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

U3D Maternal and Child Health Measurement Research Network (MRN)

Funding Opportunity Number: HRSA-19-071
Funding Opportunity Type(s): Competing Continuation and New
Catalog of Federal Domestic Assistance (CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Application Due Date: February 15, 2019

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: December 12, 2018

Evva Assing-Murray, PhD, MA
Program Officer, Office of Epidemiology and Research, Division of Research
Telephone: (301) 594-4113
Email: EAssing-Murray@hrsa.gov

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2019 Maternal and Child Health Measurement Research Network (MRN) Program. The purpose of the MRN program is to coordinate a national platform for advancing the knowledge and practice of measurement in the field of maternal and child health (MCH) by recruiting, convening, and actively engaging a national network of interdisciplinary researchers who will lead the development/refinement of a national agenda for MCH measurement research and the production of an evolving compendium of MCH measures. For this funding cycle, HRSA is particularly interested in proposals that address measurement issues with regards to the agency's priorities such as opioid and substance use disorder, mental health, maternal morbidity/mortality, and/or childhood obesity.

The MRN will provide national leadership in the identification, development, refinement, and dissemination of culturally appropriate MCH health measures. These measures will be used for MCH program planning, screening, service delivery, and interventions that promote physical and psychosocial health and well-being, and clinical decision-making for primary and secondary prevention of disease, injury, and behavioral issues among mothers, children (including children with special health care needs), adolescents, and families.

Funding Opportunity Title:	U3D Maternal and Child Health Measurement Research Network (MRN)
Funding Opportunity Number:	HRSA-19-071
Due Date for Applications:	February 15, 2019
Anticipated Total Annual Available FY 2019 Funding:	$301,000
Estimated Number and Type of Award(s):	Up to one cooperative agreement
Estimated Award Amount:	Up to $301,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2019 through August 31, 2022 (3 years)

Eligible Applicants:	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 are eligible to apply. See 42 CFR § 51a.3(b). Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply, if they otherwise meet these eligibility criteria. See Section III-1 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: Wednesday, December 19, 2018
Time: 3 – 4 p.m. ET
Call-In Number: 1-888-324-9362
Participant Passcode: 2360969
Weblink: https://hrsa.connectsolutions.com/ta_webinar_for_hrsa_19-071/
Playback Number: 1-800-841-4360
Passcode: 2019

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding for the Maternal and Child Health (MCH) Measurement Research Network (MRN) Program. The purpose of this program is to coordinate a national platform to recruit, convene, and actively engage researchers and family members to identify and fill gaps in existing MCH measures. This national MRN is an interdisciplinary Research Network focused on supporting, optimizing, and centralizing MCH-related health measurement research (hereafter referred to as "the Network").

The cooperative agreement will establish and maintain an interdisciplinary, multi-site, collaborative Network that will lead, promote, and coordinate national research activities to highlight and advance health measurement research, and where appropriate, build on existing work in the field. Research activities include developing new measures or validating existing measures across different MCH priority topic areas, produce an evolving compendium of both validated and non-validated or pilot MCH measures, identify gaps in existing measures for future research purposes, and facilitate implementation and dissemination of appropriate tools and resources critical for informing research and practice for MCH populations. The Network infrastructure will support interdisciplinary research projects that focus on fostering the implementation, translation of research to policy and practice. It will also support mentoring and training of the next generation of applied and translational clinical and non-clinical measurement researchers.

The Network should prioritize the identification, development, dissemination, and cross disciplinary adoption of measures to address gaps in the following topical areas: family engagement, adequacy of pediatric health care utilization,[1] parent-infant dyadic relational health,[2] positive child health and wellbeing,[3] and measures related to maternal morbidity and mortality.[4] Reliable, validated measures on these topical areas are important in addressing health disparities and improving health outcomes for MCH populations. The Network should incorporate relevant HRSA priorities that are aligned with Title V Maternal and Child Health Block Grant national performance measures, including opioid and substance use disorder, mental health, maternal morbidity/mortality, and/or childhood obesity (Appendix C). The Network should provide quantifiable evidence and metrics demonstrating the adoption of the developed and/or validated measures by diverse stakeholders.

---

[1] Jones MN, Brown CM, Widener MJ, Sucharew HJ, Beck AF. Area-Level Socioeconomic Factors Are Associated With Noncompletion of Pediatric Preventive Services. Journal of Primary Care & Community Health. 2016;7(3):143-148.

[2] Robert W & Chicot R. The importance of early bonding on the long-term mental health and resilience of children, London Journal of Primary Care. 2016; 8(1):12-14.

[3] Kandasamy V, Hirai AH, Ghandour RM, Kogan MD. Parental Perception of Flourishing in School-Aged Children: 2011–2012 National Survey of Children's Health. Journal of Developmental & Behavioral Pediatrics. 2018;39(6):497-507.

[4] Cheng TL, Kotelchuck M, Guyer B. Preconception Women's Health and Pediatrics: An Opportunity to Address Infant Mortality and Family Health. Academic Pediatrics. 2012;12(5):357-359.

2. Background

This program is authorized by the Social Security Act, Title V, § 501(a)(2) (42 U.S.C. § 701(a)(2)). Advancing the health and well-being of MCH populations requires new evidence and data to support the development and implementation of effective MCH programs, policies, and practices. Given the evolution of public health challenges and shifting policy priorities, data are limited, and existing measures insufficient or outdated. Health measurement research involves the collection and analysis of data on health indicators and outcomes to assess the health of individuals and populations. For example, although family engagement has been shown to increase the effectiveness and utility of MCH programs, there are limited, validated tools available to measure family engagement. Appropriate tools and data resources in health measurement research are critical for informing policy and practice for MCH populations; however, gaps in access and support for validated tools persist.

Advancing measurement research requires the collaboration of an interdisciplinary network and the integration of multidimensional systems to identify gaps and to validate new measures. This also requires collaboration across the larger network of research investments supported by the HRSA MCH Research Network Program to more broadly promote and disseminate measures and measurement resources.

3. Objectives and Function of the Measurement Research Network (MRN)

The Network will forge partnerships with researchers, clinicians, educators, advocates, families, state public health programs, and other organizations/agencies critical to translating health measurement research into practice.

The following describes multiple aspects of the Network that you must consider in the development of your application:

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

Research Network Organizational Structure with the NCC

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

1) Support the Network infrastructure for partnership among CREs;

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

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

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

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

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

The Network Advisory Board or Steering Committee will be constituted by representatives of the CREs. The PI will serve as Chair of the Network Advisory Board

or Steering Committee. This body will meet monthly by phone and in-person at least once a year.

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

II. Award Information

1. Type of Application and Award

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

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

HRSA Program involvement will include:

- Participate in the planning and development of all phases of this project, including identifying research areas that are high priority for HRSA;
- Facilitation of effective communication and accountability to HRSA regarding the project, with special attention to new program initiatives and policy development that have the potential to advance the utility of the Network;
- Assistance in establishing and maintaining federal interagency and inter-organizational contacts necessary to carry out the project;
- Review of documents developed by the Network such as Network operating procedures, authorship guidelines,   and manuscripts prior to submission to peer-reviewed journals; and
- Participation, as appropriate, 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:

Infrastructure development:

- Develop and maintain a national Network of research entities that will collaborate to advance and strengthen the MCH measurement evidence base; and
- Establish an interdisciplinary Network Steering Committee representing diverse key stakeholders, including but not limited to, clinicians, national experts, research entities, and family members, including those from MCH and other vulnerable populations.

Network Activities:

- Create an interdisciplinary Network for MCH measurement research;
- Become aware of and leverage HRSA/MCHB investments related to the MCH measurement and the work of the Network;
- Engage family members from diverse socio-economic, demographic, and geographic backgrounds in the planning and implementation of Network studies;
- Conceptualize a national research agenda for MCH measurement research and submit for publication in a peer-reviewed journal and non-peer reviewed publications;
- Develop and implement the administrative, scientific, and data resources that facilitate multi-site research;
- Evaluate methods adopted to conduct multi-faceted, multi-site research;
- Identify, develop, disseminate, and monitor cross-disciplinary adoption of measures on family engagement, adequacy of pediatric utilization, parent-infant dyadic relational health, positive child health and wellbeing, and measures related to maternal morbidity and maternal mortality;
- Assess the validity of any new MCH measures with special attention to the measure's purpose, psychometric quality, targeted population, setting or conditions (e.g., stages of lifespan, health conditions, special populations, Title V performance measures);
- Develop and implement a dissemination plan for communicating research findings to diverse stakeholders;
- Identify and evaluate the most effective dissemination strategies for new and updated MCH measures;
- Engage key audiences and stakeholder groups across clinical, community, and systems levels, such as HRSA grantees, researchers, clinicians, Title V Maternal and Child Health Services populations, families, policymakers;
- Develop and evaluate resources such as guidelines, tools, or toolkits for use in clinical practice or research in communities;
- Develop and implement strategies to sustain the Network infrastructure and to expand the scientific knowledge generated from this grant;
- Contribute to the development and enhancement of the field of MCH measurement through training and mentorship of new investigators in MCH measurement research;
- Develop and maintain a public website for disseminating work products and engaging multiple stakeholders that complies with program guidance; and
- Host and provide logistical support for the annual HRSA/MCHB Research Network and Single Investigator Innovation Program grantee meeting to be held annually in the Washington DC area.

Communications:

- Translate research findings into formats that encourage uptake and utilization by the constituent/research community for the purposes of informing and improving policy and practice.

Dissemination:

- Develop an algorithm for prioritizing, identifying, developing, disseminating, and quantifying evidence of national adoption or endorsement of updated, or newly-developed measures; and
- Disseminate information on Network activities and research findings to a broad audience including researchers, clinicians, policymakers, educators, families, and Title V populations.[5]

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

2. Summary of Funding

HRSA expects approximately $301,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to $301,000 total cost (including both direct and indirect, facilities, and administrative costs) per year. The period of performance is September 1, 2019 through August 31, 2022 (3 years). Funding beyond the first year is subject to the availability of appropriated funds for the 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.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include 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 are eligible to apply. See 42 CFR § 51a.3(b). Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply, if they otherwise meet these eligibility criteria.

Proof of non-profit status is required. See section IV.2.

---

[5] Title V populations include women, mothers, infants, children, adolescents, children with special health care needs (CSHCN) and their families.

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. This ceiling includes both direct and indirect expenses.

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.

Multiple applications from an organization with the same DUNS number are allowable if the applications propose separate and distinct projects.

The following additional application responsiveness criteria apply. All applications that do not comply with these requirements will be deemed non-responsive and will not be considered for funding under this notice. An individual cannot serve as the Project Director (PD) or Principal Investigator (PI) on more than one active HRSA MCH Research Network. To foster interdisciplinary collaboration and increase opportunities for mentorship for emerging MCH researchers, 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 face 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. It does not apply to being a PI on grants from other agencies. 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.

To foster innovation, maintain the uniqueness of the Network, avoid duplication, and ensure that investigators devote substantial time and efforts to achieve Network goals, investigators should demonstrate how their work on the Network will not be duplicative of any other ongoing research project(s).

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

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through 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.

If you're reading this notice of funding opportunity (NOFO) (also known as "Instructions" on Grants.gov) and reviewing or preparing the workspace application package, you will automatically be notified in the event HRSA changes and/or republishes the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the For Applicants page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 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 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 (bio sketches), 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 limitation. Biographical sketches **do** count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications that exceed the 80-page limit will be deemed nonresponsive and will not be considered for funding under this notice. Please see the Frequently Asked Questions in Appendix E for more information on what does and does not apply to the 80-page limit.

As part of the overall 80-page limit, **note that the Project Design: Methods and Evaluation of the application narrative is STRICTLY LIMITED TO 12 PAGES.**

Applications that do not adhere to the stated page limit for this Section of their narrative will be deemed nonresponsive to the NOFO and marked ineligible for review.

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification
1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachment 7: Other Relevant Documents, As Necessary.

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. Prepare the abstract so that it is clear, accurate, concise, and without reference to other parts of the application because it is often distributed to provide information to the public and Congress. Briefly state the principal needs and problem, goals, proposed activities including target population(s), planned coordination, anticipated products, and plans for evaluation.

Abstract content:
- Clearly indicate the NOFO number and title.

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

- GOAL(S) AND OBJECTIVES: Identify the major goal(s) and objectives for the period of performance. Typically, the goal is stated in one to two sentences, and the objectives are presented in a numbered list.

- PROPOSED ACTIVITIES AND TARGET POPULATION(S): Describe the programs and activities used to attain the objectives, the target population(s)

addressed, and comment on innovations and other characteristics of the proposed plan.

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

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

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

- KEY TERMS: From the Appendix B select: (a) significant content terms that describe your project (maximum of 10 content terms), (b) targeted populations, and (c) age ranges, 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. As appropriate, all proposals should align with HRSA/MCHB Goals, HRSA Clinical Priorities, HRSA/MCHB Strategic Issues, MCH Title V Performance priority areas, and/or Healthy People 2020 (See Appendix A, Appendix C, and *SF-424 R&R Application Guide*, Section 2.1: Administrative and National Policy Requirements).

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

- *INTRODUCTION – BACKGROUND AND SIGNIFICANCE - Corresponds to Section V's Review Criteria #1 Need, #2 Response, and #4 Impact*

   Briefly describe the purpose of the proposed project. Demonstrate a thorough knowledge and understanding of MCH measurement research and the gaps in research. In addition, you should critically evaluate the national significance of a research network. Identify issues of concern to, and needs of, those involved in MCH measurement research. You must demonstrate how interdisciplinary research studies can advance the field.

   - Include a brief literature review in the narrative that discusses the significance of issues, needs, and gaps in MCH measurement research. You must demonstrate how an interdisciplinary multi-site research network can address the identified needs, including 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.

- *NEEDS ASSESSMENT (SPECIFIC GOALS AND OBJECTIVES) - Corresponds to Section V's Review Criteria #2 Response, #4 Impact, and #5 Resources/Capabilities*

  Outline the needs of the community and/or organization. You must describe and document the target population and its unmet health needs. Use and cite demographic data whenever possible to support the information provided. Discuss any relevant barriers in the service area that the project hopes to overcome. This section will help reviewers understand the community and/or organization that you will serve with the proposed project.

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

  This section has a strict 12-page limit.

  Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO. As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families and communities. If applicable, include a plan to disseminate reports, products, and/or project outputs key target audiences receive the project information.

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

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

  In addition, plans to disseminate findings must be described. The Network Coordinating Center is responsible for the following dissemination activities:

  - Peer-reviewed publications: It is expected that the Network will produce several peer-reviewed publications per multi-site study per year; you must clearly indicate the number of multi-site studies and peer-reviewed publications proposed per year of the grant;

  - Network website: Maintain a Network website with unique domain name to disseminate research findings, generate interest in the Network, and expand Network membership;

  - Research acceleration: Accelerate the synthesis, analysis and translation of existing and future knowledge so that it can be applied to practice and effective health policy at the state and national levels;

  - Dissemination: Determine and coordinate the most effective methods to disseminate findings to researchers, health professionals, Title V populations,

families, policymakers, and the greater public, clearly outlining who will lead and monitor dissemination efforts; and

- Stakeholder engagement: Other dissemination to the research and practice communities, as well as families and communities, including but not limited to: informational products and educational opportunities, including webinars, website material, plenary sessions, abstracts, conference presentations, annual Network meetings, and consumer materials for key stakeholders such as providers, communities, states, and families that will promote the transfer of findings to improve care.

- *WORK PLAN AND SCHEDULE OF IMPLEMENTATION- Corresponds to Section V's Review Criterion #2 Response, #3 Evaluative Measures, #4 Impact, #5 Resources/Capabilities, #6 Support Requested*

Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including developing the application.

This section of the narrative must also include:

- The process for developing an integrated research network and present a plan of proposed activities that shows progressive implementation during the 3-year period of performance.

- A logic model for designing and managing the project in this section of the narrative. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:
  - Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
  - Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
  - Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
  - Target population (e.g., the individuals to be served);
  - Activities (e.g., approach, listing key intervention, if applicable);
  - Outputs (i.e., the direct products or deliverables of program activities); and
  - Outcomes (i.e., the results of a program, typically describing a change in people or systems).

You may discuss all of the elements of the logic model in this section, but the diagram should be included as Attachment 5.

Provide documentation (letters of agreement) of participation of Collaborating Research Entities (CREs) sites that will collaborate to fulfill the goals and objectives of the research network, with descriptions of each CRE's characteristics, including patient population characteristics, average patient numbers, types of treatment or services currently delivered, number, characteristics and structure of staff. Include letters of agreement from CRE sites in Attachment 1. At least one CRE should demonstrate success in recruiting from underserved population(s) such as low-income, racial/ethnic minorities, immigrants, individuals who have limited access to services, and/or other underserved populations as defined by your organization.

Responsibility of the Network Coordinating Center (NCC) overseeing the CREs: Address how the Network will manage CRE or sites. The Network provides the CREs with guidance to ensure:
- staff and training needed for the CREs to implement a study protocol and participate in Network activities;
- a data acquisition system to collect relevant outcome data for all study participants, according to protocol-specific requirements; and additional support such as quality control to ensure the successful completion of the scientific goals data acquisition system to collect outcome data for all study participants, according to protocol-specific requirements; and additional support such as quality control to ensure the successful completion of the scientific goals of a research project and other Network activities. You should include budgets for CRE travel support to Network meetings in your applications. You do not need to include detailed budget forms and indirect cost agreement forms for each CRE proposed in your application.

Responsibility of Each CRE Site:
Each CRE should, as appropriate, in conducting studies and participating in Network activities:
- Describe his/her plan to establish and sustain the CRE;
- Participate in Network subcommittees and agree to attend Network monthly teleconferences and in-person meetings;
- Participate in the development of concept and protocols of research studies to be conducted by the Network;
- Agree to participate in research studies, including subject enrollment, data collection, patient record maintenance, adherence to good clinical practice, compliance with protocol requirements, randomization methods, as appropriate, for assignment of patients to experimental or control groups or randomization of care delivered to different conditions;
- Participate in Network activities that enhance the research training and mentorship of junior/new investigators; and

- Inform the translation of critical Network findings to practice settings and educational training that will result in advancing and strengthening the evidence base and further develop the field of MCH measurement research and other related outcomes.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #5 Resources/Capabilities, #7 Program Assurances*

  Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion #3 Evaluative Measures, #4 Impact, #5 Resources/Capabilities*

  You must describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.

  You must describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes with different sociocultural groups (e.g., race, ethnicity, language, rural versus urban, socioeconomic, gender), and explain how the data will be used to inform program development and service delivery. You must describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles. For each described objective, an evaluation measure must be included. The evaluation measure should be specific, measurable, achievable, realistic and time-bound with a timeline for evaluation and should be presented consistent with the plan and schedule of implementation of the goals and objectives.

- *ORGANIZATIONAL INFORMATION – FEASIBILITY- Corresponds to Section V's Review Criteria#5 Resources/Capabilities, #7Program Assurances*

  Succinctly describe your organization's current mission and structure, scope of current activities and how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations. Include an

organizational chart describing the leadership structure of the Network demonstrating collaboration between the PI, Co-Investigators, and other CREs in Attachment 4. Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings. Describe how you will routinely assess and improve the unique needs of target populations of the communities served.

The staffing plan and job descriptions for key faculty/staff must be included in Attachment 2 (Staffing Plan and Job Descriptions). However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior Key Person Profile form that can be accessed in the Application Package under "Mandatory."

In demonstrating capability to fulfill the goals of the Network, you should 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 Network.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

Narrative Section	**Review Criteria**
Introduction (Background and Significance)	(1) Need, (2) Response, (4) Impact
Needs Assessment (Specific Goals and Objectives)	(2) Response, (4) Impact, (5) Resources/Capabilities
Methodology (Project Design: Methods and Evaluation)	(2) Response, (3) Evaluative Measures, (4) Impact, (5) Resources/Capabilities
Work Plan (Plan and Schedule of Implementation)	(2) Response, (3) Evaluative Measures, (4) Impact, (5) Resources/Capabilities, (6) Support Requested
Resolution of Challenges	(5) Resources/Capabilities, (7) Program Assurances
Evaluation and Technical Support Capacity	(3) Evaluative Measures, (4) Impact, (5) Resources/Capabilities
Organizational Information (Feasibility)	(5) Resources/Capabilities, (7) Program Assurances
Budget and Budget Justification Narrative	(6) Support Requested – the budget section should include sufficient justification to allow

(below)	reviewers to determine the reasonableness of the support requested.
Protection of Human Subjects	(7) Program Assurances
Targeted/Planned Enrollment	(7) Program Assurances

iii. Budget

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

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

In addition, the MRN program requires the following:

Travel

The budget must reflect the travel expenses associated with participating in meetings that address MCH research efforts and other proposed trainings or workshops. You must budget for in-person attendance at the HRSA MCH Research Network meeting of all funded Research Networks (one meeting per year) in the Washington, DC area for up to two people (the PI and one other attendee) for 2 days. Meeting attendance is an award requirement.

Logistical Support of the HRSA MCH Research Network meeting

The budget must reflect expenses associated with providing logical support for the annual HRSA MCH Research Network meeting to be held in the Washington, DC area. Costs should not exceed $1,000.

Budget Periods

A maximum of 3 budget periods is required. A budget period represents 12 months of project effort.

You should use the "Other Sponsored Program/Activities" indirect cost rate because the Network is an infrastructure platform to support and coordinate applied and translational national research in MCH measurement. Your organizational "Research" indirect rate does not apply to this program, as this program is intended to develop the infrastructure to support a platform for research activities. If

your institution does not have an "Other Sponsored Program/Activities" indirect cost rate the default rate is 10 percent.

The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 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 will apply in the following FY, 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 MRN program requires the following:

Staffing Plan and Personnel Requirements:

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

v. Program-Specific Forms
Program-specific forms are not required for application.

vi. Attachments
Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application 80-page limit**. Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. You must clearly label each attachment.

Attachment 1: Letters of Agreement/Letters of Support
Provide any documents that describe working relationships between your agency and other agencies and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the collaborators and any deliverables. Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). Letters of agreement and letters of support must be dated.

Attachment 2: Staffing Plan and Job Descriptions
Provide the staffing plan and job descriptions for key faculty/staff.

Attachment 3: List of Key Publications by Research Team
A list of citations for key publications by your key personnel that are relevant to the proposal can be included. Do not list unpublished theses, or abstracts/manuscripts submitted (but not yet accepted) for publication. In consideration of the 80-page limitation, a list of citations only may be included.

Attachment 4: Project Organizational Chart, Including Partners and Collaborators
Provide a one-page figure that depicts the organizational structure of the Network. The chart should provide the following information for key personnel: Institution, Responsibilities/Activities.

Attachment 5: Logic Model (you may reference the logic model attachment in the narrative SECTION II – NEEDS ASSESSMENT (SPECIFIC GOALS AND OBJECTIVES)

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

Attachments 7-14: Other Relevant Documents, As Necessary
Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). All documents are included in the page limit.

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

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

The Grants.gov registration process requires information in three separate systems:
- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA's *SF-424 R&R Application Guide*.

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

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 *February 15, 2019 at 11:59 p.m. Eastern Time.* HRSA suggests submitting applications to Grants.gov at least **3 days before the deadline** to allow for any unforeseen circumstances.

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

5. Intergovernmental Review

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

See Section 4.1 ii of HRSA's *SF-424 R&R Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of 3 years, at no more than $301,000 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 B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) 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 FY, as required by law.

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

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

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

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

V. Application Review Information

1. Review Criteria

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

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

Review criteria are used to review and rank applications. The Measurement Research Network Program has seven review criteria:

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 Section IV's Introduction; Needs Assessment

Need

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

Alignment with HRSA/MCHB Goals, HRSA Clinical Priorities, HRSA/MCHB Strategic Issues, MCH Title V Performance priority areas, and Healthy People 2020

- The extent to which studies supported by the Network will address HRSA/MCHB Strategic Research Issues (Appendix A).

- The extent to which studies supported by the Network are likely to strengthen and expand topics identified among the HRSA clinical priorities and are aligned with the MCH Block Grant National Performance Domains, and the populations they serve (Appendix C).

- The extent to which studies supported by the Network will address specific Healthy People 2020 objectives. (See HRSA's *SF-424 R&R Application Guide*, *Section 2.1: Administrative and National Policy Requirements).*

Criterion 2: RESPONSE (20 points) -- Corresponds to Section IV's Introduction; Needs Assessment; Methodology; Work Plan

The extent to which the proposed project responds to the "Purpose" included in the program description. The clarity of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

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

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

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

- The extent to which the application advances current research, practice, or service paradigms by utilizing innovative theoretical concepts, approaches or methodologies, instrumentation, or interventions.

- The extent to which a refinement, improvement, or new application of theoretical concepts, approaches or methodologies, instrumentation, or interventions is proposed.

- The extent to which the application proposes measurement research studies and how the proposed studies will address gaps in health measurement research and application.

- The extent to which the applicant addresses research areas that are high priority for HRSA.

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

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

Criterion 3: EVALUATIVE MEASURES (20 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity; Methodology; Work Plan; Resources/Capability

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

- The extent to which the objectives, including intervention research studies, are time-framed and measurable.

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

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

- The extent to which the implementation of the proposed intervention studies are clearly articulated.

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

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

- The dissemination plan is robust and includes but is not limited to producing publications per multi-site Network study, disseminating information to scientific and professional audiences, websites, and webinars.

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

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

Criterion 4: IMPACT (20 points) – Corresponds to Section IV's Introduction; Needs Assessment; Methodology; Work Plan; Resolution of Challenges; Evaluation and Technical Support Capacity; Organizational Information

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

- The extent to which the applicant's plan for the establishment of the Network and the nature and technical quality of the activities proposed will be accomplished within the project period.

- The extent to which the project is significant in terms of its potential impact in creating a multisite, collaborative, interdisciplinary research network that will advance and strengthen the MCH measurement research evidence base.

- The feasibility and effectiveness of plans for dissemination of project results. The potential impact of project results in advancing and strengthening the MCH measurement research evidence base.

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

- The extent to which the applicant has a feasible plan for meeting the expectation to produce several peer-reviewed publications with a clearly indication of the number of publications proposed.

- The extent to which there is an effective plan for engaging other funded MCH programs, research networks, and cooperative agreements pertinent to the Network with a clear indication of how to engage with and foster mutual collaboration with multiple stakeholders in network research.

Criterion 5: RESOURCES/CAPABILITIES (10 points) – Corresponds to Section IV's Methodology; Work Plan; Resolution of Challenges; Evaluation and Technical Support Capacity; Organizational Information

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

The PI and project team's documented history of leadership in the conduct of multi-site, interdisciplinary, collaborative research and publication record on advancing the field of health measurement.

- The extent to which key personnel such as Co-investigators, Study Coordinator, Data Manager, and other NCC staff are identified. Applications that do not propose PI, Co-Investigator and other key personnel for the successful implementation of a national research network will be deemed non-responsive to this section of the NOFO.

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

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

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

- The extent to which the applicant has the existing resources to provide logistical support for the annual HRSA/MCHB Research Network and Single Investigator Innovation Program grantee meeting in the Washington DC area.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget; Budget Justification Narrative

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the research and related activities, and the anticipated results.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

Criteria 7: PROGRAM ASSURANCES (10 points) -- Corresponds to Feasibility; Evaluation and Technical Support Capacity; Protection of Human Subjects; Targeted/Planned Enrollment

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

Proposed Sequence or Timetable

- The extent to which the timeline provided is clear and feasible.

- The extent to which the proposed project is feasible to conduct within the project time frame.

- The extent to which the project is feasible in terms of meeting targeted participant enrollment, given recruitment methods and frequent difficulties of recruiting among hard-to-reach populations.

- The degree to which the project demonstrates the feasibility of reaching targeted/planned enrollment levels within the timeline provided.

Resolution of Challenges

- The extent to which potential barriers to project progress are anticipated and addressed.

- The extent to which the application provides assurance that a research platform can be sustained as proposed.

- The extent to which the application demonstrates the feasibility of reaching targeted/planned enrollment levels within the timeline provided.

Evaluation and Technical Support Capacity

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

Protection of Human Subjects

- The extent to which adequate protections are afforded to human subjects, including children and youth, and the extent to which measures are in place to ensure the security of the research data (data security).

- The extent to which the proposal is in compliance with the Department of Health and Human Services (HHS) regulations for protection of human subjects (45 CFR Part 46). See the instructions in HRSA's SF-424 R&R Application Guide, Appendix B: Supplemental Instructions for Preparing the Human Subjects Section of the Research Plan.

- The extent to which the applicant discusses 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).

Targeted/Planned Enrollment

- The extent to which the proposal provides details regarding the Targeted/Planned Enrollment for their proposed studies, including information on anticipated ethnic, racial and gender categories.

- The extent to which appropriate diversity is planned with regard to the target population.

- The extent to which the project provides assurance regarding cultural competence as appropriate.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive priority 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 and Other Pre-Award Activities

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

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of the applicant's 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 grants information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, the HRSA 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. In the event that more than one proposal obtains the same scores from the Objective Review Committee, HRSA reserves the right to make a determination to fund a proposal that more closely addresses its priorities

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System (FAPIIS)](). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in [FAPIIS]() in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants]().

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

4. Anticipated Announcement and Award Dates

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

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 1, 2019. 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*.

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

Human Subjects Protection:
Federal regulations ([45 CFR part 46]()) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

Data Rights:

All publications the cooperative agreement recipient develops or purchases with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the cooperative agreement recipient owns the copyright for materials that it develops under this cooperative agreement, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this cooperative agreement and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by other researchers. If applicable, the specific scope of HRSA's rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

3. Reporting

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

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

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

Award recipients must comply with Section 6 of HRSA's *SF-424 R&R Application Guide* **and** the following reporting and review activities:

1) **Progress Report(s**). The recipient must submit a progress report to HRSA on an **annual** basis, which should address progress against program outcomes, including any expected outcomes in the first year of the program. Further information will be available in the award notice.

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

3) **Performance Reports.** HRSA has modified its reporting requirements for Special Projects of Regional and National Significance projects, Community Integrated Service Systems projects, and other grant/cooperative agreement programs to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results

Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act.

a) Performance Measures and Program Data

To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are at https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U3D_1.HTML and below.

Administrative Forms
Form 1, Project Budget Details Form 2, Project Funding Profile Form 4, Project Budget and Expenditures Form 6, Maternal & Child Health Discretionary Grant Form 7, Discretionary Grant Project Form 8, (For Research Projects Only) MCH Discretionary Grant Project Abstract for FY Products, Publications, and Submissions Data Collection Form

Updated DGIS Performance Measures, Numbering by Domain
(All Performance Measures are revised from the previous OMB package)

Performance Measure	New/Revised Measure	Prior PM Number (if applicable)	Topic
Core			
Core 1	New	N/A	Grant Impact
Capacity Building			
CB 4	Revised	5	Sustainability
CB 5	Revised	3, 4	Scientific Publications
CB 6	New	N/A	Products

b) Performance Reporting Timeline

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

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

c) Period of Performance End Performance Reporting

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

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

VII. Agency Contacts

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

Ms. 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
Fax: (301) 443-9320
Email: TRandall@hrsa.gov

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

Evva Assing-Murray, PhD, MA
Program Officer, Office of Epidemiology and Research, Division of Research
Attn: Measurement Research Network (MRN)
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18N-136A
Rockville, MD 20857

Telephone: (301) 594-4113
Email: EAssing-Murray@hrsa.gov

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

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

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

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

VIII. Other Information

Logic Models

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

PROGRAM INPUTS	PROGRAM OUTPUTS		PROGRAM OUTCOMES	
	ACTIVITIES	PRODUCTS / SYSTEMS	SHORT-TERM / INTERMEDIATE	LONG-TERM / IMPACT
Eligible Entities, Stakeholders & Key Resources	Activities to create/improve health/service systems and infrastructure (What will program inputs do?)	Health/service systems and infrastructure created to support desirable systems or behaviors (What will be created as a result of the activity?)	Health/service systems or behaviors that lead to improved health outcomes (What will change as a result of the product/system implemented?)	Improved health or health care outcomes (What will change if short-term / intermediate outcomes are achieved?)
Domestic public or non-profit institutions of higher learning	Establish an interdisciplinary research network for MCH	Interdisciplinary research network for MCH Measurement research.	• A broad array of MCH stakeholders become active contributors and committed to advancing the field of	• An increasing number/array of MCH stakeholders actively

PROGRAM INPUTS	PROGRAM OUTPUTS		PROGRAM OUTCOMES	
	ACTIVITIES	PRODUCTS / SYSTEMS	SHORT-TERM / INTERMEDIATE	LONG-TERM / IMPACT
Eligible Entities, Stakeholders & Key Resources	**Activities to create/improve health/service systems and infrastructure** **(What will program inputs do?)**	**Health/service systems and infrastructure created to support desirable systems or behaviors** **(What will be created as a result of the activity?)**	**Health/service systems or behaviors that lead to improved health outcomes** **(What will change as a result of the product/system implemented?)**	**Improved health or health care outcomes** **(What will change if short-term / intermediate outcomes are achieved?)**
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. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply, if they otherwise meet these eligibility criteria.	measurement research.		MCH measurement research. • The evidence base supporting the field of MCH Measurement research is advanced.	contribute and are committed to advancing the MCH measurement field and bridging the gap between research and practice. • Evidence generated from the network informs innovative strategies and interventions aimed at improving health/health care of MCH populations.
Interdisciplinary network of national experts and research entities	Form an interdisciplinary Network Steering Committee composed of diverse professionals.	Interdisciplinary Network Steering Committee	Research Network members convene on a regular basis and bring diverse backgrounds to inform the development and implementation of research studies through the network.	• Research Network members incorporate the use of MCH measures in their research and practice. • Evidence generated from the network informs innovative strategies and

PROGRAM INPUTS	PROGRAM OUTPUTS		PROGRAM OUTCOMES	
	ACTIVITIES	**PRODUCTS / SYSTEMS**	**SHORT-TERM / INTERMEDIATE**	**LONG-TERM / IMPACT**
Eligible Entities, Stakeholders & Key Resources	**Activities to create/improve health/service systems and infrastructure** **(What will program inputs do?)**	**Health/service systems and infrastructure created to support desirable systems or behaviors** **(What will be created as a result of the activity?)**	**Health/service systems or behaviors that lead to improved health outcomes** **(What will change as a result of the product/system implemented?)**	**Improved health or health care outcomes** **(What will change if short-term / intermediate outcomes are achieved?)**
				interventions aimed at improving health/health care of MCH populations. • An increasing number/array of MCH stakeholders actively contribute and are committed to advancing the MCH measurement field and bridging the gap between research and practice. • A diversity of perspectives (e.g., family engagement) and population interests are incorporated within research and practice related to MCH measurement research theories and methods.
Federal staff	Develop and implement a dissemination plan for communicating research findings to	• Dissemination plan for communicating research findings to diverse stakeholders.	Research findings are disseminated broadly and aimed at reaching both research and lay audiences.	Awareness of MCH measurement and tools to conduct innovative research is

PROGRAM INPUTS	PROGRAM OUTPUTS		PROGRAM OUTCOMES	
	ACTIVITIES	PRODUCTS / SYSTEMS	SHORT-TERM / INTERMEDIATE	LONG-TERM / IMPACT
Eligible Entities, Stakeholders & Key Resources	Activities to create/improve health/service systems and infrastructure (What will program inputs do?)	Health/service systems and infrastructure created to support desirable systems or behaviors (What will be created as a result of the activity?)	Health/service systems or behaviors that lead to improved health outcomes (What will change as a result of the product/system implemented?)	Improved health or health care outcomes (What will change if short-term / intermediate outcomes are achieved?)
	diverse stakeholders.	• Publication of research findings in peer-reviewed journals. • Publication of non-peer-reviewed articles, such as reports, infographics, etc. that reach beyond the scientific community.		increased and resources/tools are broadly available to the MCH community and other diverse stakeholder groups.
Researchers, clinicians, Title V populations, families, and policymakers	Engage key audiences (e.g., researchers, clinicians, Title V populations, families, policymakers) in advancing the translation of Measurement research into practice.	Resources developed and utilized in clinical practice or research in communities.	Engaged stakeholders ensure key priorities are identified.	A diversity of perspectives and population interests are incorporated within research and practice related to MCH measurement research theories and methods.
Families	Engage family members in Network studies.	Identify at least 1 family member to become a member of the Network Steering Committee.	Family engagement in MCH measurement is improved through family members' participation in the Network Steering Committee.	Family perspective is incorporated within research and practice.
	Create a national research agenda for MCH measurement resources research by	Publication of a national research agenda for measurement research in collaboration with MCHB.	• The evidence base supporting the field of MCH measurement research is advanced. • A national framework that provides guidelines for the implementation of	Evidence generated from the network informs innovative strategies and interventions aimed at

PROGRAM INPUTS	PROGRAM OUTPUTS		PROGRAM OUTCOMES	
	ACTIVITIES	PRODUCTS / SYSTEMS	SHORT-TERM / INTERMEDIATE	LONG-TERM / IMPACT
Eligible Entities, Stakeholders & Key Resources	Activities to create/improve health/service systems and infrastructure (What will program inputs do?)	Health/service systems and infrastructure created to support desirable systems or behaviors (What will be created as a result of the activity?)	Health/service systems or behaviors that lead to improved health outcomes (What will change as a result of the product/system implemented?)	Improved health or health care outcomes (What will change if short-term / intermediate outcomes are achieved?)
	identifying the gaps and developing a strategic plan for moving forward on priority areas.		MCH measurement studies is established and adopted by researchers and practitioners.	improving health/health care of MCH populations.
	Design and implement at least one multi-site research study validating at least 1 measurement across multiple sites.	Completion of at least one multi-site research study validating several measurements across multiple sites.	The evidence base supporting the field of MCH Measurement research is advanced.	Evidence generated from the network informs innovative strategies and interventions aimed at improving health/health care of MCH populations
	Develop and evaluate resources such as guidelines, tools, or toolkits for applying the measures into MCH practice.	Resources developed and utilized in MCH clinical practice or intervention-based research	• Evidence-based tools and resources for MCH measurement are available for use in innovative research. • Appropriate and tested tools and resources are available to diverse MCH stakeholder groups.	• Awareness of MCH measurement and tools to conduct innovative research is increased and resources/tools are broadly available to the MCH community and other diverse stakeholder groups. • Evidence generated from the network informs innovative strategies and interventions

PROGRAM INPUTS	PROGRAM OUTPUTS		PROGRAM OUTCOMES	
	ACTIVITIES	PRODUCTS / SYSTEMS	SHORT-TERM / INTERMEDIATE	LONG-TERM / IMPACT
Eligible Entities, Stakeholders & Key Resources	Activities to create/improve health/service systems and infrastructure (What will program inputs do?)	Health/service systems and infrastructure created to support desirable systems or behaviors (What will be created as a result of the activity?)	Health/service systems or behaviors that lead to improved health outcomes (What will change as a result of the product/system implemented?)	Improved health or health care outcomes (What will change if short-term / intermediate outcomes are achieved?)
				aimed at improving health/health care of MCH populations.
	Identify, prepare, and submit grant applications for external funding opportunities outside of MCHB's research grant program.	Submitted grant applications for external funding opportunities.	This research network develops the infrastructure for identifying and leveraging external research funding.	The sustainability of the MCH Measurement Research Network is established and maintained to continue advancing the field.
	Train and mentor New Investigators in measurement research.	New investigators trained/mentored.	Increased pipeline of measurement and researchers/practitioners/ investigators are trained/mentored and become skilled across the project period.	Trained researchers incorporate theories and methods of MCH measurement research into their careers and advance the field.
	Develop and maintain a public website for engaging multiple stakeholders.	Website representing the work of the research network developed and maintained	• Evidence-based tools and resources for MCH measurement are available for use in innovative research among MCH populations. • Research findings are disseminated broadly, and aimed at reaching both research and lay audiences.	Awareness of MCH measurement and tools to conduct innovative research is increased and resources/tools are broadly available to the MCH community and other diverse stakeholder groups.

* A research advance is a finding, new method, or a new application of an existing method that pushes the MCH field forward in some way, which are highlighted in peer-reviewed publications. Progress in research may be slow and take several years to come to fruition. By tracking measures of success regularly, we will document incremental steps along this pathway leading to long-term outcomes. It is not possible to quantify or suggest how many advances we expect researchers to produce upfront. However, you can review the literature and document the advance and ultimately the number of advances you have at the end of the program.

You can find additional information on developing logic models at the following website: http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf. Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. You can find information on how to distinguish between a logic model and work plan at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Wednesday, December 19, 2018
Time: 3 – 4 p.m. ET
Call-In Number: 1-888-324-9362
Participant Passcode: 2360969
Weblink: https://hrsa.connectsolutions.com/ta_webinar_for_hrsa_19-071/
Playback Number: 1-800-841-4360
Passcode: 2019

Relevant Websites

Bright Futures
http://brightfutures.aap.org/

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

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

Inclusion of Children - Policy Implementation
http://grants.nih.gov/grants/funding/children/children.htm

National Academy of Medicine
https://nam.edu/

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

MCH Training Website
http://www.mchb.hrsa.gov/training

National Center for Cultural Competence
http://nccc.georgetown.edu/

National Center for Medical Home Implementation
http://www.medicalhomeinfo.org/

Logic Models
https://www.cdc.gov/eval/tools/logic_models/index.html

<u>Tips for Writing a Strong Application</u>

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

Appendix A: Maternal and Child Health Bureau (MCHB) Strategic Research Issues

---

Strategic Research Issue I. Public health service systems and infrastructures at the community, state and/or national levels, as they apply to different maternal and child health (MCH) populations based on demographic,* epidemiological, and/or other factors.**

(Correlates to HRSA/MCHB Goal: Improve the Health Infrastructure and Systems of Care.)

* Demographic factors may include age and developmental status, gender, sex, race/ethnicity, geography, socio-economic status, etc.
** Other factors may include legislation, policies, etc. that may influence availability and access to specific services.

IMPORTANT: To assist the reader in better understanding what is meant by MCHB Strategic Research Issue I, the following are examples of possible areas of study addressing this issue. **These are only examples for illustrative purposes and do not constitute preferences for funding consideration**. The Bureau strongly encourages research studies that align with MCHB Strategic Research Issues and HRSA's priorities.

- **Effectiveness of Screening Programs for Women:** Study the individual, system, and community factors associated with screening and assessment programs that lead to referral and utilization of intervention for risk factors such as substance use disorder and other conditions (e.g., obesity, diabetes) that may affect health outcomes for women and/or their children.

- **Integrated systems of care specifically identified in Title V legislation for Children with Special Health Care Needs (CSHCN):** Determine the impact of **Care Coordination Services** provided in the medical home and other settings on child and family outcomes for CSHCN.

- Investigate the processes involved in the **transition of adolescents** with special health care needs to adult health care, particularly the role of state health systems in facilitating or hindering transitions.

- Investigate the effects of the organization and delivery of comprehensive, continuous services on the health status and services utilization of children/adolescents, including those with special health care needs and those vulnerable for poor psychosocial outcomes (e.g., children/youth in foster care, involved with the juvenile justice system, or who are homeless).

Strategic Research Issue II. MCH services and systems of care efforts to eliminate health disparities and barriers to health care access for MCH populations. These health disparities and barriers to health care access may include racial/ethnic, cultural, linguistic, gender, developmental, geographic, immigrant, underserved, economic considerations, etc.

(Correlates to MCHB Goal: Eliminate Health Barriers and Disparities.)

IMPORTANT: To assist the reader in better understanding what is meant by MCHB Strategic Research Issue II, the following are examples of possible areas of study addressing this issue. **These are only examples for illustrative purposes and do not constitute preferences for funding consideration**. The Bureau strongly encourages research studies that align with MCHB Strategic Research Issues.

- Determine the effectiveness, impact, and cost benefits of **cultural and linguistic competence** in public health care and service systems.

- Study the causes for disparities in access to and utilization of early and adequate prenatal care in different regions of the country, differentiating by rural, urban and frontier areas, and the effects of such disparities.

Strategic Research Issue III. Services and systems to assure quality of care for MCH populations.

(Correlates to MCHB Goal: Assure Quality of Care.)

IMPORTANT: To assist the reader in better understanding what is meant by MCHB Strategic Research Issue III, the following are examples of possible areas of study addressing this issue. **These are only examples presented here for illustrative purposes and do not constitute preferences for funding consideration**. The Bureau strongly encourages research studies that specifically address issues that align with MCHB Strategic Research Issues and HRSA's priorities.

- Determine the effectiveness and impact of the current system of care (both public and private) to assure that women and infants receive risk-appropriate perinatal care.

- Study the extent to which children and adolescents needing **emergency medical services** actually receive them and the quality of care received from hospital emergency departments.

- Study the impact of specific characteristics of the medical home, such as the use of written "care plans," on improvements in the quality of care for CSHCN.

Strategic Research Issue IV. Promoting the healthy development of MCH populations.

(Correlates with MCHB Goal: Promote an Environment that Supports Maternal and Child Health.)

IMPORTANT: To assist the reader in better understanding what is meant by MCHB Strategic Research Issue IV, the following are examples of possible areas of study addressing this issue. **These are only examples presented here for illustrative purposes and do not constitute preferences for funding consideration**. The Bureau strongly encourages research studies that incorporate the HRSA's priorities, MCHB Strategic Research Issues, and Healthy People 2020.

- Study the effectiveness of health promotion and prevention strategies for infant, child, adolescent and adult populations (e.g., **Bright Futures Guidelines**) that use coordinated strategies and a variety of venues involving the clinical setting, the community and the home environment.

- Study the effectiveness of health promotion and prevention strategies to promote healthy weight and prevent **obesity** in children and adolescence.

- Study the factors associated with health care utilization that positively influence health care utilization and **preventive health behaviors of women at various stages of and throughout their life span**.

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 and Promising New Practices
- Perinatal Regionalization
- Telehealth

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

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

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

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

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

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

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

Illness, Injury, & Death
- Emergency Care
- Infant Illness & Hospitalization
- Maternal Illness & Complications
- Mortality
- Safety & Injury Prevention
- 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
- Sexually Transmitted Diseases
- Smoking
- Stress
- Substance Use Disorder
- 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: Title V MCH Services Block Grant–National Performance Domains

No.	Performance Domain	MCH Population Domain
1	Well-Woman Visits and Preconception/ Interconception Health	Maternal Health
2	Low-Risk Cesareans	Maternal Health
3	Breastfeeding	Perinatal and Infant Health
4	Perinatal Regionalization	Perinatal and Infant Health
5	Safe Sleep	Perinatal and Infant Health
6	Developmental Screening	Child Health
7	Injury Prevention	Child Health
8	Physical Activity	Child Health
9	Adolescent Well-Visits and Preventive Services	Adolescent Health
10	Bullying	Adolescent Health
11	Medical Home	Children with Special Health Care Needs
12	Transition to Adulthood	Children with Special Health Care Needs
13	Oral Health	Cross-Cutting/Life Course
14	Smoking	Cross-Cutting/Life Course
15	Adequate Insurance Coverage	Cross-Cutting/Life Course

Appendix D: Application Completeness Checklist

Funding Opportunity Number: _____

Application Due Date in Grants.gov: _____

Requirement	Yes	No	Comments
Are you applying to the **correct funding opportunity**?			
Do you meet the **eligibility criteria**?			
Did you read the **R&R Application Guide?**			HRSA's SF-424 R&R Application Guide: https://www.hrsa.gov/grants/apply/ application guide/sf424rrguidev2.pdf
Do you have a **DUNS number**?			Dun and Bradstreet number: http://www.dnb.com/duns-number.html
Did your Authorized Organization Representative register in **SAM <u>and</u> Grants.gov?**			- This process can take up to 1 month to complete. - System for Award Management (SAM:) https://www.sam.gov/ - Grants.gov: http://www.grants.gov/
In the **NEED Section**, did you fully address the background of the gaps and significance of the proposed project, and potential impact in the field?			
In the **RESPONSE Section,** did you fully address how activities described are capable of addressing potential problems?			
In the **EVALUATIVE MEASURES Section,** did you fully address the strengths and effectiveness of the proposed methods to monitor and evaluate project result?			
In the **IMPACT Section**, did you fully address the plan and significance of the project?			
In the **RESOURCES CAPABILITIES Section,** did you fully address project personnel qualifications and history of leadership conducting proposed project, and resources available to conduct project?			

Requirement	Yes	No	Comments
In the **SUPPORT REQUESTED Section**, did you accurately complete the Budget and Budget Justification? Did you follow the budget instructions in the **NOFO <u>and</u> R&R Application Guide**? Do you know your institution's **indirect cost rate**?			The directions offered in the **<u>SF-424 R&R Application Guide</u>** differ from those offered by Grants.gov. Please follow the instructions included in the R&R Application Guide and, *if applicable*, the additional budget instructions in the **NOFO**. Your institution's indirect cost rate is negotiated by the institution with the U.S. Department of Health and Human Services (HHS). Check with your sponsored programs office for further information about the indirect cost rate.
In the **PROGRAM ASSURANCES Section,** did you fully address: • Feasibility? • Project Timeline? • Resolution of Challenges? • Evaluation and Technical Support Capacity? • Protection of Human Subjects? • Targeted/Planned Enrollment?			
Is your **Project Summary/Abstract** one page in length **<u>and</u>** single-spaced?			
Did you clearly label your **attachments**?			
Are your **page borders** no more than 1 inch wide?			Bio sketches can have .5" margins.
Did you include **Bio sketches**?			
Did you use 12-point **font**?			
Are your **pages**, including attachments and bio sketches, within the 80-page limit?			Face page, Standard OMB-approved forms, Indirect Cost Rate Agreement, proof of non-profit status (if applicable), and budget pages **<u>do not count</u>** toward the 80-page limit.
Is the **METHODS Section** within the 12-page limit?			
Is the **budget** within the funded limit per year?			
Did you experience system glitches or a qualified emergency and need to request an **exemption/waiver**?			Submit exemption request in writing to: DGPWaivers@hrsa.gov

Appendix E: Frequently Asked Questions (FAQs)

Where do I find application materials for the Measurement Research Network Program?

All application materials are available through Grants.gov

How can I download the complete application package for the Measurement Research Network NOFO?

You can download the application from [Grants.gov.](Grants.gov)

1. *Some business practices will change with the introduction of the new 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 sub-awards.*
   - *New applications will now fill out detailed budgets for each of the years in the period of performance. For example, grants with 3-year periods of performance will submit detailed budgets for each of the 3 years.*

What types of institutions can apply?

Only 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 are eligible to apply (See 42 CFR § 51a.3(b)).

We are a foreign organization interested in applying for the Measurement Research Network Program. Are foreign entities eligible to apply?

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

How do we align our project research questions with the national performance priority areas and outcome measures? Do we need to, first, establish our state's performance measures and community needs?

The MCHB Strategic Priorities, Healthy People 2020, and Title V Performance Priority Areas are used as frameworks for demonstrating the extent to which the proposed project clearly describes the unmet health needs of a maternal and child population and the extent to which the proposed project demonstrates alignment with aforementioned HRSA/MCHB goals and priorities.

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

According to the [Uniform Administrative Requirements](#) and the HRSA SF-424 R&R Application Guide, "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 also contains information on how to negotiate the indirect cost rate.

How do I know what my institution's indirect cost rate is?

Your institution's indirect cost rate is negotiated by the institution with the U.S. Department of Health and Human Services. Your sponsored programs office will be able to provide further information about the indirect cost rate.

We are a university that would like to partner with the recipient of the Title V Maternal and Child Health Block Grant, which is our state's department of health. Is the intended recipient of these awards the block grant administrator?

The recipient of the award is typically the PI's institution, which should meet eligibility criteria as given in the NOFO.

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 PI, but we anticipate that your PIs should allocate and devote sufficient time to justify their commitments to the project. Under Review Criteria 5 and 6 of the NOFO, it states that applications will be assessed regarding:

- *The capabilities of the your organization, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed research project; and*
- *The extent to which time allocated by key personnel is realistic and appropriate to achieve project objectives.*

Given this, you must demonstrate in the proposal how the time devoted by the PI meets these review criteria and how the proposed PI's allocated time would potentially be sufficient for the success of the project.

Is it possible for postdoctoral fellows to apply as PI if they are affiliated with a university?

The NOFO does not contain language that excludes postdoctoral fellows from serving as PI. Ultimately, the determination of who may or may not serve as PI depends on the rules of the institution.

Can someone who is currently a PI on another agency grant be a PI of the Measurement 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.

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.

Which format should we follow for the biographical sketch?

Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included. <u>Due to the HRSA 80-page limit</u>, it is recommended that each biographical sketch be no more than two pages in length per person and must follow the HRSA font/margin requirements. Bio sketches should include only pertinent relevant to the proposal including name, position title, education/training beginning with baccalaureate or other initial professional education, with dates, institutions, and locations, brief personal statement, positions and honors, contribution to the field relevant to the proposal, select publications and research funding history.

What counts towards the page limits?

- *The total size of all uploaded files may not exceed the equivalent of <u>80 pages</u> when printed by HRSA as indicated in the NOFO. The page limit applies to the:*
  - *Abstract*
  - *Project and budget narratives*
  - *Attachments*
  - *Letters of commitment and support required in application guide and the NOFO*
  - *Biographical sketches*
- *The page limit does not apply to the following:*
  - *Standard OMB-approved forms that are included in the application package*
  - *Indirect Cost Agreement*
  - *Proof of Non-Profit Status*

Are there any page limitations to the narrative?

- *The entire application is limited to 80 pages total, excluding the SF 424 R&R form pages and proof of non-profit status.*
- *There is a 12-page limit for the <u>Methods and Evaluation</u> section of the narrative.*
- *If an application exceeds required page limitations, it will not be considered for funding.*

Are there font/margin requirements?

Specifications regarding fonts and margins can be found in the NOFO, but typically follow HRSA guidelines, which call for 1" margins and 12-point font. Please consult the NOFO and/or the HRSA R&R Application Guide, referenced throughout the NOFO, for more specific information.

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.