U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

Maternal and Child Health Bureau
Division of Child, Adolescent and Family Health

National Action Partnership to Promote Safe Sleep Program

Announcement Type: New
Funding Opportunity Number: HRSA-17-094

Catalog of Federal Domestic Assistance (CFDA) No. 93.110

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2017

Application Due Date: October 27, 2016

Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!
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Issuance Date*:* August 19, 2016

Maureen Perkins
Public Health Analyst
Division of Child, Adolescent and Family Health
Maternal Child Health Bureau
E-mail: mperkins@hrsa.gov
Telephone: (301) 443-9163

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB), Division of Child, Adolescent and Family Health is accepting applications for fiscal year (FY) 2017 National Action Partnership to Promote Safe Sleep Program. The purpose of this program is to increase the adoption of safe infant sleep behaviors including breastfeeding among infant caregivers by integrating evidence-based programs and policies within public health and clinical delivery systems that intersect with families.

Funding Opportunity Title:	National Action Partnership to Promote Safe Sleep Program
Funding Opportunity Number:	HRSA-17-094
Due Date for Applications:	October 27, 2016
Anticipated Total Annual Available Funding:	$1,000,000
Estimated Number and Type of Award(s):	Up to one (1) cooperative agreement
Estimated Award Amount:	Up to $1,000,000 per year
Cost Sharing/Match Required:	No
Project Period:	July 1, 2017 through June 30, 2022 (five (5) years)
Eligible Applicants:	An eligible applicant for funding in this competition is any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. § 450b). Community-based organizations, including faith-based organizations, are eligible to apply. [See Section III-1 of this funding opportunity announcement (FOA) 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 Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this FOA to do otherwise. A short video explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

Technical Assistance

A Technical Assistance webinar will be held on Thursday September 15th, 2016 from 3:00pm Eastern Standard Time. The Project Officer will provide an overview of the FOA and be available to answer questions until 4:00 P.M. Eastern Standard Time.

Call information is as follows: call number: **866-692-4541**, passcode: **3004776#**.

The following meeting web link will be used to display the FOA:

https://hrsa.connectsolutions.com/nappss-ta-call/

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the National Action Partnership to Promote Safe Sleep (NAPPSS) Program. The goal of this program is to make safe infant sleep and breastfeeding a national norm.

To reduce the risk of sudden unexpected infant death (SUID), the American Academy of Pediatrics (AAP)[1] has issued a Policy Statement describing a safe infant sleep environment, including a recommendation for room-sharing without bed-sharing. The AAP also recommends breastfeeding for the first six months of life as additionally protective against SUID. Researchers have studied the dynamics involved in the decision making of mothers regarding how they chose to feed their babies and where their babies sleep. A recent study concluded that women with a strong motivation to breastfeed frequently bed share with their infants[2]. To determine the prevalence of breastfeeding and sleep location practices among mothers in the U.S., researchers conducted surveys and an analysis of factors associated with these behaviors[3]. The investigators concluded that many mothers have not adopted the AAP recommendations, and that providing advice to room share without bed sharing did not negatively affect the likelihood of breastfeeding among these mothers.

NAPPSS aims to increase the adoption of safe infant sleep behavior including breastfeeding among infant caregivers by activating champions of these protective behaviors within systems that intersect with families at risk. Examples of systems that serve infant caregivers include, but are not limited to, home visiting programs, food and nutrition programs, community-based organizations such as Healthy Start, housing assistance authorities, child care, hospitals, community health clinics, as well as health care provider networks such as pediatricians, family physicians and obstetricians.

This program endeavors to change individual behavior on a national scale with a multi-faceted approach that ensures common messaging through engagement of multiple stakeholders, and support of organizations within service delivery systems that intersect with infant caregivers.

The NAPPSS program strives to achieve the following impacts:

- An increase in the proportion of infants placed to sleep on their backs in a safe sleep environment that follows the AAP recommendations[4]
- An increase in the proportion of infants who are ever breastfed

[1] http://pediatrics.aappublications.org/content/128/5/1030
[2] Ball, Ball HL, Howel D, Bryant A, Best E, Russell C, Ward-Platt M Bed-sharing by Breastfeeding Mothers: Who Bed-shares and What Is the Relationship With Breastfeeding Duration? *Acta Paediatr. 2016 Feb5*
[3] Smith LA, Geller NL, Kellams AL, et al. *Acata Pediatr.* 2016 Feb 3Infant Sleep Location and Breastfeeding Practices in the United States: 2011 - 2014
[4] http://pediatrics.aappublications.org/content/128/5/1030

- An increase in the proportion of infants who continue to be breastfed at six months
- An increase in conversations between providers and infant caregivers about evidence-based feeding and sleeping practices, thereby increasing informed infant care decision-making by families

This funding opportunity continues the work that established the NAPPSS Coalition[5] and the National Action Plan to Increase Safe Infant Sleep[6], the strategic plan developed by the NAPPSS Coalition. The NAPPSS Program provides support to implement the National Action Plan by moving from campaigns to conversations in promoting safe infant sleep and breastfeeding and translating evidence-based practices into "**safety bundles**" – a small set of three to five evidence-based practices performed collectively and reliably to improve the processes of care and patient outcomes.[7]

NAPPSS Program Activities

Over the next five years, the cooperative agreement recipient will work collaboratively with public, private, and professional organizations to make safe infant sleep and breastfeeding the national norm through three areas of activity: 1) coalition building and maintenance, 2) implementation of the National Action Plan to Increase Safe Infant Sleep, and 3) implementation of safe infant sleep bundles.

1. **Coalition Building and Engagement (Estimated Effort 25 percent)**
   - 1.1. Administer and support activities of the National Action Plan to Promote Safe Sleep (NAPPSS) Coalition and expand the membership.
   - 1.2. Use a Wisdom Council, a group of organizations representing diverse socioeconomic and cultural groups identified at higher risk for SUID, to provide an equity lens in the development of culturally competent approaches and resources.
   - 1.3. Provide technical assistance to states on integrating safe sleep and breastfeeding promotion efforts, including establishing a state coalition that addresses safe sleep and breastfeeding.

1.1) The NAPPSS Coalition members include a broad range of partners at the national level whose organizations represent the service systems, providers, programs and community support networks that touch families and caregivers. Over 60 organizations representing professional associations, family and center-based child care, home visiting, hospitals, breastfeeding advocacy, community health centers, birth centers, and businesses that provide goods and services to infant caregivers are engaged in the NAPPSS Coalition. In order for the NAPPSS Coalition to implement the National Action Plan and expand their reach, the membership should extend to partners outside of the service delivery system including manufacturers and members of the media.

[5] http://www.nappss.org/
[6] http://www.nappss.org/plan/plan.php#
[7] Resar R, Pronovost P, Haraden C, Simmonds T, et al. Using a bundle approach to improve ventilator care processes and reduce ventilator-associated pneumonia. Joint Commission Journal on Quality and Patient Safety. 2005;31(5):243-248.

1.2) SUID death rates for American Indian/Alaska Native and non-Hispanic black infants are more than twice those of non-Hispanic white infants.[8] Risk factors (such as smoking) and lack of protective factors (such as breastfeeding) are more common among non-Hispanic black and American Indian/Alaska Native families.[9] To help address the disparity in sleep-related infant deaths, NAPPSS uses a "**Wisdom Council."** The Wisdom Council consists of organizations representing diverse socioeconomic and cultural groups identified at higher risk of SUID that inform the approaches and resources that are used to address cultural issues related to safe sleep and breastfeeding.

1.3) The Social-Ecological Model is one of the evidence-based frameworks that the NAPPSS Program uses to bring about behavior change with safe sleep. The model illustrates the interrelations among various personal and environmental factors. Every system "level" exerts influence on the infant caregivers, and every group is needed to be effective in making safe sleep and breastfeeding a national norm. The NAPPSS Coalition currently brings together organizations that interact with families and infant caregivers at the national level. Yet, many of the systems and supports for families are determined at the state and local levels. One important stakeholder for improving the health, safety and well-being of infants and their families at the state and local levels is the Title V Maternal and Child Health Block Grant Program. The purpose of this Program is to create federal/state partnerships that enable each state/jurisdiction to address the health services needs of its mothers, infants and children, which includes children with special health care needs, and their families. State maternal and child health agencies submit a yearly application and complete a statewide comprehensive needs assessment every five years. Fifteen National Performance Measures (NPM) have been established to drive improved outcomes relative to one or more indicators of health status for the Maternal and Child Health population. Each state and jurisdiction identifies its priority needs and selects eight of the 15 NPMs for its programmatic focus. Forty nine (49) states have selected NPM 4: increase the proportion of infants who are ever breastfed and who are breastfed exclusively at six months. Thirty three (33) states have selected NPM 5: increase the proportion of infants placed to sleep on their backs. The NAPPSS Program will establish and facilitate Communities of Practice for states and jurisdictions to support the integration of safe infant sleep and breastfeeding promotion activities. "**Communities of Practice"** are a group of people who share a concern or passion for something they do and learn how to do it better as they interact regularly.[10] Communities of Practice are formed by people who engage in a process of collective learning in a shared domain. By building bridges between the state and local safe sleep and breastfeeding support networks, state and jurisdictional health departments can ensure more comprehensive services for families. For example, the Communities of Practice could support the development of unified coalitions to work collaboratively with families and infant caregivers in jointly addressing safe infant sleep and breastfeeding.

[8] http://www.cdc.gov/sids/data.htm
[9] U.S. Maternal and Child Health Bureau.(2014), *Child Health USA 2014*. Rockville, MD.
[10] http://wenger-trayner.com/introduction-to-communities-of-practice/

2. **National Action Plan Implementation (Estimated effort 25 percent)**
   2.1. Facilitate Action Teams to drive measurable change on priority components of the National Action Plan
   2.2. Provide training and resources to systems and community groups on using a conversations approach to engage families in respectful dialogue that help them to identify and overcome barriers in integrating safe sleep and breastfeeding

2.1) The National Action Plan consists of strategies and actions that the NAPPSS Coalition can take to have an impact on safe infant sleep. "**Action Teams"** are groups of Coalition members who are willing to work together on specific goals. Four Action Teams are currently active: Child Care and Early Education Settings, Public Media, Organizational Self-Assessment and Organizational Outreach and Promotion. Each Action Team has goals and outputs; for example, the Organizational Self-Assessment Team is developing a tool for NAPPSS members to conduct self-assessments of their materials, images, policies, products, and training to assure they reflect accurate and consistent safe sleep and breastfeeding information. The award recipient will facilitate a minimum of three Action Teams that last 12-18 months. The Action Teams meet virtually and, in addition to producing resources and tools for the larger NAPPSS Coalition, they also strengthen the Coalition by working across organizations and sectors to drive change.

2.2) Sleeping and feeding are among the chief concerns of families and infant caregivers. Yet, the organizations, service delivery systems, and professionals that support families address the topics separately, often with conflicting messages. The mission of the NAPPSS Coalition is to build bridges among the safe sleep and breastfeeding communities to integrate these behaviors into a unified norm. The AAP Recommendations for a Safe Infant Sleeping Environment are complex and include 11 recommendations covering sleep position, sleep environment, risk factors, and protective factors such as breastfeeding. The NAPPSS Program champions a conversational approach when working with families and infant caregivers. "**Conversations"** are individualized and interactive communication in which infant caregivers receive sensitive and supportive messages about evidence-based infant sleep and breastfeeding practices. Infant caregivers can ask questions, express their concerns, and discuss possible solutions to barriers to implementing safe sleep behaviors and breastfeeding.[11] The NAPPSS Program will provide training and resources in the conversational approach that engages families and infant caregivers in respectful dialogue and problem-solving regarding safe infant sleep and breastfeeding.

3. **Implement Safe Infant Sleep and Breastfeeding Safety Bundles (estimated effort 50 percent)**
   3.1 Use quality improvement to test safety bundles within health care systems, for the delivery of integrated safe sleep and breastfeeding promotion to families.
   3.2 Create and implement safety bundles within additional settings: child care providers, social services, etc.

3.1) A "**bundle**" is a structured way of improving the processes of care and patient outcomes: a small, straightforward set of evidence-based practices — generally three to

[11] http://www.nappss.org/definitions.php

five — that, when performed collectively and reliably, have been proven to improve patient outcomes.[12] A bundle groups best practices together into a package of interventions that providers know must be followed for every patient, every single time. The safe infant sleep safety bundles are not meant to introduce new guidelines, but rather organize existing materials, in this case the evidence-based AAP recommendations for a safe infant sleeping environment, in ways that facilitate implementation within the health care system.[13] The NAPPSS Coalition members will serve as subject matter experts in developing the safety bundles in terms of selecting the technical aspects of the best practices included in safe sleep and breastfeeding for the bundles, and advising on how they can be implemented. The testing and dissemination of the safety bundles intervention will directly address the goals found in the National Action Plan.

The safe infant sleep safety bundle will be tested in health care systems using a quality improvement approach. "**Quality Improvement"** (QI) consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The activities are cyclical so that an organization continues to seek higher levels of performance to optimize its care for the patients it serves, while striving for continuous improvement.[14]

The awardee will track the implementation of the bundle and document the process measures that indicate how hospitals implement the bundle. The state communities of practice (Task 1.3) will be tracking population-level outcome metrics. To support the effort, the awardee and the NAPPSS Coalition members will submit publications supporting the process and the safe sleep breastfeeding bundles in peer-reviewed journals.

3.2) In years three and beyond, after the development of the safe infant sleep and breastfeeding bundle, and the generation of evidence around the effectiveness of the bundle in the hospital setting, the awardee will adapt the safe infant sleep and breastfeeding bundle for use in other settings. The awardee will suggest settings where infant caregivers receive information about safe infant sleep such as child care and social services. The NAPPSS Coalition Members will provide input into how the safe infant sleep and breastfeeding bundles can be operationalized in other settings. NAPPSS Coalition member organizations will endorse the process of creating the bundles and help to disseminate the safe sleep and breastfeeding bundles.

[12] http://www.ihi.org/resources/Pages/ImprovementStories/WhatIsaBundle.aspx
[13] http://pediatrics.aappublications.org/content/pediatrics/early/2011/10/12/peds.2011-2284.full.pdf
[14] http://www.hrsa.gov/quality/toolbox/methodology/qualityimprovement/

Alignment with Existing Efforts

You will align efforts with current federally funded initiatives that intersect with safe sleep and breastfeeding. You must identify how you will collaborate with these entities to achieve the goal of establishing safe sleep and breastfeeding as a national norm.

- **Maternal and Child Health Block Grant Program**: The NAPPSS program also contributes to the states' achievement of two of the MCHB Title V Maternal and Child Health Services Block Grants National Performance Measures (NPM): 1) NPM 4: a) Percent of infants who are ever breastfed and b) Percent of infants breastfed exclusively through six months; and 2) NPM 5: Percent of infants placed to sleep on their backs.

- **Collaborative Innovation and Improvement Networks (CoIINs) to Reduce Infant Mortality**: States have the opportunity to participate in the Infant Mortality CoIIN and may identify SUID as a priority area of focus for the project.

- **Healthy Start programs:** One benchmark for these community-based programs aims to increase the proportion of Healthy Start participants who engage in safe sleep behaviors to 80percent.

- **Maternal, Infant and Early Childhood Home Visiting programs**: Federal Home Vising recipients must report on their program's performance using performance and systems outcome measures. Two of which are related to safe sleep and breastfeeding. Measure 7 is a performance indicator regarding safe sleep – the percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing or soft bedding. Measure 2 is a system outcome regarding breastfeeding – the percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at six months of age.

- **Safe to Sleep Campaign**: Public education campaign led by the Eunice Kennedy Shriver National Institute of Child Health and Human Development to educate caregivers – parents, family members, child care providers, health care providers, and others – about ways to reduce the risk of SUID.

This funding opportunity directly contributes to the achievement of five Healthy People 2020 Objectives:

- MICH-1.9 Reduce the rate of infant deaths from sudden unexpected infant deaths,
- MICH-20 Increase the proportion of infants who are put to sleep on their backs,
- MICH-21 Increase the proportion of infants who are breastfed (includes targets for ever breastfed and breastfed at six months, one year, exclusively through three months, and exclusively through six months),

- MICH-23 Reduce the proportion of breastfed newborns who receive formula supplementation within the first two days of life, and
- MICH-24 Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies.

The program also advances HRSA's strategic goals to build healthy communities and to improve health equity by addressing a public health problem that contributes to health disparities in infant mortality.

Metrics of Success

The awardee will need to demonstrate successful adoptions and change of safe sleep behaviors and breastfeeding support. The awardee is expected to establish and monitor metrics of success. Listed below are examples of available state and national metrics that can be used to assess progress. You should propose additional measures.

- Pregnancy Risk Assessment Monitoring System (PRAMS) data on the prevalence of safe infant sleep behavior.
    - By 2022, more than 85 percent of respondents will report placing their baby down on their back for sleep.
    - By 2022, more than 80 percent of respondents will report that their baby usually slept alone in his or her own crib.

- MCHB Title V National Performance Measures on Safe Sleep and Breastfeeding
    - By 2022, more than 75 percent of states and jurisdictions which picked the safe sleep National Performance Measure will demonstrate measurable improvement from baseline.
    - By 2022, more than 75 percent of states and jurisdictions which picked the breastfeeding National Performance Measure will demonstrate measurable improvement from baseline.

- MCHB Home visiting Performance Measures on Safe Sleep and Breastfeeding
    - By 2022, more than half of the home visiting grantees will report an increase in the percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing or soft bedding.
    - By 2022, more than 80 percent of infants (among mothers who enrolled in home visiting prenatally) are breastfed any amount at six months of age.

- Healthy Start Program benchmark to increase safe sleep behaviors among participants
    - By 2022, 80 percent of Healthy Start participants will engage in safe sleep behaviors.

You should measure the effectiveness of the NAPPSS coalition in achieving the adoption of policy and programmatic goals set forth in the National Action Plan. Examples of metrics that can be used to measure success include the Wilder collaboration factors inventory and the quality improvement data from the implementation of the safe infant sleep and breastfeeding safety bundles. You should

propose additional metrics of success for each activity of the funding opportunity announcement.

2. Background

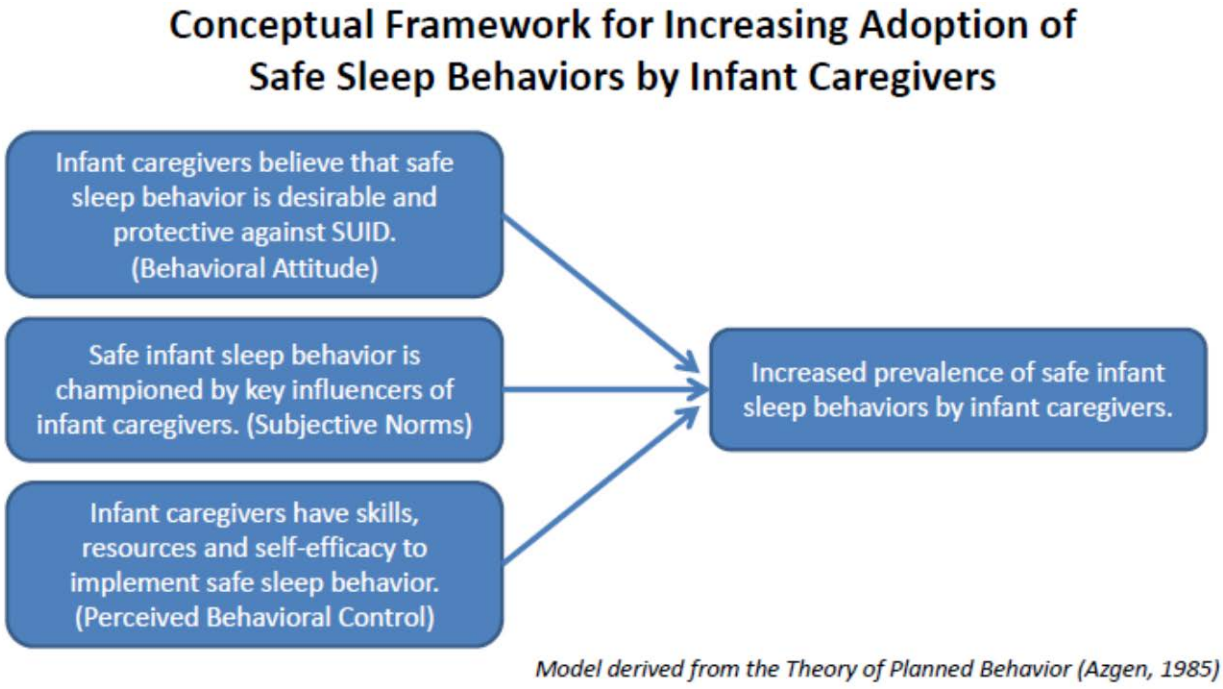
This program is authorized by the Special Projects of Regional and National Significance (SPRANS); Social Security Act, Title V, § 501(a)(2); 42 U.S.C. §701(a)(2). The mission of MCHB is to provide national leadership, in partnership with key stakeholders, to improve the physical and mental health, safety and well-being of the maternal and child health population. Reducing infant mortality is a key strategy in achieving this vision.

"Sudden Unexpected Infant Death" (SUID) is the death of an infant younger than one year of age that occurs suddenly and unexpectedly. Sleep-related SUID deaths are the leading cause of death among infants between one month and one year of age, comprising the largest post-neonatal contributor to infant mortality. In 2014 there were 3,490 SUID deaths in the United States.[15] While all populations are impacted, African-American and American Indian/Alaska Native families have a significantly higher risk to suffer the loss of an infant due to sleep-related circumstances.[16] While the causes of these deaths may vary, established protective behaviors are associated with decreased deaths. The AAP has summarized the state of scientific evidence surrounding these behaviors and identified the following description of a safe sleep environment: placing the infant to sleep on his back, in the infant's own crib without blankets or soft items or bed-sharing, and breastfeeding.[17] In this FOA, this cohort of behaviors, including breastfeeding, is referred to as "**safe infant sleep behavior**."

Infant caregivers face barriers to implementing safe infant sleep behavior, which can conflict with cultural and familial norms about sleep habits. An "**infant caregiver**" is defined as the individual who puts a baby down for sleep and could be a parent, grandparent, other family members, child care provider or other guardian.

As noted in the conceptual framework below, in order to implement safe sleep behaviors including support of breastfeeding, infant caregivers must understand and believe that safe sleep practices are protective against SUID. Key influencers of those individuals must support the message and families must have access to the skills, resources and self-efficacy to adopt these safe infant sleep behaviors including breastfeeding.

[15] https://www.cdc.gov/sids/aboutsuidandsids.htm
[16] https://www.cdc.gov/sids/data.htm
[17] http://pediatrics.aappublications.org/content/early/2011/10/12/peds.2011-2284



Providers who serve at-risk families in the delivery of health care, public health and social services have an opportunity to educate and empower infant caregivers to adopt safe infant sleep behavior. Integrating safe sleep and breastfeeding promotion as a standard of practice within these systems is an evidence-based strategy to meet the aims of the NAPPSS Program. One study using data from the National Infant Sleep Position Study found that when infant caregivers received advice against bed-sharing from a physician, they were significantly less likely to share a bed with their baby (nine percent vs. 14.3 percent). However, more than half of the 18,945 study participants reported receiving no advice at all from a physician about bed sharing.[18] In addition, researchers conducted a randomized controlled trial to study the effect of a 15- minute safe sleep intervention among families served by a Women Infants and Children (WIC) nutrition program. When compared with a control group of parents six months after the intervention, parents who attended the educational intervention were more likely to place their infants on the back (75 percent vs. 45 percent) and less likely to bed-share (16 percent vs. 44.2 percent).[19] In another study, a community teaching hospital using a bundled intervention approach which included an institutional Declaration of Safe Sleep Practice, a new safe sleep nursing policy, and a signed acknowledgement from nurses that they agreed to practice safe sleep for infants. Furthermore, all parents of newborn infants were required to view a safe sleep video which was documented by nurses in the medical record and families participated in a discussion about safe sleep positioning and environment. In addition to observing improvements within the hospital itself, the researchers found that nearly all parents planned to place their baby in the supine position to sleep, and no parent reported plans to share an adult bed with the baby.[20] An additional benefit to integrating safe sleep promotion into existing systems is

[18] http://archpedi.jamanetwork.com/article.aspx?articleid=1746117
[19] http://www.ncbi.nlm.nih.gov/pubmed/14993547
[20] http://cpj.sagepub.com/content/52/10/969

the potential to capitalize on health behavior change methods that have been effectively applied to other public health issues.

One challenge in promoting the latest evidence-based safe sleep recommendations is their increased complexity over the original "Back to Sleep" campaign message, which focused solely on infant sleep position. The current AAP guidance on a safe sleep environment for infants includes eleven recommendations, including breastfeeding for as long as possible. To be successful, providers must be supported by organizational policies, practices and resources to enhance their efforts to translate the modern safe infant sleep message to action among infant caregivers, moving from campaigns to conversations. In order for families to make informed decisions about where their baby will be sleeping, they need to understand the recommendations and the reasoning behind them. Implementing a "conversations" approach provides a way to interact respectfully with families and infant caregivers, providing the evidence-based information, and supporting them through the decision-making process. Without a national coalition to establish unified messaging and to advance changes in policies and practices of the service delivery systems that connect with families, infant caregivers will not have access to standardized supports necessary to support their adoption of safe sleep behaviors.

In 2014, MCHB provided funding to establish a national coalition known as the National Action Partnership to Promote Safe Sleep (NAPPSS). NAPPSS was designed to convene multi-disciplinary stakeholders including safe sleep experts, breastfeeding advocates, organizations that serve families, and advocacy groups that represent groups at higher-risk for SUID. The NAPPSS Coalition developed a strategic plan, the National Action Plan to Increase Safe Infant Sleep. The National Action Plan is a foundational framework that informs national, state and local infant mortality reduction efforts as well as guides policy and practice changes among systems that serve families. The goals of the National Action Plan are that:

- Individuals and groups who are trusted by infant caregivers and who influence infant caregivers' child-rearing beliefs and practices will support and promote safe sleep and breastfeeding behaviors.
- Infant caregivers will understand and embrace safe sleep and breastfeeding behaviors.
- Infant caregivers will be empowered through knowledge, access to resources and confidence to integrate safe sleep and breastfeeding within the realities of their lives.

Implementing individual behavior change on a national scale requires a multi-faceted approach that ensures common messaging through engagement of multiple stakeholders and activation of champions within service delivery systems that intersect with infant caregivers. Across the country, infant caregivers must understand and believe that recommended safe sleep behaviors are protective against SUID, key influencers of those individuals must support the message, and families must have access to the skills, resources and self-efficacy to adopt these behaviors.

The Institute for Healthcare Improvement developed the concept of bundles to help health care providers more reliably deliver care for their patients undergoing treatments with inherent risks.[21] Bundles are small straightforward sets of evidence-based practices, that when performed collectively and reliably have been proven to improve patient outcomes. The bundles are not meant to introduce new guidelines but rather organize existing evidence-based materials in ways that facilitate implementation. The 5 million Lives Campaign had two bundles in their campaign which have been found to be effective in reducing the incident of deadly infections in the hospitals: the Central Line Bundle and the Ventilator Bundle.[22] The National Partnership for Maternal Safety, a multi-stakeholder consensus effort with representatives from organizations in women's health care and other provider, state, federal and regulatory bodies, under the guidance of the Council on Patient Safety in Women's Health Care, has created several patient safety bundles.[23] The first national maternal patient safety bundle is on obstetric hemorrhage.[24] Other bundles have been developed on other topics, the most recent one on maternal mental health

The NAPPSS Program seeks to use the concept of a patient safety bundle, and apply it to the introduction of safe infant sleep behaviors in the hospital setting. The pilot bundle will be tested through quality improvement methods, and expanded to other settings.

Glossary of Key Terms

Action Teams: groups of coalition members who are willing to work together on specific goals.

Communities of Practice: a group of people who share a concern or passion for something they do and learn how to do it better as they interact regularly.

Conversations: individualized and interactive communication in which infant caregivers receive sensitive and supportive messages about evidence-based infant sleep and breastfeeding practices. Infant caregivers can ask questions, express their concerns, and discuss possible solutions to barriers to implementing safe sleep behaviors and breastfeeding.

Infant Caregiver: the individual who puts a baby down for sleep and could be a parent, grandparent, other family members, child care provider or other guardian.

Quality Improvement: consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups.

Safe Infant Sleep Behaviors: for the purposes of this funding opportunity, safe infant sleep behavior refers to behavior that follows the AAP recommendations for a safe infant sleep environment including breastfeeding.

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[21] http://www.ihi.org/resources/Pages/ImprovementStories/WhatIsaBundle.aspx
[22] http://www.ihi.org/resources/Pages/Tools/HowtoGuidePreventVAP.aspx
[23] http://www.safehealthcareforeverywoman.org/national-partnership.php#
[24] Main et al. *National Partnership for Maternal Safety: Consensus Bundle on Obstetric Hemorrhage*. Journal of Obstetrics, Gynecology, and Neonatal Nursing. 2015(4):462-70.

Safety bundles: a small set of three to five evidence-based practices performed collectively and reliably to improve the processes of care and patient outcomes.

Sudden Unexpected Infant Death: the death of an infant younger than one year of age that occurs suddenly and unexpectedly.

Wisdom Council: consists of organizations representing diverse socioeconomic and cultural groups identified at higher risk of SUID that inform the approaches and resources that are used to address cultural issues related to safe sleep and breastfeeding.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

HRSA/MCHB and the awardee have a joint responsibility to determine which issues will be addressed during the project period, the sequence in which they will be addressed, what approaches and strategies will be used to address them, and how relevant information will be transmitted to specified target audiences and used to enhance project activities and advance the program.

As a cooperative agreement, **HRSA Program involvement will include**:

HRSA Program Responsibilities
In addition to the usual monitoring and technical assistance provided under the cooperative agreement, HRSA Program responsibilities shall include:

1) Assure the availability of the services of experienced MCHB personnel to participate in the planning and development of all phases of this cooperative agreement;
2) Assist in establishing federal interagency and state contacts necessary for the successful completion of tasks and activities identified in the approved scope of work, including serving as a liaison to the federal SUID/SIDS Workgroup, a voluntary, interdepartmental partnership which strives to establish and enhance relationships among federal agencies with responsibilities to address SUID and Sudden Infant Death Syndrome(SIDS);
3) Identify other awardees and organizations with whom the awardee will be asked to develop cooperative and collaborative relationships;
4) Assist the awardee to establish, review and update priorities for activities conducted under the auspices of the cooperative agreement; and

5) Provide review, advisory input, and approval of any publications, audiovisuals, and other materials produced, as well as meetings planned, under the auspices of this cooperative agreement.

The cooperative agreement recipient's responsibilities will include:

1) Adhere to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds;
2) Respond in a flexible manner to collaborating on short-term, long-term and ongoing projects;
3) Work closely with the federal project officer when hiring new key project staff and planning/implementing new activities;
4) Consult with the federal project officer in conjunction with scheduling any meetings, including project advisory/steering committee 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);
5) Provide the federal project officer with the opportunity to review, provide input, and approve at the program level, 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);
6) Provide the federal project officer with an electronic copy of, or electronic access to, each product developed under the auspices of this project;
7) Participate in the implementation of awardee performance measures, including the collection of information and administrative data, as designated by MCHB;
8) Ensure that all products developed or produced, either partially or in full, under the auspices of this cooperative agreement are fully accessible and available for free to members of the public;
9) Acknowledge that HRSA/MCHB has uncontested access to any and all data generated under this cooperative agreement, and a royalty-free, nonexclusive, and irrevocable license for the government to reproduce, publish, or otherwise use any products derived from activities conducted under this cooperative agreement.

2. Summary of Funding

Approximately $1,000,000 is expected to be available annually to fund one recipient. You may apply for a ceiling amount of up to $1,000,000 per year. The actual amount available will not be determined until enactment of the final FY 2017 federal budget. This program announcement 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 can be awarded in a timely manner. The project period is July 1, 2017 through June 30, 2022 (five (5) years). Funding beyond the first year is dependent on the availability of appropriated funds for "National Action Partnership to Promote Safe Sleep Program" in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with this award are subject to the

Uniform Guidance 2 CFR part 200 as codified by HHS at 45 CFR part 75, which supersede the previous administrative and audit requirements and cost principles that govern federal monies.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. § 450b). Community-based organizations, including faith-based organizations, are eligible to apply..

Foreign entities are not eligible for HRSA awards, unless the authorizing legislation specifically authorizes awards to foreign entities or the award is for research. This exception does not extend to research training awards or construction of research facilities.

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 announcement.

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 announcement.

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*** applicants for this FOA to apply electronically through Grants.gov. You must download the SF-424 application package associated with this FOA following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

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 FOA to do otherwise.

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 FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. 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 the announcement.

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) Where the prospective recipient is unable to attest to any of the statements in this certification, such prospective recipient shall attach an explanation to this proposal.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on this and other 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.

Use the following section headers for the Narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion 1 (Need)*
  This section should briefly describe the purpose of the proposed project.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1 (Need)*
  Outline the need for this public health problem to be addressed, as well as the need for service delivery systems to be leveraged as a venue for the integration and promotion of safe sleep and breastfeeding to help drive impact at the family level. . Include an assessment of health disparities impacting the population or communities served and unmet. Demographic data should be used and cited whenever possible to support the information provided. The health disparities assessment should directly inform which high-risk communities are represented in the national coalition membership. Provide an estimate of the potential impact on the infant mortality rate if safe sleep behaviors were adopted nationwide. Describe the need for health care providers, community service providers, and those who work with families to employ a conversations approach with infant care givers concerning safe sleep and breastfeeding. Also address key challenges in the field of safe sleep promotion, including perceived conflict with breastfeeding and attachment parenting messages, and strategies for how these challenges might be overcome. Describe the need for the integration of safe sleep and breastfeeding in systems, services, and supports that interact with families. Describe the need for states to follow the NAPPSS national coalition at the state level to integrate safe sleep and breastfeeding. Describe which states have chosen the Title V performance measures for safe sleep and breastfeeding, and the extent to which states have safe sleep or breastfeeding coalitions. .

  Determine where safe sleep and breastfeeding safety bundles are needed within the social-ecological model. Describe which sectors could use the safe sleep and breastfeeding safety bundles. Describe the need for testing and disseminating patient safety bundles through quality improvement techniques as a mechanism to increase the promotion of evidence-based safe infant sleep practices in the health care setting. Describe the current practices in the hospital setting regarding safe sleep and breastfeeding support.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria 2 (Response), 3 (Evaluative Measures), and 4 (Impact)*
  List which additional organizations or individuals that need to be included in expansion of the NAPPSS coalition. Describe, as evidenced through letters of agreement in Attachment 5, how coalition members representing a service delivery system are prepared to integrate safe sleep promotion, describing the pathways through which the organization can influence policies and practices of the domain it represents. Identify the specific priority systems to target for the integration of safe sleep promotion, providing justification for how the proposed systems will directly reach communities at higher risk for SUID, as identified in the Needs Assessment. Describe how the Wisdom Council will be used to inform the approaches used to address cultural issues related to safe sleep and breastfeeding and how the Wisdom Council can assist with reaching these

vulnerable populations. Clarify how the awardee organization will ensure active involvement from coalition members in the implementation of the National Action Plan, and the ability to report on metrics of change for the sector they represent. Describe how core coalition members will be compensated for their contributions to the group's activities, as well as an analysis of how the work of the coalition could further the mission and goals of each unique organization. Describe how the conversations modules will be evaluated by the trainees, and how that feedback will be used to improve the conversations modules. Describe the evaluation methods that will be used to assess the strength of the NAPPSS Coalition. Describe how the safe infant sleep and breastfeeding safety bundles will be evaluated using quality improvement methods. Include specific detail on how the development and implementation of the bundle will be conducted and how evidence of effectiveness will be assessed. Within the proposed safety bundle work plan, identify how many health care delivery sites will implement the bundle in Year one, and the quantity and selection criteria for additional sites to be included in a scaling up of the bundle intervention in Years two to five. Propose in which other settings the safe sleep and breastfeeding bundle will be implemented, and how the bundle will be adapted and operationalized in these proposed settings.

Put forward the methodology that builds upon previous investments of MCHB including Title V, the NAPPSS Coalition and the National Action Plan. Methods need to address the goals of the NAPPSS program and should be scalable and measurable at the local, state, and national level.

Include an approximate schedule of the key meetings that project staff and key coalition members will be attending under the scope of this award. For Years one and three, include at least one face-to-face meeting of the coalition in the Washington, DC, metro area for the purposes of strategic planning. For Years two, four and five include examples of specific mechanisms (meetings, webinars, teleconferences, etc.) identified for outreach for the purposes of presenting and advancing the coalition's strategic plan with key forums. Ensure that sufficient funds are dedicated in the budget to implement the draft schedule.

- *WORK PLAN -- Corresponds to Section V's Review Criteria 2 (Response), 4 (Impact), and 5 (Resources/Capabilities)*
  In Attachment 2, describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology section, clarifying the distinction in approaches among the three categories of activities for the project: Coalition Building and Maintenance, National Action Plan Implementation, and Implementation of the safe sleep and breastfeeding safety bundles. Use a timeline 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 development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served. Provide measurable metrics of success for key activities of the work plan to assure opportunities for timely process evaluation throughout the duration of the project.

You must submit a logic model for designing and managing the project (Attachment 1). 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 announcement, 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 is supporting resources. Assumptions should be based 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).

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criteria 2 (Response) and 5 (Resources/Capabilities)*
  Discuss the unique challenges that are likely to be encountered in designing and implementing the activities described in the coalition building and maintenance, national action plan implementation, and safe infant sleep and breastfeeding safety bundles implementation components of the project, and the approaches that will be used to resolve such challenges. For example, describe challenges expected when facilitating consensus among a diverse group of stakeholders and what tactics might be used to navigate conflicts and achieve results. Describe anticipated challenges in activating champions for safe infant sleep integration within the target systems and methods for overcoming those barriers. Identify a variety of methods to achieve systems change to demonstrate the project's flexibility when such obstacles are encountered. Describe potential problems with implementing the safe infant sleep and breastfeeding bundle and evaluating the bundle with quality improvement methods. Cite specific examples of the applicant organization's experience in resolving such challenges, whenever possible.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria 3 (Evaluative Measures) and 5 (Resources/Capabilities)*
  Provide an evaluation plan including appropriate measures for the coalition efforts, and the safe infant sleep and breastfeeding safety bundles. In the evaluation plan, describe the metrics of change that link to the improved outcomes and impacts listed in the logic model. Arrange the metrics into three domains:
  - Coalition Efforts: Metrics that describe the leverage of the coalition to make safe sleep and breastfeeding a national norm. Also include metrics that describe the impact of establishing a safe sleep and breastfeeding coalition on states.

- National Action Plan implementation: Provide metrics to demonstrate the change in systems as a result of implementing the strategies and actions of the National Action Plan.
- Safe infant sleep and breastfeeding safety bundle: Provide metrics demonstrating the level of adoption, implementation of the bundles, and impact of the bundles on the program outcomes.

For each metric identified, describe the data collection strategy and the mechanism through which the data will be used to inform program development and service delivery.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 5 (Resources/Capabilities)*
  Provide information on your organization's current mission and structure, scope of current activities, and an organizational chart (Attachment 6), and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Describe past experience with strategic planning, coalition building, leadership of national coalitions, facilitating collaboration among state level leaders, quality improvement evaluations, behavioral health interventions in a clinical settings, and dissemination of best practices to service delivery systems.

  Organize the Organizational Information section of the Project Narrative into two sub-sections: Personnel Capacity, and Organizational Structure and Resources,.

  A. PERSONNEL CAPACITY

  1) Name the proposed director of the project and describe his/her qualifications and experience. The project director should have significant experience at the national level working on issues important to advancing maternal and child health. In addition, the project director should have executive or leadership experience; experience in effectively managing subcontract teams; the ability to communicate effectively in oral presentations as well as through published materials geared for a variety of professional audiences; and the ability to work collaboratively with peers representing a variety of organizations and disciplines.

  2) Identify all project personnel, including those individuals for whom support is not requested. A summary curriculum vitae (Biographical Sketch), maximum of two (2) pages, should be provided for each professional or technical staff member as part of Attachment 4 (see **Section IV.2.vi**). It should contain information about education (institutions attended and their locations, degrees and years conferred, fields of study); professional certifications and licensure; professional positions/employment in reverse chronological order; current award and contract support; representative publications; and any additional information that would contribute to the Independent Review Panel's understanding of relevant qualifications, expertise and experience.

  3) Describe and document the qualifications and experience of key project staff, proposed consultants and subcontractors. Describe any evidence of special

expertise, capabilities, and competencies required to perform project tasks and activities under the *NAPPSS Program*.

4) Provide information on the program's resources and capabilities to effectively convene and lead a group of diverse stakeholders and facilitate actionable consensus among organizations, including specific examples of how the organization has successfully demonstrated this leadership capacity and what policy objectives were met as a result.

5) Provide information on the program's resources and capabilities to use quality improvement methodology in the evaluation of health interventions. Include examples demonstrating knowledge of QI principles and practices and how the organization has assisted in facilitating collaborative learning among stakeholders.

6) Provide information on the program's resources and capabilities to conduct behavioral health interventions in a clinical setting and disseminate the best practices to service delivery systems.

B. ORGANIZATIONAL STRUCTURE AND RESOURCES

1) Clearly describe your agency's/parent organization's mission, structure and scope of current activities.

2) Clearly describe the project's organizational structure, including its:

a. Relationship to and placement within any umbrella or parent organization;
b. Relationships to any agencies or organizations with which it intends to partner, collaborate, coordinate efforts, or receive consultation from, while conducting project activities;
c. Governance structure, including any boards of directors and/or advisory groups;
d. Project structure and organization of project staff, including volunteers.

3) You must summarize organizational information into at least one chart as Attachment 6 (see **Section IV.2.vi**).

4) Describe the resources available for carrying out the project and conducting its activities, including its facilities and physical space, equipment, and information technology resources. Include resources that are to be contributed by other agencies or organizations.

NARRATIVE GUIDANCE

In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response (3) Evaluative Measures (4) Impact
Work Plan	(2) Response (4) Impact (5) Resources/Capabilities
Resolution of Challenges	(2) Response (5) Resources/Capabilities
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(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, *if applicable*, the additional budget instructions provided below.

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 National Action Partnership to Promote Safe Sleep Program requires the following:

Budget for Multi-Year Award
This announcement is inviting applications for project periods up to five years. Awards, on a competitive basis, will be for a one-year budget period, although project periods may be up to five years. Submission and HRSA approval of the Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the multi-year project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government. However, five (5) separate and complete budgets must be submitted with this application.

The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) 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 2017, as required by law.

iv. Budget Narrative
See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

v. Program-Specific Forms

1) Performance Standards for Special Projects of Regional or National Significance (SPRANS) and Other MCHB Discretionary Projects

HRSA has modified its reporting requirements for SPRANS projects, Community Integrated Service Systems (CISS) projects, and other grant/cooperative agreement programs administered by MCHB 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, MCHB's authorizing legislation. Performance measures for other MCHB-funded grant/cooperative agreement programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect. An electronic system for reporting these data elements has been developed and is now available.

2) Performance Measures for the "National Action Partnership to Promote Safe Sleep"

To inform successful applicants of their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found in section "VI. Award Administration Information" of this FOA.

NOTE: The performance measures and data collection information is for your PLANNING USE ONLY. These forms are not to be included as part of this 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: Logic Model

Attach a one page logic model for the project that includes all information detailed in Section IV.2.ii Project Narrative. Additional resources for creating logic models are described in Section VIII.

Attachment 2: Work Plan

Attach the work plan for the project 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.

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, please include a letter of commitment from that person with the biographical sketch.

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

Provide letters of support from organizations for the three activities of the program: Coalition building and maintenance, National Action Plan Implementation, and the Safe infant sleep and breastfeeding bundle. These letters could include those from current NAPPSS Coalition members, and health care systems willing to participate in implementing the safe infant sleep and breastfeeding safety bundle. Provide any documents that describe working relationships between the applicant organization and other entities and programs

cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

Attachment 6: Project Organizational Chart

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

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--Fifth Year Budget (NOT counted in page limit

After using columns (1) through (4) of the SF-424A Section B for a five-year project period, you will need to submit the budget for the fifth year as an attachment. Use the SF-424A Section B. See Section 4.1.iv of HRSA's *SF-424 Application Guide*.

Attachments 9 – 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://fedgov.dnb.com/webform/pages/CCRSearch.jsp)
- 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*.

Applicants that fail to allow ample time to complete registration with SAM or Grants.gov 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 FOA is *October 27, 2016 at 11:59 P.M. Eastern Time*.

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

5. Intergovernmental Review

The "National Action Partnership to Promote Safe Sleep (NAPPSS) program" is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a project period of up to five (5) years, at no more than $1,000,000 per year. 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.

Funds under this announcement may not be used for the following purposes:

Shared Staffing: If you are proposing to utilize the same director or contractual staff across multiple awards/programs (e.g., CISS, SPRANS, HS, State Title V block grant, WIC), assure that the combined funding for each position does not exceed 100 percent FTE. If such an irregularity is found, NAPPSS funding will be reduced accordingly.

Shared Equipment: If you are proposing to purchase equipment which will be used across multiple awards/programs (e.g., CISS, SPRANS, HS, State Title V block grant, WIC), pro-rate the costs of the equipment across programs and show the calculation of this pro-ration in their justification. If an irregularity is found where NAPPSS equipment is being used by other programs without reimbursement, NAPPSS funding will be reduced accordingly.

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

The General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L. 114-113) 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 2017, 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 the all federal funding requirements and prohibitions such as lobbying, gun control, abortion, etc. 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.

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 the application. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. The *National Action Partnership to Promote Safe Sleep Program* has *six (6)* review criteria:

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

The quality and extent to which the application demonstrates an understanding of the problem and associated contributing factors to the problem and provides a comprehensive needs assessment, with the following components:

1. A description of the public health burden of sleep-related SUID deaths, including SIDS, suffocation and unknown causes, and the health disparities that persist across communities at higher risk for these causes of death must be included.
2. A description of the need for the integration of safe sleep and breastfeeding in systems, services, and supports that interact with families. Provide an analysis of the challenges in the field of safe sleep promotion and the perceived challenge with breastfeeding support.
3. A description of the complexity of the safe sleep message and the need for a conversations approach to discussing safe infant sleep with infant caregivers.

4. A description of which sectors of the socio ecological model safe infant sleep bundles would be deployed, and the need for quality improvement testing of the bundles.
5. A description of the safe sleep and breastfeeding coalitions at the state level, and the need to integrate safe sleep and breastfeeding at the state level.

Demographic data should be used and cited whenever possible to support the information provided.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges

The quality of and 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, and the extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives, as delineated in the logic model required as a component of the application. The thoroughness and appropriateness of the approach set forth in the work plan, including the efficiency and feasibility of the proposed time dedicated to strategic planning versus the time needed to implement and measure the effectiveness of systems changes.

<u>Coalition Activities (10 points)</u>

- The quality and extent to which the applicant demonstrates an effective plan to engage and maintain a coalition that is inclusive of sectors serving families as well as leaders from communities disproportionally impacted by SUID.

<u>National Action Plan Implementation (5 points)</u>

- The quality and extent to which the applicant demonstrates the adoption of the National Action Plan using the conversations approach with families and learning collaboratives as a strategy for spread among the Title V programs.

<u>Safe Infant Sleep and Breastfeeding Bundles (15 points)</u>

- The quality and extent to which the applicant demonstrates the development, piloting, and implementation of safe sleep and breastfeeding safety bundles in health care sectors and other venues for infant caregivers.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's Methodology, Evaluation and Technical Support Capacity

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project. The strength of the application's evaluation strategy to the extent that proposed outcome metrics and the logic model demonstrate the relationship among resources, activities, outputs, and short and long term outcomes. The evaluation plan set forth in the work plan Attachment 2 must identify appropriate measures for the three areas of activity performed under this award.

Coalition Activities (5 points)

- The strength of the evaluation method to measure the impact of the coalition on making safe sleep and breastfeeding a national norm.
- The strength of the evaluation method to measure the impact of the state learning collaborative and integrated state safe sleep and breastfeeding coalitions.

National Action Plan Implementation (5 points)

- The strength of the evaluation method to demonstrate the increase in adoption of the strategies and actions of the National Action Plan over time.

Safe Sleep and Breastfeeding Safety Bundle (5 points)

- The strength of the evaluation method to measure the adoption, implementation of the bundles, and impact of the bundles on the program outcomes.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Methodology and Work Plan

The feasibility and effectiveness of plans for successfully integrating safe sleep and breastfeeding promotion into the target service delivery systems identified throughout the project narrative. The strength of evidence provided through stakeholder letters of commitment that coalition members have the power and commitment to effectively change organizational policies and practices based on the recommendations of the coalition's strategic plan. The strength of logical linkage between the proposed activities and a subsequent decrease in SUID-related infant mortality among communities at higher risk for these deaths.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's Work Plan, Resolution of Challenges, Evaluation and Technical Support Capacity, and Organizational Information

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project and all its activities. The capabilities of the applicant organization and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. Specifically, the following criteria should be evaluated:

1) The extent of executive or leadership experience the project director demonstrates in advancing maternal and child health issues at the national level, including evidence of being able to work collaboratively with peers representing a variety of organizations and disciplines, as well as effectively manage subcontract teams. (5 points)

2) The capacity of the key project staff, proposed consultants and subcontractors to demonstrate special expertise, capabilities and competencies required to perform project tasks and activities of the program, including direct experience with safe sleep and breastfeeding promotion. (5 points)

3) The strength of evidence that the applicant organization and key staff have experience in effectively convening and leading a group of diverse, national stakeholders through a process to identify and come to consensus on the best practices for inclusion in a safety bundle (5 points).

4) The strength of the evidence that the applicant organization and key staff have experience with Quality Improvement methodology. (5 points)
5) The thoroughness of the applicant's analysis of potential challenges across the span of the program, and the strength of the potential approaches to overcome those challenges. (5 points)

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 of the research activities, and the anticipated results.

1) The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work. (5 points)
2) The extent to which key personnel have adequate time devoted to the project to achieve project objectives. (5 points)

2. Review and Selection Process

The objective review provides advice to the individuals responsible for making award decisions. The highest ranked applications receive priority consideration for award within available funding. In addition to the ranking based on merit criteria, HRSA approving officials also may apply other factors in award selection, (e.g., geographical distribution), if specified below in this FOA. 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

The Health Resources and Services Administration 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).

Applications receiving a favorable objective review that HRSA is considering for funding are reviewed for other considerations. These include, 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. You may be asked to submit additional programmatic or awards 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 an award will be made. Following review of all applicable information, the HRSA 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 the applicant that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in FAPIIS in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants 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 awards prior to the start date of July 1, 2017.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of July 1, 2017. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's *SF-424 Application Guide*.

3. Reporting

On June 10, 2016, the Office of Management and Budget approved MCHB to collect new performance measures from recipients as part of its Discretionary Grant Information System (DGIS). The new performance measures reflect MCHB's strategic and priority areas including financial and demographic information, health domain and program-specific measures, and program-specific measures that highlight the unique characteristics of discretionary grant/cooperative agreement projects that are not already captured. Collectively, these data communicate the MCHB "story" to a broad range of stakeholders on the role of the Bureau in addressing the needs of maternal and child health populations. These performance data will also serve several purposes, including recipient monitoring, performance reporting, MCHB program planning, and the ability to demonstrate alignment between MCHB discretionary programs and the MCH Title V Block Grant program.

These new performance measures will allow a more accurate and detailed picture of the full scope of activities supported by MCHB-administered grant/cooperative agreement programs, while reducing the overall number of performance measures from what was previously used. The MCHB Project Officer will assign a subset of measures relevant to

the program for which the recipients will report. In addition to reporting on the new performance measures, recipients will continue to provide financial and program data.

The new reporting package can be reviewed at: http://mchb.hrsa.gov/sites/default/files/mchb/Data/Discretionary_Grant_Information_System_Performance_Measure_Update.pdf.

New and continuing awards issued on or after October 1, 2016, will be required to report on the new measures. For successful competing continuation awards, recipients will report on their previous year activities (defined as those completed before October 1, 2016) using the forms and measures in DGIS as assigned in the previous FOA.

The successful applicant under this FOA 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. 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.
3) Performance Reports. HRSA has modified its reporting requirements for SPRANS projects, CISS projects, and other grant/cooperative agreement programs administered by MCHB 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, MCHB's authorizing legislation.

a) Performance Measures and Program Data

After the Notice of Award (NoA) is released, the MCHB Project Officer will inform recipients of the administrative forms and performances measures they must report.

b) Performance Reporting Timeline

Successful applicants receiving HRSA funds will be required, within 120 days of the NoA, 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 project period. Recipients will be required, within 120 days of the NoA, 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 obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:

Sarah E. Morgan
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Room 10N PKLN/Open Workstation
Rockville, MD 20857
Telephone: (301) 443-4584
E-mail: smorgan1@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Maureen Perkins
Public Health Analyst
Attn: National Action Partnership to Promote Safe Sleep
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane,
Rockville, MD 20857
Telephone: (301) 443-9163
E-mail: mperkins@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, seven days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
E-mail: 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, 8:00 a.m. to 8:00 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:
Additional information on developing logic models can be found at the following website: http://www.cdc.gov/eval/resources/.

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a timeline 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.

Technical Assistance

A Technical Assistance webinar will be held on Thursday September 15th, 2016 from 3:00pm Eastern Standard Time. The Project Officer will provide an overview of the FOA and be available to answer questions until 4:00 P.M. Eastern Standard Time.

Call information is as follows: call number: **866-692-4541**, code: **3004776#**.

The following meeting web link will be used to display the FOA:

https://hrsa.connectsolutions.com/nappss-ta-call/

IX. Tips for Writing a Strong Application

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