

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

**HRSA**

Health Resources & Services Administration

Maternal and Child Health Bureau  
Division of Healthy Start and Perinatal Services

***Alliance for Innovation on Maternal Health (AIM)***

**Funding Opportunity Number: HRSA-18-085**  
**Funding Opportunity Type(s): New, Competing Continuation**  
**Catalog of Federal Domestic Assistance (CFDA) Number: 93.110**

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2018

**Application Due Date: February 16, 2018**

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

**Issuance Date: December 18, 2017**

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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), Maternal and Child Health Bureau (MCHB) is accepting applications for the fiscal year (FY) 2018 Alliance for Innovation on Maternal Health (AIM) initiative. The purpose of this program is to reduce maternal deaths and severe maternal morbidity by engaging provider organizations, state-based public health systems, consumer groups, and other stakeholders within a national partnership to assist state-based teams in implementing evidence-based maternal safety bundles.

Funding Opportunity Title:	Alliance for Innovation on Maternal Health (AIM)
Funding Opportunity Number:	HRSA-18-085
Due Date for Applications:	February 16, 2018
Anticipated Total Annual Available FY18 Funding:	\$2,000,000
Estimated Number and Type of Award(s):	Up to one cooperative agreement
Estimated Award Amount:	Up to \$2,000,000 per year
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	September 1, 2018 through August 31, 2023 (up to 5 years)
Eligible Applicants:	<p>Per 42 CFR § 51a.3(a), any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b) is eligible to apply. Faith-based and community-based organizations are also eligible to apply.</p> <p>See <a href="#">Section III-1</a> of this notice of funding opportunity (NOFO), formerly known as the funding opportunity announcement (FOA), for complete eligibility information.</p>

### **Application Guide**

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

## **Technical Assistance**

HRSA will host a technical assistance webcast to review the NOFO and answer applicants' questions.

### *Webinar*

Day and Date: Tuesday, January 9, 2018

Time: 2 – 3 p.m. ET

Call-In Number: 1-866-714-2132

Participant Code: 1427617#

Weblink: **<https://hrsa.connectsolutions.com/aim/>**

HRSA will record the webinar and make it available at:  
<https://mchb.hrsa.gov/fundingopportunities/default.aspx>.

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# I. Program Funding Opportunity Description

## 1. Purpose

This notice solicits applications for the Alliance for Innovation on Maternal Health (AIM) cooperative agreement. Improving women's health and maternal health outcomes by addressing the quality and safety of maternity care is an important facet in the health care paradigm. Through AIM, the Health Resources and Services Administration (HRSA) seeks to reduce maternal deaths and severe maternal morbidity by engaging provider organizations, state-based health and public health systems, consumer groups, and other stakeholders within a national partnership to assist state-based teams in implementing evidence-based maternal safety bundles. Maternal safety bundles are a set of small straightforward evidence-based practices, that when implemented collectively and reliably in the delivery setting, have improved patient outcomes and reduced maternal mortality and severe maternal morbidity.<sup>1</sup> Funding for this cooperative agreement will support the awardee's ability to conduct the following activities:

- 1) Leading a national partnership of organizations focused on reducing maternal mortality and severe maternal morbidity by facilitating multidisciplinary collaborations;
- 2) Directing widespread implementation and adoption of the maternal safety bundles through collaborative state-based teams; and,
- 3) Collecting and analyzing process, structure and outcome data to drive continuous improvement in the implementation of safety bundles by state-based teams, through a continuous quality improvement framework.

## Program Goal

The overarching goal of this initiative is to improve maternal health and safety in the United States. AIM provides an infrastructure based on collaborative learning, quality improvement, and innovation to increase the utilization of best practices among birthing facilities, and state-based and national public health organizations, to show measurable impact and outcomes within a short period.

## Program Objectives

By August 31, 2023, the AIM program is expected to:

- 1) Facilitate widespread implementation of the current maternal safety bundles and/or resources by maintaining the existing 10 AIM state-based teams, and accepting 25 new state-based teams;
- 2) Develop new maternal safety bundles and/or resources that address new topics in the quality and safety of maternity care practices;
- 3) Develop and implement a national campaign focused on the current state of maternal mortality and severe maternal morbidity that highlights the impact of AIM, and how the maternal safety bundles improve maternity care practices; and,
- 4) Prevent 1,000 maternal deaths and 100,000 cases of severe maternal morbidity in the United States.

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<sup>1</sup> <http://www.ihl.org/Topics/Bundles/Pages/default.aspx>

## **Program Activities**

The successful award recipient of this cooperative agreement should have, or demonstrate, immediate capacity to implement formal partnerships with organizations that represent health professionals or organizational entities that provide health care services to women during the preconception, interconception, prenatal, antenatal, and postpartum periods. Central to the initiative is the provision of financial support through sub awards for the national partners and state-based teams (sub-recipients). The subawards will be used to facilitate multidisciplinary interagency collaboration between national partners and the state-based teams to assist with training and technical assistance, data collection, reporting, and analysis on bundle implementation to improve maternity care outcomes. The AIM initiative should also build upon previous AIM efforts by maintaining financial support through sub awards for the existing AIM state-based teams (sub-recipients) and accept 25 new AIM state-based teams to implement the maternal safety bundles. The recipient should provide sufficient support and technical assistance to the state-based teams for data collection, reporting, analysis, and collaborative learning.

To accomplish the program objectives, the award recipient will:

- Establish and convene the national partners routinely to review the project goals, objectives and established work plan
- Propose and implement a plan to collect and analyze quality improvement process and outcome data on safety bundle implementation at the state/hospital level
- Develop data metrics and create or maintain an online national data collection system
- Propose potential topic areas for creation of new maternal safety bundles and resources that will be developed during the project period
- Develop and implement a national communication strategy to advance awareness on the current state of maternal mortality and severe maternal morbidity to include a publicly accessible resource with all bundle materials freely available

## **2. Background**

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

### **Maternal Mortality and Severe Maternal Morbidity**

Approximately 4 million women give birth in the United States each year, and despite advances in medical care and investments in improving access to care, rates of maternal mortality and severe maternal morbidity (SMM) continue to rise.<sup>2</sup> Maternal mortality and SMM are associated with increased risk for experiencing adverse pregnancy outcomes such as preterm birth, low birth weight, and infant mortality.<sup>3</sup> The most common preventable conditions resulting in maternal death are obstetric

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<sup>2</sup><https://www.cdc.gov/nchs/fastats/births.htm>

<sup>3</sup><https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3880915/pdf/jwh.2013.4617.pdf>

hemorrhage, severe hypertension, and venous thromboembolism.<sup>4</sup> Case reviews of severe maternal events reveal that a significant proportion of morbidity and mortality related to these conditions is due to missed opportunities in the birthing facility to improve patient outcomes. Specifically, without established protocols and processes for addressing these conditions, patient safety and outcomes will continue to suffer.

Maternal mortality is a key indicator of health worldwide, and reflects the ability of women to obtain maternal and other health care services. Pregnancy-related death is defined by the CDC as the death of a woman while pregnant or within 1 year of pregnancy termination from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.<sup>5</sup> Since 1987, the United States has experienced a significant rise in the rate of pregnancy-related deaths that has more than doubled from 7.2 deaths per 100,000 live births to 17.3 deaths per 100,000 live births in 2013.<sup>6</sup> The increase in maternal mortality may be due to varying reasons such as improved ascertainment of cases, advanced maternal age, obesity and other chronic conditions affecting pregnancy.<sup>7</sup> Moreover, significant racial and ethnic disparities exist and have persisted over time. African-American women experience three to four fold higher risk of dying from pregnancy-related complications than white women.<sup>8</sup>

Another cause for alarm are the vast number of women that survive a severe maternal complication or life threatening event during the prenatal, antenatal, or postpartum period. SMM includes unexpected outcomes of labor and delivery that result in significant short or long-term consequences to a woman's health.<sup>9</sup> SMM affects more than 50,000 women in the United States annually and is continuing to increase, which is likely a result of such factors as pre-pregnancy obesity, pre-existing chronic conditions, increased maternal age, and cesarean delivery.<sup>10</sup> Most women classified as suffering a severe maternal event experienced a blood transfusion, hysterectomy, or eclampsia.<sup>11</sup>

Hospitalizations related to pregnancy and delivery accounted for \$16.1 billion in 2008.<sup>12</sup> On average, a hospital delivery costs \$3,800 per stay, but the cost varies by type of delivery, with cesarean section deliveries tending to be more costly than vaginal deliveries.<sup>13</sup> Payment for pregnancy-related hospitalizations is also a critical component in health care access and quality. Many studies point to elevated health risks among women whose care is covered by Medicaid. Medicaid is the single largest payer of maternity care services in the nation, and in 2010 financed 48 percent of all births.<sup>14</sup> Over the past 25 years, Medicaid coverage has financed maternity care without

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<sup>4</sup>[http://journals.lww.com/greenjournal/Abstract/2015/01000/Pregnancy\\_Related\\_Mortality\\_in\\_the\\_United\\_States..3.aspx](http://journals.lww.com/greenjournal/Abstract/2015/01000/Pregnancy_Related_Mortality_in_the_United_States..3.aspx)

<sup>5</sup><https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html>

<sup>6</sup><https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html>

<sup>7</sup> <https://www.ncbi.nlm.nih.gov/pubmed/23211544>

<sup>8</sup> <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html>

<sup>9</sup> <https://www.ncbi.nlm.nih.gov/pubmed/27560600>

<sup>10</sup> <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html>

<sup>11</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3880915/>

<sup>12</sup> <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb110.pdf>

<sup>13</sup> <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb110.pdf>

<sup>14</sup> [http://www.whijournal.com/article/S1049-3867\(13\)00055-8/fulltext](http://www.whijournal.com/article/S1049-3867(13)00055-8/fulltext)

collecting data on birth outcomes or monitoring trends in maternal health of Medicaid recipients. Efforts are underway at the Centers for Medicare and Medicaid Services to improve women's health and perinatal health outcomes through the agency's Maternal and Infant Health Initiative. The initiative is using quality measurement, quality improvement projects, and expanded models of care to increase postpartum care visit rates among women covered by Medicaid.<sup>15</sup>

Evidence and practice demonstrate that the majority of maternal deaths are preventable. Maternal morbidities represent a significant burden for women, their families, and society in both economic and social dimensions. Moreover, the costly trends in maternal mortality and SMM are expected to rise as the prevalence of obesity, hypertension, diabetes, other comorbidities, advanced maternal age, and other risk factors increase among women of reproductive age. There is a need for systems level approaches to adequately address modifiable maternal risk factors with the capacity to reverse these dire maternal health trend lines. There is also a need to increase awareness of maternal mortality and severe maternal morbidity to ensure access to continuous, coordinated, quality care services that support women and their families.

The National Maternal Safety Initiative, a multi-stakeholder consensus group, was formed by HRSA in 2012. The purpose of the initiative is to collaboratively coordinate existing efforts as well as address gaps in the field to reduce maternal mortality and SMM and ultimately improve women's health. Through discussions with experts, five priority areas were identified: surveillance and research, quality and safety of clinical care, public awareness, state and community public health systems, and women's health. The resulting priorities, strategies, and action steps led to the development of a comprehensive strategy to improve, protect and promote the well-being of women and mothers. The conceptual framework for AIM was developed from these initial collaborative efforts to improve maternal health through the lens of patient safety.

### **History of AIM**

AIM was launched by HRSA on September 1, 2014, through a 4-year cooperative agreement to the American College of Obstetricians and Gynecologists (ACOG). The purpose of the project was to reduce maternal mortality and SMM and consequently improve pregnancy outcomes (preterm birth, low birth weight, and infant mortality) through efforts to engage organizations representing providers, state public health leaders, payers, hospital associations, regulatory bodies, consumer groups, and other key organizations. The goal was to improve maternal health nationally by saving approximately 100,000 women from maternal mortality and/or preventable severe maternal morbidities over the 4-year project period. ACOG was required to:

- 1) Engage national stakeholders to form a partnership;
- 2) Facilitate the development of state-based teams to promote widespread adoption and implementation of the maternal safety bundles;
- 3) Plan, implement, and evaluate an action plan to reduce low-risk primary cesarean delivery; and,
- 4) Plan, implement, and evaluate a provider education campaign focused on improving interconception health starting with the postpartum visit.

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<sup>15</sup> <https://www.ncbi.nlm.nih.gov/pubmed/26241435>



## **AIM: Programmatic Approaches**

AIM was designed to address the complex problem of rising maternal mortality and SMM rates. The program approaches this work through multidisciplinary interagency collaboration, quality improvement, a framework of patient safety, and implementation of the maternal health safety bundles across state-based teams.

### *Collaboration*

AIM activities are facilitated through national and state-based multidisciplinary interagency teams focused on a shared goal. Collaboration among teams is a central tenet of AIM, and allows for the seamless sharing of ideas, information and resources, and experiences utilized to address and improve maternal health outcomes. This level of collaboration requires frequent, transparent, and open communications from all participants. Communication centers on implementation of bundle activities, data collection and analysis, and addressing barriers to implementation and uptake.

### *Quality Improvement*

Quality improvement in AIM consists of systematic and continuous actions that lead to measurable improvement in the delivery of health care services, and health status and outcomes for pregnant patients. AIM state-based teams commit to improving maternal health outcomes by implementing one or more maternal safety bundles. These state-based teams come together to address an area of concern, identify and accept participating birthing facilities, and work together to implement the selected bundle(s). During the implementation periods, teams connect with national maternal health partners and other state-based teams to share their learning and results.

### *Patient Safety & Maternal Safety Bundles*

Maternal safety bundles are a set of small straightforward evidence-based practices, that when implemented collectively and reliably in the delivery setting, have improved patient outcomes and reduced maternal mortality and SMM.<sup>16</sup> The bundles do not introduce new guidelines, but bring together the existing evidence-based recommendations and resources to facilitate rapid implementation within birthing facilities. These bundles enumerate what a facility should have, and provide modifiable examples for various types of facility capacity. To date, eight maternal safety bundles have been developed. The existing bundles cover the following categories:

- 1) Maternal Early Warning Signs
- 2) Hemorrhage
- 3) Hypertension in Pregnancy
- 4) Venous Thromboembolism
- 5) Supporting Intended Vaginal Births
- 6) Reduction of Peripartum Racial Disparities
- 7) Postpartum Care Basics for Maternal Safety
- 8) Obstetric Care for Opioid Dependent Women

The AIM initiative enables hospitals and birthing facilities to adopt the maternal safety bundles and incorporate technical assistance and quality improvement processes to enhance maternity care practices.

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<sup>16</sup> <http://www.ihl.org/Topics/Bundles/Pages/default.aspx>

## Lessons Learned

Some of the early lessons learned that this notice of funding opportunity (NOFO) will build upon include:

- Financial Support to State-based Teams and Partners: Limited program funding for state-based teams and partnering organizations was a challenge during the first iteration of AIM as more and more states and partners sought to collaborate with the program, and then to implement the maternal safety bundles.
- Data Collection and Analysis: As more state-based teams were accepted in the program, there was a greater need for technical support to upload timely data.
- Program Evaluation: During the previous implementation of AIM, the focus was on engaging state-based teams and implementing the bundles, and evaluation efforts began in the latter phases of the program.
- Public Awareness Campaign: Patient resources and general awareness of the causes and impacts of maternal mortality and SMM were not a key component of the initial investment.

## II. Award Information

### 1. Type of Application and Award

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

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

#### **HRSA Program involvement will include, but is not limited to:**

- Having experienced HRSA personnel available as participants in the planning and development of all phases of the project;
- Participating, as appropriate, in conference calls, meetings and TA/team sessions that are conducted during the period of the cooperative agreement;
- Coordinating the partnership and communication with other federal entities;
- Ongoing review of the establishment and implementation of activities, procedures, measures, and tools for accomplishing the goals of the cooperative agreement;
- Participating in all major areas of the team development to include selection and development of AIM state-based teams, training and facilitation;
- Establishing federal interagency partnerships, collaboration, and cooperation that may be necessary to conduct the project;
- Having HRSA staff available to support the efforts of the targeted communication and support to national partnership organizations and state-based teams in achieving their goals;
- Reviewing and providing input on written documents, including information and materials for the activities conducted through the cooperative agreement, prior to submission for publication or public dissemination; and,

- Participating with the award recipient in the dissemination of project findings, best practices, and lessons learned from the project.

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

- Adherence to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the Application Guide (**Acknowledgement of Federal Funding**);
- Completing activities proposed in response to the Program Activities section of this notice of funding opportunity;
- Modifying technical assistance activities in support of the AIM state-based team, as needed, to ensure successful implementation of the maternal safety bundles;
- Providing the federal project officer with the opportunity to review and discuss, any publications, audiovisuals, and other materials produced, as well as meetings planned, under the auspices of this cooperative agreement (such review should start as part of concept development and include review of drafts and final products);
- Participating in face-to-face meetings and conference calls with HRSA conducted during the period of the cooperative agreement;
- Consulting with the federal project officer in conjunction with scheduling any meetings that pertain to the scope of work and at which the project officer’s attendance would be appropriate (as determined by the project officer);
- Collaborating with HRSA on ongoing review of activities, procedures and budget items, information/publications prior to dissemination, contracts and sub-awards;
- Developing and maintaining a public website with access to all maternal safety bundle tools and resources;
- Providing leadership in data collection and analysis; and,
- Convening and leading a minimum of four face-to-face annual meetings during the project period for the participating teams (on average, one meeting per year).

## **2. Summary of Funding**

Approximately \$2,000,000 is expected to be available annually to fund one recipient. You may apply for a ceiling amount of up to \$2,000,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The actual amount available will not be determined until enactment of the final FY 2018 federal appropriation. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds awarded in a timely manner. The project period is September 1, 2018 through August 31, 2023 (5 years). Funding beyond the first year is dependent on the availability of appropriated funds for the AIM program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

### III. Eligibility Information

#### 1. Eligible Applicants

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

#### 2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

#### 3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

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

### IV. Application and Submission Information

#### 1. Address to Request Application Package

HRSA **requires** you to apply electronically through Grants.gov. You must use the SF-424 application package associated with this NOFO following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

**Effective December 31, 2017** - You **must** use the [Grants.gov Workspace](#) to complete the workspace forms and submit your application workspace package. After this date, you will no longer be able to use PDF Application Packages.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing the notice of funding opportunity (NOFO) (also known as “Instructions” on Grants.gov) or application package. This allows Grants.gov to email organizations that supply an email address in the event the NOFO is changed and/or republished 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 [Find Grant Opportunities](#) page for all information relevant to desired opportunities.*

## 2. Content and Form of Application Submission

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

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

### Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the application package do not count in the page limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

**Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under 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 10: Other Relevant Documents.

See Section 4.1 viii of HRSA’s [SF-424 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 Application Guide](#) (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following:

### ***i. Project Abstract***

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

### ***ii. Project Narrative***

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

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

- ***INTRODUCTION -- Corresponds to Section V's Review Criterion #1 Need***

Briefly describe the purpose of the proposed project. Include discussion points that exhibit an expert understanding of the issues related to the proposed project, and key activities listed in this cooperative agreement. Specifically, you should highlight information describing the complexity of preventing and treating maternal mortality and severe maternal morbidity experienced in the United States, and highlight utilization of patient safety frameworks to address the quality and safety of maternity care.

- ***NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 Need***

This section will help reviewers understand the needs of the community for the proposed project. Describe the target population and its unmet health needs, and include socio-cultural determinants of health and health disparities affecting the population served. Whenever possible, use and cite the most recent demographic data to support the information provided. Discuss any relevant barriers in the service area that the project hopes to overcome, and outline plans to address the barriers identified.

- ***METHODOLOGY -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact***

This section will help reviewers understand the framework for the national partnership, its membership, partnership goals, and how the partnership will engage and support state-based teams with implementation of the maternal health safety bundles. Describe how you will implement the AIM programmatic approaches as a framework for the proposed activities, including collaboration, quality improvement, patient safety and use of the maternal safety bundles.

Describe the various strategies and activities that you will implement to support state-based teams and partners to help them achieve the project goals.

Provide a plan that lists potential new state-based teams to engage in AIM. The list should include the state name, maternal mortality rates, birth volume, and any other relevant metrics. Please list states by priority for engagement.

Provide plan details to ensure technical and financial support are provided to state-based teams and partners at a level that will support the implementation of projects, strategies, and activities that will achieve the project goals. For example:

- Describe plans to ensure content/subject matter expertise to create additional bundles and assist with bundle implementation;
- Describe plans for providing content expertise with the development and implementation of the national maternal health campaign; and,
- Describe plans to provide the necessary level of financial support (i.e., subawards) to participating organizations and state-based teams.

Describe your organizational process for the management of any subawards you will issue under this cooperative agreement. Include a description of your subaward process from initiation to approval, your timeline for procurements, and communication. Describe the methodology for oversight and monitoring sub-recipient progress, performance, and activities being completed in a timely manner.

Describe a plan for ensuring that the state-based teams are able to utilize the central data center/platform to share and monitor progress towards maternal safety bundle measures and state maternal mortality data.

Describe the plans and activities that you will use to foster collaborative learning with national partners and state-based team leaders (e.g. routine topic specific calls, state specific calls, in-person meeting), including an annual meeting for AIM partners and state-based teams to receive training, technical assistance, exchange ideas, and share accomplishments and feedback with project managers.

Describe potential barriers that may affect state-based teams in successfully implementing the maternal safety bundles. Discuss how you will address the barriers, including any provision of financial support to participating organizations and teams to assist with reducing barriers.

Propose a plan for project sustainability after the period of federal funding ends. Recipients are expected to sustain key activities of the project as outlined on page 2, which have been effective in improving maternity care practices and outcomes.

▪ *WORK PLAN -- Corresponds to Section V's Review Criterion #2 Response*

Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire project period in the Methodology section. Use a time line that includes each activity and that identifies responsible staff. As appropriate,

identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application.

The work plan must be submitted in table format as *Attachment 1*, and include all of the information detailed in this narrative.

Submit a logic model for designing and managing the project as *Attachment 2*. 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 interventions, 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).

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

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

▪ *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 Evaluative Measures and #4 Impact*

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, including annual data reports to evaluate progress of the national partnership and the state-based teams

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. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.



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. Emphasis should be directed towards rapid cycle learning, data collection and analysis in real-time, and progress made through each learning cycle.

As appropriate, describe the data collection strategy to collect, analyze, and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery. Describe plans to evaluate the outcomes and impact of the state-based team's implementation of the maternal safety bundles.

Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles. If an external evaluator will be used, describe how your organization will coordinate evaluation activities with this evaluator. Discuss how you will use the findings of the evaluation activities to inform progress towards project goals and objectives.

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

Succinctly describe your organization's current mission and structure, scope of current activities, including an organizational chart as *Attachment 6*, and describe how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations.

Describe project personnel, including proposed partners that will be engaged to fulfill the needs and requirements of the proposed project. Include relevant training, qualifications, expertise and experience of staff to implement and carry out this national-level project. Include a staffing plan and job descriptions for key personnel in *Attachment 3*, and biographical sketches of key staff in *Attachment 4*.

Provide a list of proposed partners for the national partnership, and identify partner roles in responsibilities for program implementation.

Provide a detailed staffing model that supports large-scale program implementation. The model should list staff titles (e.g. Program Director, Program Assistant, State Coordinator, and Data Coordinator), number of FTE's fulfilling the role, roles and responsibilities of each position, and the number of state-based teams and/or partners that will be assigned to that staff member.

Describe any significant experience with AIM activities, and a description of your organization's current role and responsibilities within AIM.

Describe any relevant experience related to maternal mortality reduction and/or programs, initiatives, or projects to improve maternal health outcomes.

Specifically, describe your organization's and proposed staffs' roles in those programs.

Describe your organization's experience collaborating with relevant entities working to improve women's health/maternal health outcomes through a variety of mechanisms and processes on the community, state, and/or national levels.

Describe relationships with any organizations with which you intend to partner, collaborate, coordinate efforts or receive assistance from, while conducting these project activities. Include letters of agreement and/or descriptions of proposed/existing project-specific contracts in *Attachment 5*.

Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs in order to avoid audit findings.

Describe your organization's current capacity and demonstrated experience in:

- Leading a national partnership of organizations to address a priority issue;
- Developing state-based teams and facilitating implementation and adoption of new information, resources, and materials; and,
- Collecting and analyzing state level data to inform project activities.

<b>NARRATIVE GUIDANCE</b>	
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.	
<b><u>Narrative Section</u></b>	<b><u>Review Criteria</u></b>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (4) Impact
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative (below)	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

### **iii. Budget**

See Section 4.1.iv of HRSA's [SF-424 Application Guide](#). Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if the application is selected for funding, you will have a well-organized plan and by carefully following the approved plan can help to 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.

Include within the budget proposal the level of support, expected to be between 50-60 percent of the annual budget, that will be provided to the national partners and state-based teams to ensure full participation in the AIM initiative, including convening and participating in the annual meeting.

The Consolidated Appropriations Act, 2017 (P.L. 115-31), Division H, § 202, states "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in FY 2018, as required by law.

### **iv. Budget Narrative**

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

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

Program-specific forms are not required for application.

### **vi. Attachments**

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

#### *Attachment 1: Work Plan*

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

#### *Attachment 2: Project Logic Model*

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

*Attachment 3: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's [SF-424 Application Guide](#))*

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

*Attachment 4: Biographical Sketches of Key Personnel*

Include biographical sketches for persons occupying the key positions described in Attachment 3, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual who is not yet hired, but has committed to join once funding is received, please include a letter of commitment from that person with their biographical sketch.

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

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

*Attachment 6: Project Organizational Chart*

Provide a one-page figure that depicts the organizational structure of the project, including where AIM will fit within the organization.

*Attachment 7: Tables, Charts, etc.*

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

*Attachment 8: For Multi-Year Budgets--5<sup>th</sup> Year Budget (NOT counted in page limit)*

After using columns (1) through (4) of the SF-424A Section B for a 5-year project period, you will need to submit the budget for the 5<sup>th</sup> year as an attachment. Use the SF-424A Section B. See Section 4.1.iv of HRSA's [SF-424 Application Guide](#).

*Attachment 9: Progress Report*

**(FOR COMPETING CONTINUATIONS-ONLY)**

A well-documented progress report is a required and important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered; therefore, you are advised to include previously stated goals and objectives in your application and emphasize the progress made in attaining these goals and objectives. HRSA program staff review the progress report after the competing continuation applications are reviewed by the objective review committee.

The progress report should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current project period. The report should include:

- (1) The period covered (dates).
- (2) Specific Objectives - Briefly summarize the specific objectives of the project.
- (3) Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

*Attachments 10 – 15: Other Relevant Documents*

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

### **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 the registration 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 Application Guide](#).

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

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

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

The due date for applications under this NOFO is *February 16, 2018 at 11:59 p.m. Eastern Time.*

See Section 8.2.5 – Summary of emails from Grants.gov of HRSA’s [SF-424 Application Guide](#) for additional information.

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

The Alliance for Innovation on Maternal Health initiative is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100. See Executive Order 12372 in the [HHS Grants Policy Statement](#).

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

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

You may request funding for a project period of up to 5 years, at no more than \$2,000,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project’s objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2017 (P.L. 115-31) apply to this program. Please see Section 4.1 of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2018, as required by law.

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

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

## V. Application Review Information

### 1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. Critical indicators have been developed for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate 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 AIM program has six review criteria:

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

This review criterion assesses the extent to which the application describes the purpose of the proposed project, and exhibits an expert understanding of the issues related to the proposed project, and key activities listed in this cooperative agreement. Specifically, the applicant’s ability to highlight information describing the complexity of preventing and treating maternal mortality and severe maternal morbidity experienced in the United States, barriers to prevention, and the applicant’s capacity to utilize patient safety frameworks to address the quality and safety of maternity care.

*Criterion 2: RESPONSE (25 points) – Corresponds to Section IV’s Methodology, Work Plan, and Resolution of Challenges*

The following review criteria are provided to assess the applicant’s response to the “Purpose” section of the NOFO, and includes plans/methods to address individual state needs, and ability to address the needs to meet the program requirements and expectations. Specifically, these criteria seek to assess the strength and feasibility of the proposed project framework and activities.

- The extent to which the applicant has described the framework for the national partnership, its membership, partnership goals, and how the partnership will engage and support state-based teams with implementation of the maternal health safety bundles.
- The extent to which the applicant describes how the AIM programmatic approaches will be implemented as a framework for the proposed activities, including collaboration, quality improvement, patient safety and use of the maternal safety bundles.
- The extent to which the applicant describes the various strategies and activities that will be implemented to support state-based teams’ and partners’ ability to achieve the project goals.

- The extent to which the applicant provides a list of potential new state-based teams to engage in AIM. The list should include the state name, maternal mortality rates, birth volume, and any other relevant metrics that help to justify why each state was chosen to participate. Please list state-based teams by priority for engagement.
- The extent to which the applicant provides plan details to ensure adequate technical and financial support are provided to state-based teams and partners in order to implement projects, strategies, and activities that will achieve the project goals.
- The extent to which the applicant describes its organizational process for the management of any subawards to be issued under this cooperative agreement.
- The extent to which the applicant describes plans for ensuring the state-based teams utilize the central data center/platform to share and monitor progress towards maternal safety bundle measures and state maternal mortality data.
- The extent to which the applicant describes the plans and activities that will be used to foster collaborative learning with national partners and state-based team leaders (e.g. routine topic specific calls, state specific calls, in-person meeting) to share progress, lessons learned, and to exchange information.
- The extent to which the applicant proposes a plan for project sustainability after the period of federal funding ends.
- The extent to which the applicant has proposed a work plan that is adequate and reasonable.
- The extent to which the applicant's description of activities that will be used during the project period in the Methodology section are adequate, reasonable, and clearly depicted.
- The appropriateness and reasonableness of the timeline that includes each activity, responsible staff, and as appropriate identifies support and collaboration with key stakeholders.
- The extent to which the applicant discusses challenges they might encounter in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges in a timely manner.

*Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity*

These criteria assess the strength and effectiveness of the proposed methods to monitor performance and evaluate the project processes, performance, outcomes/results, and impact. Specifically, the applicant should describe:

- The extent to which the program performance evaluation will ensure continuous quality improvement.
- The extent to which the applicant describes the systems and process that will support the organization's performance management requirements.
- The extent to which the applicant describes the data collection strategy to collect, analyze and track data to measure process and impact/outcome.
- The extent to which the applicant describes potential obstacles for implementing the program performance evaluation, and their plan to address those obstacles.



- The extent to which the evaluation findings will inform progress towards project goals and objectives.

*Criterion 4: IMPACT (10 points) – Corresponds to Section IV’s Methodology and Evaluation and Technical Support Capacity*

These criteria assess the feasibility and effectiveness of the applicant’s work plan/methodologies for developing and leading the national partnership and state-based teams towards achieving the project goals. Specifically, the review should ascertain:

- The extent to which the applicant provides details ensuring technical and financial support are directed towards state-based teams and partnering organizations.
- The extent to which the applicant clearly defines its processes, timelines, and monitoring practices for managing subawards under this cooperative agreement.
- The extent to which the applicant will ensure state-based teams utilize the central data center/platform, and will monitor progress towards project goals and objectives.
- The extent to which the applicant details the plan for the program performance evaluation that will contribute to continuous quality improvement.

*Criterion 5: RESOURCES/CAPABILITIES (35 points) – Corresponds to Section IV’s Organizational Information*

These criteria assess the current capabilities and experience of the applicant organization and project personnel, including proposed partners, to fulfill the needs and requirements of the AIM initiative.

- The extent to which the applicant organization, proposed partners, and project staff are qualified by training, expertise, and/or experience to implement and carry out the project.
- The extent to which the applicant describes their organization’s mission, structure, and scope of current activities; and whether these components contribute to the organization’s ability to conduct the project requirements and meet the project expectations.
- The extent to which project personnel, including proposed partners, are clearly described, and whether they have sufficient training, qualifications, expertise, and experience to carry out the project.
- The extent to which the applicant provided a list of proposed partners for the national partnership, and identified their roles in responsibilities for program implementation.
- The extent to which the applicant provided a detailed staffing model that supports large-scale program implementation. The model should list staff titles (e.g. Program Director, Program Assistant, State Coordinator, and Data Coordinator), number of FTE’s fulfilling the role, roles and responsibilities, and the number of state-based teams and/or partners that will be assigned to that team member.

- The extent to which the applicant has significant experience with AIM activities, and provides a clear description of their organization's roles and responsibilities within AIM.
- The extent to which the applicant has relevant experience related to maternal mortality reduction and/or programs, initiatives, or projects to improve maternal health outcomes. Specifically, the extent to which the applicant describes its roles and responsibilities in supporting states, health systems, and hospitals in the implementation of maternal safety bundles.
- The extent to which the applicant has experience collaborating with relevant entities working to improve women's health/maternal health outcomes through a variety of mechanisms and processes on the community, state, and/or national levels.
- The extent to which the applicant describes relationships to and demonstrates commitments from (e.g. letter of agreement in Attachment 5), any organization or entity with a focus on addressing maternal mortality and severe maternal morbidity with which they plan to partner, collaborate, coordinate efforts, or receive consultative services from, while conducting project activities.
- The extent to which the applicant discusses how it will follow the approved work plan, account for federal funds, and document all costs in order to avoid audit findings.
- The extent to which the applicant describes its current capacity and experience in leading national organizations, developing state-based teams and facilitating adoption of new information, and in collecting and analyzing state level data to inform project activities.

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

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

- The extent to which the applicant denotes the minimum amount that will be awarded to each state-based team and partnering organization to support full participation in AIM activities.
- The extent to which the funding amount to state-based teams and national partners is adequate (expected to be between 50-60 percent of the budget).
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

## 2. Review and Selection Process

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

Please see Section 5.3 of HRSA's [SF-424 Application Guide](#) for more details.

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

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

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

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

Effective January 1, 2016, HRSA is required to review and consider any information about 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](#).

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

#### 4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing the award prior to the start date of September 1, 2018.

## VI. Award Administration Information

### 1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 1, 2018. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

### 2. Administrative and National Policy Requirements

See Section 2.2 of HRSA's [SF-424 Application Guide](#).

### 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 as of October 1, 2017. 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 (OMB Number: 0915-0298 Expiration Date: 06/30/2019):

<https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection>.

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

- 1) **Progress Report(s).** The recipient must submit a progress report to HRSA on an **annual** basis, which should address progress against program outcomes, including any expected outcomes in the first year of the program. Further information will be provided in the award notice.
- 2) **Final Report Narrative.** The recipient must submit a final report narrative to HRSA after the conclusion of the project. The Project Officer will provide additional information about this narrative after HRSA makes the award.
- 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). GPRA 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 state-based teams 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 can be found at [https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UC4\\_2.HTML](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UC4_2.HTML).

<b>Administrative Forms</b>			
<ul style="list-style-type: none"> <li>• <b>Form 1</b>, Project Budget Details</li> <li>• <b>Form 2</b>, Project Funding Profile</li> <li>• <b>Form 4</b>, Project Budget and Expenditures</li> <li>• <b>Form 6</b>, Maternal &amp; Child Health Discretionary Grant</li> <li>• <b>Form 7</b>, Discretionary Grant Project</li> </ul>			
<b>Updated DGIS Performance Measures, Numbering by Domain</b> <i>(All Performance Measures are revised from the previous OMB package)</i>			
<b>Performance Measure</b>	<b>New/Revised Measure</b>	<b>Prior PM Number (if applicable)</b>	<b>Topic</b>
<b>Core</b>			
Core 1	New	N/A	Grant Impact
Core 2	New	N/A	Quality Improvement
Core 3	New	N/A	Health Equity – MCH Outcomes
<b>Capacity Building</b>			
CB 1	New	N/A	State Capacity for Advancing the Health of MCH Populations
CB 2	New	N/A	Technical Assistance
CB 3	New	N/A	Impact Measurement
CB 4	Revised	5	Sustainability
CB 5	Revised	3, 4	Scientific Publications
CB 6	New	N/A	Products

<b>Women's/ Maternal Health</b>			
WMH 1	New	N/A	Prenatal Care
WMH 2	New	N/A	Perinatal/ Postpartum Care
WMH 3	New	N/A	Well Woman Visit/ Preventive Care
WMH 4	New	N/A	Depression Screening

### **b) Performance Reporting Timeline**

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

Performance reporting is conducted for each year of the project period. Recipients will be required, within 120 days of the 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) Project Period End Performance Reporting**

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

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

## VII. Agency Contacts

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

Mary Worrell  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 10SWH03  
Rockville, MD 20857  
Telephone: (301) 443-5181  
Fax: (301) 443-6343  
Email: [MWorrel@hrsa.gov](mailto:MWorrel@hrsa.gov)

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

Kimberly C. Sherman, MPH, MPP  
Women's Health Specialist  
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Maternal and Child Health Bureau  
Health Resources and Services Administration  
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You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

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

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

### **Alliance for Innovation on Maternal Health**

<http://safehealthcareforeverywoman.org/aim-program/>

### **Maternal Safety Bundles**

<http://safehealthcareforeverywoman.org/patient-safety-bundles/#tab-maternal>

### **Logic Models**

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

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. Information on how to distinguish between a logic model and work plan can be found at the following website:

<http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf>.

### **Existing AIM State Teams**

- Oklahoma
- Florida
- Illinois
- Michigan
- Mississippi
- Louisiana
- New Jersey
- California
- North Carolina
- Utah

### **Existing AIM Partner Organizations**

- American College of Nurse Midwives
- American College of Obstetricians and Gynecologists
- Association of Maternal and Child Health Programs
- Association of State and Territorial Health Officers
- Association of Women's Health, Obstetric and Neonatal Nurses



- California Maternal Quality Care Collaborative
- Critical Juncture
- National Perinatal Information Center
- Premier, Inc.
- Society for Maternal Fetal Medicine
- Trinity Health Care
- American Academy of Family Physicians
- American Hospital Association
- American College of Osteopathic Obstetricians and Gynecologists
- American Society of Health Risk Management
- Health Stream
- The Joint Commission
- March of Dimes
- Nurse Practitioners in Women's Health

### **Technical Assistance**

HRSA will host a technical assistance webcast to review the FY18 AIM NOFO and answer applicants' questions.

Day and Date: Tuesday, January 9, 2018

Time: 2 – 3 p.m. ET

Call-In Number: 1-866-714-2132

Participant Code: 1427617#

Weblink: <https://hrsa.connectsolutions.com/aim/>

HRSA will record the webinar and make it available at:  
<https://mchb.hrsa.gov/fundingopportunities/default.aspx>.

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

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