.	

## Appendix D: Logic Models

Below is an example of a logic model. There are many versions of logic models; however, for the purpose of this NOFO your logic model should, at a minimum, address the following areas:

1. Identify the Problem(s), Target Population(s), and Program Purpose:
  - What problem does the program address?
  - Target population(s):
    - Who does the program target?
    - Who gets the intervention, and (if different) who is the intervention eventually supposed to impact?
    - Are there primary and secondary target populations?
  - Program Purpose:
    - How does the program offer a solution?
    - What does the program do to address the problem?
  
2. Identify Activities and Clarify Outputs:
  - Activities:
    - What does the program do?
    - What services does the program deliver?
  - Products:
    - What does the program create?
    - What are the outputs of the program?
  
3. Identify Program Outcomes:
  - Short-Term and Intermediate Outcome(s):
    - May include changes in skills, attitudes, knowledge or changes in behaviors and decision-making.
    - Should directly result from program outputs.
  - Long-Term Outcome(s):
    - May include changes related to health status, health conditions, or systems changes.
    - Should directly result from short-term/intermediate outcomes

The following logic model illustrates HRSA's expectations and goals for BWG.

**Program Inputs (Eligible entities, Stakeholders & Key Resources):** Domestic public or non-profit institutions of higher learning and public or private non-profit agencies engaged in research or in programs relating to early childhood development, interdisciplinary network of national experts and research entities, families and community members, and Federal staff.

PROGRAM PROCESS What is the planned work for the program?		PROGRAM OUTCOMES What are the program's intended results?	
ACTIVITIES (What will program inputs do?)	OUTPUTS / PRODUCTS (What will be created as a result of the activity?)	SHORT-TERM / INTERMEDIATE (What will change as a result of the product/system implemented?)	LONG-TERM / IMPACT (What will change if short-term / intermediate outcomes are achieved?)
Create and maintain an interdisciplinary RN focused on supporting the enrichment of children's early home learning environments.	Multi-site, interdisciplinary RN for interventions focused on supporting the enrichment of children's early home learning environments.	Increase collaboration and coordination of research on early home learning environments.	Advance the evidence base and further develop the field for interventions focusing on early home learning environments.  Increase the implementation of, and translation of, evidence-based interventions into practice.
Form an interdisciplinary Network Steering Committee / Advisory Board composed of diverse professionals and family members.	Interdisciplinary and diverse Network Steering Committee / Advisory Board established, and annual in-person meetings convened (may be virtual meetings if in-person meetings are not feasible due to the pandemic).		
Engage family members in RN studies.	<ul style="list-style-type: none"> <li>Family members engaged as members of the Network Steering Committee.</li> <li>Input from family members incorporated in the design and implementation of RN studies on early home learning environments.</li> </ul>		
Create or update a national research agenda for supporting the enrichment of early home learning environments (in collaboration with MCHB).	National research agenda for supporting the enrichment of early home learning environments is published and/or updated.		
Design and implement intervention research studies on supporting the enrichment of early home learning environments.	Intervention research studies are designed and implemented.		

PROGRAM PROCESS What is the planned work for the program?		PROGRAM OUTCOMES What are the program's intended results?	
ACTIVITIES (What will program inputs do?)	OUTPUTS / PRODUCTS (What will be created as a result of the activity?)	SHORT-TERM / INTERMEDIATE (What will change as a result of the product/system implemented?)	LONG-TERM / IMPACT (What will change if short-term / intermediate outcomes are achieved?)
Develop and implement a dissemination plan for communicating research findings to diverse stakeholders.	<ul style="list-style-type: none"> <li>Dissemination plan developed with a timeline and list of proposed products.</li> <li>Manuscripts accepted or published in peer-reviewed journals each year</li> <li>Non-peer-reviewed publications aimed at stakeholders beyond the scientific research community (e.g., reports, blogs, web posting, videos, infographics, lay summary of research publications).</li> </ul>	Increase the number of resources on supporting the enrichment of early home learning environments available to various stakeholders.	
Engage and collaborate with key stakeholders (e.g., researchers, relevant professionals in the health and community sectors, Title V populations, MIECHV and ECCS populations, families, policymakers) to translate research findings on early home learning environments into practice.	<ul style="list-style-type: none"> <li>Key stakeholders are engaged.</li> <li>Resources developed that include the input of key audiences and are shared broadly and in varying formats.</li> </ul>	Increase the active contribution and incorporation of stakeholders (i.e., researchers, relevant professionals in the health and community sectors) into activities.	Support the enrichment of early home learning environments for children.
Develop and evaluate resources such as guidelines, tools, study protocols, or toolkits for use with families and among relevant professionals in the health and community sectors.	Resources developed, evaluated, and utilized with families and among relevant professionals in the health and community sectors.	Increase the number of tools/resources accessible to relevant professionals in the health and community sectors for supporting the enrichment of early home learning environments.	
Prepare and submit grant applications for external funding opportunities outside of HRSA/MCHB's	Grant applications completed and submitted for external funding opportunities.	Increase the capacity of MCHB funding recipients to expand/sustain research initiated by the MCH RN program.	

<b>PROGRAM PROCESS</b> What is the planned work for the program?		<b>PROGRAM OUTCOMES</b> What are the program's intended results?	
<b>ACTIVITIES</b> (What will program inputs do?)	<b>OUTPUTS / PRODUCTS</b> (What will be created as a result of the activity?)	<b>SHORT-TERM / INTERMEDIATE</b> (What will change as a result of the product/system implemented?)	<b>LONG-TERM / IMPACT</b> (What will change if short-term / intermediate outcomes are achieved?)
research grant program.			enrichment of early home learning environments.
Develop and maintain a publicly available website for engaging multiple stakeholders and communicating work of the BWG.	Publicly available website representing the work of the BWG developed and maintained.	Increase the number of tools/resources accessible to relevant professionals in the health and community sectors for supporting the enrichment of early home learning environments.	Increase/strengthen the capacity of the research community that focuses on supporting the enrichment of early home learning environments.
Train and mentor diverse emerging MCH investigators on supporting the enrichment of early home learning environments.	Diverse emerging MCH investigators trained/mentored.	Increase the number of diverse emerging MCH investigators trained/mentored in fields concerned with research on interventions that support the enrichment of early home learning environments.	Contribute to the evidence base.

## Appendix E: Collaboration Plan Guidance

The following information will assist you in demonstrating a plan for collaboration with programs serving underserved populations and the expected documentation that would demonstrate commitment of both your organization and the partnering programs. Examples of collaboration with HRSA's Health Center Program and the MIECHV Program are given. For collaboration with other non-federal programs, provide similar documentation.

- **The HRSA Health Center Program**: Submit a letter of agreement from a Primary Care Association (PCA) that will serve as the mediator for research involving recruitment from Health Centers. The PCA will document a commitment to working with your organization in identifying Health Centers that demonstrate the patient population needed to support Research Network research endeavors. They will support staff leadership and commitment to the project and collaborate with your organization to fulfill the purpose of the Research Network program. The PCA will facilitate the arrangements between your organization and the Health Centers.
- Link to find Primary Care Associations:  
<https://bphc.hrsa.gov/qualityimprovement/strategicpartnerships/ncapca/associations.html>
- Establish subcontract arrangements between your organization and Health Centers identified by the PCA for Research Network participation that will provide funding for Health Center Program liaison(s), such as a research project coordinator. The Health Center Program liaison will facilitate the research coordination and recruitment of Health Center patients for Research Network research studies.
- **The HRSA MIECHV Program**: Submit a letter of agreement from a state MIECHV program that will facilitate connections with MIECHV local implementing agencies (LIAs). The state MIECHV program must document a commitment to working with your organization in the identification of LIAs that demonstrate the patient population needed to support Research Network research endeavors. They will support staff leadership and commitment to the project and collaboration with your organization to fulfill the purpose of the Research Network program. The state MIECHV program will facilitate arrangements between your organization and the MIECHV LIAs.
- Link to find MIECHV state MIECHV programs: <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-state-fact-sheets>
- Establish subcontract arrangements between your organization and the MIECHV LIAs that will provide funding for a LIA liaison. The LIA liaison will facilitate the research coordination and recruitment of participants served by the MIECHV LIAs for Research Network research studies.

## Appendix F: Frequently Asked Questions (FAQs)

### 1. Where do I find application materials for the Research Network?

*All application materials are available through [Grants.gov](https://www.Grants.gov)*

### 2. How can I download the complete application package for the Research Network NOFO?

*You can download the application from [Grants.gov](https://www.Grants.gov).*

### 3. What is Grants.gov?

*[Grants.gov](https://www.Grants.gov) is the website that the U.S. Government uses to inform citizens of funding opportunities; it provides a portal for submitting applications to U.S. Government agencies. More information can be found on the [Grants.gov](https://www.Grants.gov) website.*

### 4. Is there anything that we need to do immediately to better prepare for our new grant application?

*Yes, make sure that the Authorized Organization Representative (AOR) at your university or institution has registered the university/organization and himself/herself in [Grants.gov](https://www.Grants.gov). In order to submit your application, your university or institution and your AOR MUST be registered in [Grants.gov](https://www.Grants.gov). When your AOR registers in [Grants.gov](https://www.Grants.gov), he/she will receive a Credential User Name and Password which will allow that individual to submit application forms in [Grants.gov](https://www.Grants.gov).*

### 5. What are the key take-home messages about Grants.gov?

- 1) *Make sure that the AOR from your university/organization is registered in [Grants.gov](https://www.Grants.gov) NOW. This process can take up to 1 month and it is better to complete it and have it out of the way before starting any funding application.*
- 2) *Read the instructions on [Grants.gov](https://www.Grants.gov) carefully and allow time for corrections. Enter information in fields even if it is 0 or the form will remain incomplete. Required fields are highlighted in yellow.*
- 3) *There are resources available on the [Grants.gov](https://www.Grants.gov) website to help you navigate the system. Please visit [Grants.gov](https://www.Grants.gov) to access these resources.*
- 4) *Some business practices will change with the introduction of the SF-424 R&R Form.*
  - *With the HRSA SF-424 R&R, you will be reporting faculty and staff time in calendar month equivalents.*
  - *Budget details about subcontracts will now be described in a section of the SF-424 R&R called subawards.*
  - *New applications will now fill out detailed budgets for each of the years in the period of performance. Therefore, submit detailed budgets for each of the 3 years.*

## **6. What types of institutions can apply?**

*Eligibility is limited to domestic public or non-profit institutions of higher learning and public or private non-profit agencies engaged in research or in programs relating to maternal and child health and/or services for children with special health care needs (42 CFR § 51a.3(b)). Domestic faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply.*

## **7. We are a foreign organization interested in applying for the Research Network. Are foreign entities eligible to apply?**

*The Research Network is a domestic grant program and open only to U.S. entities that meet the eligibility criteria as outlined in the NOFO.*

## **8. We are trying to apply for the announced grant, but our organization does not have an Indirect Cost Rate Agreement. What should we do?**

*According to the [HRSA SF-424 R&R Application Guide](#) (as aligned with the Uniform Administrative Requirements at [45 CFR part 75](#)), “any non-federal entity that has never received a negotiated indirect cost rate, (except a governmental department or agency unit that receives more than \$35 million in direct federal funding) may elect to charge a de minimis rate of 10 percent of modified total direct costs (MTDC) which may be used indefinitely. The HRSA SF-424 R&R Application Guide also contains information on how to negotiate the indirect cost rate.*

## **9. How do I know what my institution’s indirect cost rate is?**

*The applicant institution’s indirect cost rate is negotiated by the institution with HHS. Your sponsored programs office will be able to provide further information about the indirect cost rate.*

## **10. Is there a requirement regarding minimum or maximum effort for the PI?**

*In general, the NOFO does not specify any minimum or maximum time requirement for the PD/PI, but we expect the PD/PI to dedicate a minimum of 20 percent FTE to this cooperative agreement to justify their commitment to the project. In addition, under Review Criteria 5 and 6 of the NOFO, it states that applications will be assessed regarding:*

- *Key personnel such as co-investigators, study coordinator, data manager, and other NCC staff are identified. Applications that do not propose a PI, co-investigator, and other key personnel for the successful implementation of a national, multi-site, collaborative Research Network will be deemed non-responsive to this section of the NOFO.*
- *The PI, staff, and collaborators are well-qualified by training and/or expertise to develop the infrastructure of the Research Network and to accomplish the activities of the Research Network as described in this NOFO.*
- *The PI and other key personnel demonstrate current and/or past success in*



*publishing the findings of their research.*

- *The applicant has the existing resources/facilities to achieve project objectives and to successfully support the Research Network described in the proposal.*
- *The partnering programs demonstrate the ability and commitment to collaborate with the applicant organization and ability to recruit from their patient population for Research Network research studies.*
- *Costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.*
- *Budget line items that are well described and justified in the budget justification narrative.*
- *Time allocated by key personnel is appropriate to achieve project objectives.*

**11. Can someone who is currently a PI on another agency grant be a PI of the Research Network?**

*Yes, however, if selected for funding, the new recipient will need to verify that percent effort across all federally-funded grants does not exceed 100 percent FTE.*

**12. We have more than one investigator in our institution planning to apply to this NOFO. Is more than one application per institution allowable?**

*Yes, more than one application per institution is allowable.*

**13. Which format should we follow for the biographical sketch?**

*Include biographical sketches for persons occupying key positions. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. Given the 80-page limit, it is recommended that biographical sketches be no more than two pages in length per person. Please use the MCHB biographical sketch form found here: <https://mchb.hrsa.gov/research/documents/FORM-Biographical-Sketch-for-Research-Grant-Applicants-Jan2020-2023.docx>. Please note that even though the document has an OMB clearance number, it is not a standard form and your response counts against the page limit. The biographical sketch may not exceed five pages per person. This OMB form does count against your page limit and can be attached to RESEARCH & RELATED Senior/Key Person Profile (OMB Number 4040-0001) found in the application package on Grants.gov.*

**14. Are there page limits for the submitted application?**

*The total size of all uploaded files included in the page limit may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in the [HRSA SF-424 R&R Application Guide](#) and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit.*

**15. Are there any page limitations to the narrative?**

*The NOFO requires a 12-page limit for [Section III - Project Design: Methods and Evaluation](#), of the narrative. Preliminary studies can be included if applicable and would be included in the 12-page limit as described above. Please consult the NOFO and/or the [HRSA SF-424 R&R Application Guide](#), referenced throughout the NOFO, for more specific information.*

**16. Are there font/margin requirements?**

*Follow HRSA guidelines, which call for 1" margins and 12-point font. More information on specifications regarding fonts and margins can be found in the [HRSA SF-424 R&R Application Guide](#).*

**17. Where do I include the staffing plan?**

*The staffing plan information is included in the budget narrative attachment that should be uploaded into the budget form Box K.*

**18. When will you announce your other research NOFOs?**

*Please join our listserv at <http://mchb.hrsa.gov/research> to receive an alert whenever our NOFOs are released.*

**19. Whom should I talk to if I have further questions?**

*Please contact:*

- *For programmatic questions, the program officer listed in the NOFO via email.*
- *For budget questions, the grants management specialist listed in the NOFO via email.*

**20. Can I send the point of contact/project officer my project proposal/abstract/project summary to review?**

*Though questions are welcome throughout the open competition phase, please be aware that the point of contact/project officer has no authority to determine the validity or success of your proposal. The project officer cannot provide feedback or guidance on your draft proposal. Your proposal will be reviewed by an independent review panel comprised of experts in the field.*

**21. Does HRSA offer extensions for submitting applications?**

*If you experience system glitches or a qualified emergency you can request an exemption/waiver for your application which is subject to HRSA's discretion. Please submit your exemption request in writing to [DGPWaivers@hrsa.gov](mailto:DGPWaivers@hrsa.gov).*