

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

Maternal and Child Health Bureau
Office of Epidemiology and Research

Maternal and Child Health Measurement Research Network

Announcement Type: New and Competing Continuation

Funding Opportunity Number: HRSA-16-034

Catalog of Federal Domestic Assistance (CFDA) No. 93.110

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Application Due Date: May 27, 2016

Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!

Deadline extensions are not granted for lack of registration.

*Registration in all systems, including SAM.gov and Grants.gov,
may take up to one month to complete.*

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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)/ Office of Epidemiology and Research (OER) is accepting applications for the fiscal year (FY) 2016 Maternal and Child Health Measurement Research Network (MCH-MRN). The purpose of the Maternal and Child Health Measurement Research Network (MCH-MRN) is to support a forum that leads to the development of a national agenda for health measurement research by producing an evolving compendium of available high quality measures of maternal and child health, and by identifying gaps in existing measures for future development purposes. The MCH-MRN will thus provide national leadership in enhancing and developing a set of culturally competent health measures for: MCH programmatic planning, screening, service provision, interventions that promote physical and psychosocial health and well-being, and clinical decision-making for primary and secondary prevention of disease, injury, and behavioral issues among at-risk mothers, children (including children with special healthcare needs), adolescents, and families.

The MCH-MRN will specifically address health measurement research for at-risk mothers, children (including children with special health care needs), adolescents, and families, with a focus on programmatic applications. The MCH-MRN will have a strategic focus on health measurements among at-risk MCH populations, which will complement existing investments by other U.S. Department of Health and Human Services (HHS) agencies, such as the National Institutes of Health (NIH) and the Agency for Healthcare Research and Quality (AHRQ).

Funding Opportunity Title:	Maternal and Child Health Measurement Research Network
Funding Opportunity Number:	HRSA-16-034
Due Date for Applications:	May 27, 2016
Anticipated Total Annual Available Funding:	\$300,000
Estimated Number and Type of Award(s):	Up to 1 cooperative agreement
Estimated Award Amount:	Up to \$300,000 per year
Cost Sharing/Match Required:	No
Project Period:	September 1, 2016 through August 31, 2019 (number (3) years)
Eligible Applicants:	Public and nonprofit institutions of higher learning and public or private nonprofit agencies engaged in research or in programs relating to maternal and child health and/or services for children with special health care needs [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

Application Guide

All applicants are responsible for reading and complying with the instructions included in, HRSA's *SF-424 R&R Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguide.pdf> except where instructed in this FOA to do otherwise. A short video for applicants explaining the *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

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I. Program Funding Opportunity Description

1. Purpose

Measures are essential to identifying needs, recording trends, and informing programs and policies. MCH stakeholders are faced with challenges in accessing and using available data tools. The purpose of the Maternal and Child Health Measurement Research Network (MCH-MRN) is to support a forum that will create a national agenda for health measurement research by producing an evolving compendium of available high quality measures of maternal and child health, and by identifying gaps in existing measures for future development purposes. The MCH-MRN will thus provide national leadership in enhancing and developing a set of culturally appropriate health measures for: MCH programmatic planning; screening; service provision; interventions that promote physical and psychosocial health and well-being; and clinical decision-making for primary and secondary prevention of disease, injury, and behavioral issues among at-risk mothers, children (including children with special healthcare needs), adolescents, and families. An improved understanding of the current measurement landscape is necessary to align MCH stakeholders and improve evaluation efforts.

The MCH-MRN will address health measurement research gaps among at-risk mothers, children (including children with special health care needs), adolescents, and families, with a focus on programmatic applications. Examples of measures include but are not limited to: thriving, school readiness, executive function, allostatic load, data capacity, a scale for the Adverse Childhood Experiences (ACE) Study, adequacy of pediatric healthcare utilization, childhood resilience, flourishing, adequate content for prenatal care, and adequacy of health insurance. Identifying measurement gaps will result in a more robust understanding of measurement needs in the field and harmonize measurement efforts among diverse MCH stakeholders.

The compilation of existing measurement tools and identification of measurement challenges and gaps will be an invaluable resource for the MCH community. This resource will lend itself to the development of new MCH measures by leveraging external funds and fostering collaboration among MCH stakeholders.

This network will advance the field by compiling existing measurement tools, identifying measurement gaps, providing resources to MCH stakeholders, and ultimately producing a data source that will improve programmatic activities. The MCH-MRN will have a strategic focus on health measurements among at-risk MCH populations, which will complement existing investments by other HHS agencies, such as NIH and AHRQ.

The goals of the research network are as follows:

1. To establish a Research Network comprised of interdisciplinary experts who represent the MCH lifespan and who are active in the measurement of health and well-being of MCH populations;
2. To formulate a national research agenda with regard to existing and needed health measurements for MCH populations with high relevance to MCHB programs;
3. To collaborate in the development, validation and implementation of new MCH health measures that address identified gaps, using external public and private funding sources; and

4. To translate and apply Network findings into a variety of practices, policies, and processes, such as Title V programs, home visiting programs, Healthy Start Programs, services for children with special health care needs, services that promote child, adolescent, and family health, state and local health departments, community safety net programs, and other public health programs serving MCH populations, particularly those that represent underserved communities, such as low socioeconomic status, racial and ethnic minorities, and rural communities.

Consistent with HRSA's mission as the access agency that provides services to underserved populations, applicants for the MCH-MRN should describe network activities that will address the needs of underserved populations, such as low-income, racial/ethnic minorities, immigrants, individuals who have limited access to services, and/or other underserved populations as defined by the applicant.

The Maternal and Child Health Bureau's intent is to ensure that research activities are responsive to the cultural and linguistic needs of special populations, that services are family-centered and accessible to consumers, and that the broadest possible representation of culturally distinct and historically underrepresented groups is supported through programs and projects sponsored by the MCHB.

The awardee will complete the following major activities:

Infrastructure Development:

- Develop and maintain an interdisciplinary national network (hereafter referred to as "the Network") of research entities;
- Identify gaps, develop and/or update a translational research agenda for scientific studies building upon advances in research as a result of activities described in the incumbent's research agenda;
- Demonstrate the engagement of members in at least 4 disciplines to effectively leverage the network infrastructure and build the capacity to have a greater collective impact;

Communications:

- Develop a schedule of on-going communication among Network members and with the HRSA/MCHB Project Officer;

Network Activities:

- Foster collaboration among network members through ongoing interaction, sharing of information and tools, and development and implementation of research studies;
- Institute monthly meetings among network members and/or advisory groups;
- Set national priorities for health measurement research in MCH populations;
- Collaborate with other federal investments in measurement research;
- Conduct environmental scan of available measurement tools;
- Conduct approximately 20 key informant interviews to inform the development of a strategic action agenda to enhance measurement capacity among Title V and related programs;

- Identify gaps in existing measures and develop and implement new MCH measures that address identified gaps;
- Building the capacity to advance and implement critical research that will address the gaps and promote the research agenda identified by the Network, through both MCHB and other funding sources;
- Assess the validity of any new MCH measures with special attention to the measure's purpose, psychometric quality, targeted population, setting or conditions (e.g., stages of lifespan, health conditions, special populations, Title V performance measures);
- Develop a publicly accessible compendium of validated measures;
- Convene an annual Network meeting with key MCH stakeholder groups including representation from MCHB;
- Submit at least one proposal for external funding;
- Support MCHB programmatic measurement needs;
- Accelerate the translation of measurement research to practice by providing evidence of network products being utilized in the field;
- Provide mentored experiences for new investigators;

Dissemination:

- Develop and implement a plan to disseminate Network findings through at least two peer-reviewed publications, at least two webinars, Network meetings, and other related activities. These activities should serve to facilitate the transfer of Network findings to a broader audience such as researchers, health professionals, policy makers, educators, families;
- Maintain a Network website to disseminate research findings, generate interest in the Network, and expand Network membership;
- Present Network findings at one or more national meetings to ensure appropriate MCHB stakeholders are aware of all Network resources;
- Accelerate the synthesis, analysis and translation of existing and future knowledge to practice in order to provide MCH populations, researchers, practitioners, policymakers, family members and the greater public with useful clinical and public health information;
- Accelerate the impact of measurement research into programs, policies, and processes for the reduction of health disparities among at-risk MCH populations; and
- Provide an electronic copy of any products supported by award funds -- including guidelines, publications, books, pamphlets, slide sets, CD-ROMS, curricula, assessment tools, videos, etc., to be made available to the general public and to MCHB.

2. Background

This program is authorized by Social Security Act, Title V, §501(a)(2), as amended (42 U.S.C. 701(a)(2)). To achieve HRSA Strategic Plan Goal I: Improve Access to Quality Health Care and Services and Goal IV: Improve Health Equity, scholars, health care professionals, and policy-makers are in great need of culturally competent health measures with specific emphasis on at-risk mothers, infants, children (including children with special health care needs), adolescents, and families. An interdisciplinary national research network is thus needed to provide leadership, coordination, and enhancement in the research activities in this area, which will advance MCH

programmatic planning, screening, service provision, interventions that promote physical and psychosocial health and well-being, and clinical decision-making for primary and secondary prevention of disease, injury, and behavioral issues among at-risk mothers, children (including children with special healthcare needs), adolescents, and families. This Research Network will become a national leader in addressing this critical gap.

The Office of Epidemiology and Research, Division of Research supports applied and translational research and research networks relating to MCH services. Funded programs show promise of substantial contribution in enhancing health care services and promoting the health and well-being of mothers, children, and families. For more information about this program, visit our website: <http://www.mchb.hrsa.gov/research>.

II. Award Information

1. Type of Application and Award

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

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.

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

- 1) Assurance of the availability of MCHB personnel or designees to participate in the planning and development of all phases of this activity;
- 2) Review of policies and procedures established for carrying out project activities;
- 3) Participation in meetings and regular communications with the award recipient to review mutually agreed upon goals and objectives and to assess progress;
- 4) Facilitation of effective communication and accountability to HRSA/MCHB regarding the project with special attention to new program initiatives and policy development in public health;
- 5) Assistance in establishing and maintaining federal interagency and inter-organizational contacts necessary to carry out the project;
- 6) Review of documents developed by the Network such as Network operating procedures, authorship guidelines, etc. but excluding manuscripts for submission to peer-reviewed journals; and
- 7) Participation in project activities such as meetings, webinars, presentations, publications, and other forms of disseminating information regarding project results and activities.

The cooperative agreement recipient's responsibilities will include:

- 1) Establishing and maintaining a national network comprised of interdisciplinary experts who represent the MCH lifespan and who are active in the measurement of health and well-being of at-risk MCH populations;
- 2) Identifying national priorities for health measurement research in MCH populations;
- 3) Developing a national research agenda on health measurement for MCH populations with high relevance to MCHB programs;

- 4) Collaborating in the implementation of health measurement research studies across MCHB programs and with external public and private funding sources;
- 5) Collaborating synergistically with other federal investments in measurement research to ensure the inclusion of MCH populations and underserved communities;
- 6) Compiling existing health measures for MCH populations in general and with a special emphasis on at-risk MCH populations. Attention should be paid to the measure's purpose, psychometric quality, targeted population, setting or conditions (e.g., clinical versus non-clinical population, stages of lifespan, health conditions);
- 7) Translating and applying findings of health measurement research into practices, policies, and processes for Title V programs, home visiting programs, Healthy Start Programs, services for children with special health care needs, services that promote child, adolescent, and family health, state and local health departments, community safety net programs, and other public health programs serving MCH populations, particularly those that represent underserved communities, such as low socioeconomic status, racial and ethnic minorities, and rural communities;
- 8) Disseminating Network findings through development of a website, peer-reviewed publications (at least two publications per year), webinars, meetings, and other related activities that will facilitate the transfer of Network findings broadly;
- 9) Incorporating measurement research into programs, policies, and processes to reduce health disparities among at-risk MCH populations;
- 10) Providing an electronic copy of any products supported by award funds -- including guidelines, publications, books, pamphlets, slide sets, CD-ROMS, curricula, assessment tools, videos, etc., to be made available to the general public and to the MCH Research Program, including the tracking of use statistics; and
- 11) Building the capacity to identify the gaps, develop a research agenda, implement research, and incorporate findings into policies at the state and national levels through both MCHB and other funding sources.

The Network will develop a schedule of on-going communication among Network members. The MCHB encourages the use of web-based technology that does not require travel for in-person meetings.

Product and Data Rights

The Maternal and Child Health Measurement Research Network (MCH-MRN) is intended as a national forum to advance research in the measurement of health and well-being among at risk-mothers, children (including children with special health care needs), adolescents, and families. All publications the cooperative agreement recipient develops or purchases with funds awarded under this announcement must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the cooperative agreement recipient owns the copyright for materials that it develops under this cooperative agreement, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this cooperative agreement and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by other researchers. The specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the Notice of Award (NoA). Data and copyright-protected works developed by a sub-recipient also are subject to the Federal Government's copyright license and data rights.

Quality Control and Monitoring

The Principal Investigator (PI) of the cooperative agreement and all collaborating investigators assume and accept the primary responsibility for ensuring Network studies are conducted in compliance with all federal regulations and HHS policies and procedures. All participants under this award will cooperate with HRSA/MCHB and the Network to review operations and advise investigators of specific requirements concerning investigational drug management. With regards to laboratory quality control and data management issues, the awardee and collaborators agree to participate in protocol-defined measures to follow methodological and analytic guidelines established by the Network and HRSA/MCHB.

Subject Safety/Oversight

The PI and collaborators will adhere to protocol-specific measures approved by the Network to assure the safety and protection of the rights of volunteers who may participate in research studies to be conducted as a result of this cooperative agreement. The PI and all collaborators assume and accept the primary responsibility for ensuring Network studies are conducted in compliance with all federal regulations and HHS policies and procedures. All investigators agree and assure that adequate records will be maintained, and that access to these records will be available to enable outside monitors (including MCHB or its designee) to assess compliance with applicable federal laws and regulations. Any project that may utilize human subjects or data from human subjects should consult their Institutional Review Board (IRB) or the Federal Office of Human Research Protection: <http://www.hhs.gov/ohrp/assurances/index.html> for the requirements of IRB review.

2. Summary of Funding

This program expects to provide funding during federal fiscal years 2016 – 2019. Approximately \$300,000 is expected to be available annually to fund one (1) recipient. Applicants may apply for a ceiling amount of up to \$300,000 per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the “Maternal and Child Health Measurement Research Network” 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 will be subject to the Uniform Guidance [2 CFR 200](#) as codified by HHS at [45 CFR 75](#), which supersedes the previous administrative and audit requirements and cost principles that govern federal monies.

III. Eligibility Information

1. Eligible Applicants

As cited in 42 CFR Part 51a.3(b), only public or nonprofit institutions of higher learning and public or private nonprofit agencies engaged in research or in programs relating to maternal and child health and/or services for children with special health care needs are eligible.

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. A Principal Investigator (PI) or Co-Investigator (Co-PI) on an existing MCHB-funded research network cannot serve as PI or Co-PI on more than one MCHB-funded network at a time.

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 the applicant's **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. Applicants must download the SF-424 application package associated with this FOA following the directions provided at [Grants.gov](https://www.grants.gov).

2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 R&R Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program-specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's [SF-424 R&R 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 including biosketches and letters of commitment and support required in the HRSA's [SF-424 R&R Application Guide](#) and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. (Exception: Biographical Sketch in

Appendix A of the *R&R Application Guide* **does** count 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 applicants to take appropriate measures to ensure the 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 R&R 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 R&R Application Guide*](#) (including the budget, budget justification, 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 R&R Application Guide*](#). Include the information requested at the top of the abstract. Prepare the abstract so that it is clear, accurate, concise, and without reference to other parts of the application because it is often distributed to provide information to the public and Congress. Briefly state the principal needs and problem, goals, proposed activities including target population(s), planned coordination, anticipated products, and plans for evaluation.

Abstract content:

- Clearly indicate the FOA number and title.
- **PROBLEM:** Briefly state the principal needs and problems which are addressed by the project.
- **GOAL(S) AND OBJECTIVES:** Identify the major goal(s) and objectives for the project period. Typically, the goal is stated in a sentence or paragraph, and the objectives are presented in a numbered list.
- **PROPOSED ACTIVITIES AND TARGET POPULATION(S):** Describe the programs and activities used to attain the objectives, the target population(s) addressed, and comment on innovations and other characteristics of the proposed plan.
- **COORDINATION:** Describe the coordination planned with and participation of appropriate national, regional, state, and/or local health agencies, interdisciplinary professional groups and providers, and/or organizations that function as stakeholders or partners in the proposed project.
- **PRODUCTS:** Provide a brief description of the anticipated products of this Network, including modes of dissemination of project activities and findings.
- **EVALUATION:** Briefly describe the evaluation methods used to assess program

outcomes and the effectiveness and efficiency of the project in attaining goals and objectives.

From the [Appendix](#) select: (a) a maximum of ten (10) significant content terms that describe your project, and as many (b) targeted populations and (c) age ranges as apply. Include the selected (a) content terms, (b) populations, and (c) age ranges targeted at the end of your abstract.

ii. *Project Narrative*

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

Use the following section headers for the Narrative:

Section I. Background and Significance

Section II. Specific Goals and Objectives

Section III. Project Design: Methods and Evaluation

Section IV. Plan and Schedule of Implementation, and Capability of Applicant

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

In this section, the applicant should demonstrate a thorough knowledge and understanding of interdisciplinary research related to available measures of maternal and child health. In addition, the applicant should critically evaluate the national significance of a research network. Identify issues of concern to, and needs in the field in the use, improvement, and development of measures of maternal and child health. The applicant should demonstrate how interdisciplinary research studies can address these issues. The applicant should provide a brief literature review that discusses the significance of issues and gaps in the available measures of maternal and child health.

- **SECTION II – SPECIFIC GOALS AND OBJECTIVES -- Corresponds to Section V's Review Criteria #2 Response, #4 Impact, #5 Resources/Capabilities**

This section of the narrative **MUST** include a numbered list of the specific goals and objectives (listed in the Purpose section of this announcement) to be accomplished during the funding period. The specific objectives should be succinctly stated. The applicant should be innovative with respect to specific objectives, but should direct attention to the scope of expected activities listed. The applicant should describe the process for developing an integrated research network and present a plan of proposed activities that shows progressive implementation during the three-year project period.

Describe the activities or steps that will be used to achieve each of the project goals. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders and partners in planning, designing, and implementing all activities.

Applicants must submit a logic model for designing and managing their project. Include the logic model in this section (Section II) of the narrative. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this announcement, the logic model should summarize the connections between the:

- Goals of the project;
- Theoretical approach;
- Inputs (e.g., organizational profile, collaborative partners, other resources);
- Target population(s);
- Activities;
- Outputs (i.e., products); and
- Outcomes (i.e., the results of the project, typically describing a change in people or systems).

More information on logic models may be found in [Section VIII](#) of this FOA.

The application should provide documentation (letters of agreement) of participation of an interdisciplinary team that will collaborate to fulfill the goals and objectives of the research network. **Letters of agreement from collaborators should be included in Attachment 2.**

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

A. Methods:

This section of the narrative must provide detailed descriptions of the methodology for accomplishing each of the specific objectives. The applicant must provide sufficient technical detail to demonstrate the necessary steps to accomplish each objective, and to convey to reviewers adequate information to assess the methodology.

The applicant must also indicate the specific methods to be used to evaluate progress in each area of activity. The applicant must list and discuss anticipated obstacles that may be encountered and indicate how each obstacle will be overcome.

It is crucial that the applicant describe how the interdisciplinary team will function in true partnership within the Network to accomplish the goals and objectives. Applicants must anticipate potential problems and challenges that may arise in this process, and propose mechanisms for collaborative resolution.

Successful participation in the Network includes the ability to: (1) identify existing maternal and child health measures and compile these into an evolving compendium of available maternal and child health measures, (2) use the compendium to identify areas where existing measures need further improvements, as well as areas where new measures need to be created; and (3) fully participate in research protocols, dissemination and transfer of Network findings, and (4) build capacity of the Network to advance and

implement research and knowledge regarding the improvement and development of measures of maternal and child health through both MCHB and other funding sources.

In addition, plans to disseminate findings must be described. Including:

- Peer-reviewed publications. It is expected that the Network will produce at least two peer-reviewed publications per study that result from Network research and activities including guidelines;
- Other dissemination to the research and practice communities, as well as families and communities, including but not limited to: informational products and educational opportunities, including two to three webinars, website material, plenary sessions, abstracts, conference presentations, annual Network meetings, and consumer materials for key stakeholders such as providers, communities, states, and families that will promote the transfer of findings to improve care.

B. Evaluation:

Applicants must describe a plan for program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project.

Applicants must describe the systems, processes, and staff that will support the organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. As appropriate, describe the data collection strategies that will be used to collect, analyze, and track data to measure progress and impact/outcomes with different sociocultural groups (e.g., race, ethnicity, language, rural versus urban, socioeconomic, gender), and explain how the data will be used to inform program development and service delivery. Applicants must describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

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

- *SECTION IV – PLAN AND SCHEDULE OF IMPLEMENTATION, AND CAPABILITY OF THE APPLICANT -- Corresponds to Section V's Review Criteria #3 Evaluative Measures, #4 Impact, #5 Resources/Capabilities, #6 Support Requested*

In this section of the narrative, the applicant must provide a description of the organizational plan for management of the project, including an explanation of the roles and responsibilities of interdisciplinary project personnel and collaborators.

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

The applicant must describe its significant experience and the publication record of key

personnel in carrying out interdisciplinary collaborative research and related projects relating to the goals and objectives of the research network.

If the application is a competing continuation, the applicant must also describe its significant experience and accomplishments in Attachment 5: Summary Progress Report.

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

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.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Background and Significance	(1) Need, (2) Response, (4) Impact
Specific Goals and Objectives	(2) Response, (4) Impact, (5) Resources/Capabilities
Project Design: Methods and Evaluation	(2) Response, (3) Evaluative Measures, (4) Impact, (5) Resources/Capabilities
Plan and Schedule of Implementation, and Capability of Applicant	(3) Evaluative Measures, (4) Impact, (5) Resources/Capabilities, (6) Support Requested
Biographical Sketches	(5) Resources/Capabilities
Budget and Budget Justification Narrative	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

1. Budget

See Section 4.1.iv of HRSA's [SF-424 R&R Application Guide](#) Please note: the directions offered in the [SF-424 R&R Application Guide](#) 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 MCH-MRN requires the following:

- The maximum number of budget periods allowed is three (3). A budget period represents 12 months of project effort.
- Applicants for this announcement should use the “Other Sponsored Program/Activities” indirect cost rate. Any non-federal entity that has never received a negotiated indirect cost rate, (except a governmental department or agency unit that receives more than \$35 million in direct federal funding) may elect to charge a de

minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. If chosen, this methodology once elected must be used consistently for all federal awards until such time as a non-federal entity chooses to negotiate for a rate, which the non-federal entity may apply to do at any time. See 45 CFR 75, HHS's codification of the Uniform Guidance at <http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=4d52364ec83fab994c665943dadf9cf7&ty=HTML&h=L&r=P&ART&n=pt45.1.75>, particularly § 75.414 (f) Indirect (F&A) costs.

NOTE: Travel outside of the U.S. is not supported for the MRN.

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 R&R Application Guide](#) for additional information. Note that these or other salary limitations will apply in FY 2016, as required by law.

iii. Budget Justification Narrative

See Section 4.1.v. of HRSA’s [SF-424 R&R Application Guide](#). In addition, the MRN program requires the following:

Staffing Plan and Personnel Requirements

Please refer to instructions in Section 4.1.vi of HRSA’s [SF-424 R&R Application Guide](#). Include the position descriptions (roles, responsibilities, and qualifications of proposed project staff) in the Budget Justification under Personnel costs. The budget justification is uploaded into the Budget Narrative Attachment Form. Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included as Attachment 1. Due to the HRSA 80-page limit, it is recommended that each biographical sketch is no more than two (2) pages in length and must follow the HRSA font/margin requirements. Biographical sketches should document education, skills, and experience that are relevant, necessary, and demonstrate capability to fulfill the assigned roles for the proposed project.

iv. 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 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 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 "Maternal and Child Health Measurement Research Network"*

To inform successful applicants of their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UA6_2.HTML

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. However, this information will be due to HRSA within 120 days after the Notice of Award.

v. ***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: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying key positions. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. Given the 80-page limit, it is recommended that biographical sketches be no more than two pages in length.

Attachment 2: Letters of Agreement/Letters of Support

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

Attachment 3: List of Citations for Key Publications

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

Attachment 4: Summary Progress Report

ACCOMPLISHMENT SUMMARY (FOR COMPETING CONTINUATIONS ONLY)

A well-planned accomplishment summary can be of great value by providing a record of accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered during

the review process; therefore, applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. Because the Accomplishment Summary is considered when applications are reviewed and scored, **competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do.** The Accomplishment Summary will be evaluated as part of Review Criterion 4: Impact and Review Criterion 5: Resources/Capabilities.

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

- (1) The period covered (dates).
- (2) Specific Objectives - Briefly summarize the specific objectives of the project as actually funded.
- (3) Results- Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.
- (4) Impact – Provide a summary of the impact of the project including the dissemination of findings through peer-reviewed publications as well as other dissemination efforts.

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

Attachments 7-15: Other Relevant Documents, As Necessary

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

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

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Each applicant 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 it has 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 an applicant/recipient organization has 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 R&R 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 May 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 R&R Application Guide](#) for additional information.

5. Intergovernmental Review

The “Maternal and Child Health Measurement Research Network” is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

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

6. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than \$300,000 total cost (direct plus indirect expenses) 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 travel outside of the U.S.

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 R&R Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2016, as required by law.

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 the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant 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 *Maternal and Child Health Measurement Research Network* has *six (6)* review criteria:

Criterion 1: NEED (10 points) – Corresponds to Section IV’s Background and Significance

- The extent to which the application describes an approach to interdisciplinary collaborative multi-site research to address the identified needs, including the needs of underserved populations, such as low-income, racial/ethnic minorities, immigrants, individuals who have limited access to services, and/or other underserved populations.

Criterion 2: RESPONSE (20 points) – Corresponds to Section IV’s Background and Significance; Specific Goals and Objectives

- The extent to which the proposed project responds to the “Purpose” included in the program description.
- The clarity of the proposed goals and objectives and their relationship to the identified project.
- The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.
- The extent to which the applicant demonstrates awareness of previous work in the area of this project, including citation of relevant literature and justification of the need for the Network.
- The extent to which the goals and objectives are clear, concise, and appropriate.
- The extent to which the aims of the project will advance scientific knowledge, technical capability, and/or clinical practice or other services and act as a catalyst in developing methodology, treatments, practice, services, or preventive interventions.
- The extent to which the application describes critical research and methodology that challenges and seeks to shift current research, practice, or service paradigms by utilizing innovative theoretical concepts, approaches or methodologies, instrumentation, or interventions. The extent to which a refinement, improvement, or new application of theoretical concepts, approaches or methodologies, instrumentation, or interventions is proposed.
- The extent to which the applicant addresses and includes information on all activities described in the “Purpose” section for this competition.
- The extent to which the proposed logic model is clear.

Criterion 3: EVALUATIVE MEASURES (20 points) – Corresponds to Section IV’s Project Design: Methods and Evaluation; Plan and Schedule of Implementation, and Capability of Applicant

- The strength and effectiveness of the method proposed to monitor and evaluate the project results.
- Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.
- The extent to which the objectives are time-framed and measurable.
- The extent to which the proposed activities are capable of attaining project goals and objectives.
- The extent to which the plan and methodology for establishing and managing the Network described in the proposal are appropriate, feasible, and of high quality.
- The degree to which a familiarity and experience with data gathering procedures as they relate to collaborative and interdisciplinary research are described.
- The degree to which the methods include an effective publication and dissemination plan.
- The dissemination plan includes but is not limited to producing at least two peer-reviewed publications per study, disseminating information to scientific and professional audiences, number of times information shared with MCH program audiences (e.g., State Title V, MIECHV), disseminating project brochures in person or through the website.
- The degree to which the methods section includes other dissemination to the research and practice communities, as well as families and communities that will promote the transfer of findings to improve care.
- The degree to which measurable evaluation measures are included for each described objective, with a timeline for evaluation consistent with the plan and schedule of implementation.

Criterion 4: IMPACT (20 points) – Corresponds to Section IV's Background and Significance; Specific Goals and Objectives; Project Design: Methods and Evaluation; Plan and Schedule of Implementation, and Capability of Applicant

- The quality of the applicant's plan for the establishment of a Network and the nature and technical quality of the activities proposed.
- The significance of the project in terms of its potential impact in creating a multi-site, collaborative, interdisciplinary research network that will lead and promote coordinated research activities.
- The extents to which the project will advance the field, identify effective points of intervention, and coordinate research activities to promote health across the lifespan.
- The extent to which there is an effective publication and dissemination plan to facilitate the transfer of Network findings to a broad audience including researchers, health and related professionals, policy makers, educators, and families.
- The extent to which the applicant has a feasible plan for meeting the expectation to produce the expected minimum number of peer-reviewed publications (i.e., at least two peer-reviewed publications per study).
- The extent to which the applicant describes a plan to ensure successful collaboration with all key partners identified in the proposal.
- For competing continuation applications, the extent to which the applicant describes the impact of the project including the dissemination of findings through peer-reviewed publications as well as other dissemination efforts.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV’s Specific Goals and Objectives; Project Design: Methods and Evaluation; Plan and Schedule of Implementation, and Capability of Applicant

- The extent to which project personnel and collaborators are qualified by training and/or experience to implement and carry out the project.
- The capabilities of the applicant organization and collaborators, and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.
- The PI and project team’s documented history of leadership in the conduct of multi-site, interdisciplinary, collaborative research and publication record.
- The extent to which the PI, staff, and collaborators are well-qualified by training and/or expertise to develop the infrastructure of the research network and to accomplish the activities of the Network as described in this FOA.
- The extent to which the PI and other key personnel demonstrate current and/or past success in publishing the findings of their research.
- The extent to which the applicant has the existing resources/facilities to achieve project objectives and to successfully support the research network described in the proposal.
- For competing continuation applications, the extent to which the applicant describes their significant experience and accomplishments in attaining the goals and objectives during the previously awarded project period (Attachment 5).

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV’s Plan and Schedule of Implementation, and Capability of Applicant; and Budget and Budget Justification Narrative

- The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research and related activities, and the anticipated results.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which budget line items are well described and justified in the budget justification.
- The extent to which time allocated by key personnel is appropriate to achieve project objectives.

2. Review and Selection Process

Please see Section 5.3 of HRSA’s [*SF-424 R&R Application Guide*](#).

This program does not have any funding priorities, preferences or special considerations.

3. Assessment of Risk

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](#)).

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 Federal 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](#)).

The decision not to make an award or to make an award at a particular funding level, is discretionary and is not subject to appeal to any HHS Operating Division or HHS official or board.

4. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 1, 2016.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of September 1, 2016. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's [SF-424 R&R Application Guide](#).

Human Subjects Protection:

Federal regulations (45 CFR 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, recipients must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in the Code of Federal Regulations, Title 45 – Public Welfare, Part 46 – Protection of Human Subjects (45 CFR 46), available online at <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>.

Rights in Data:

In all cases, whether HHS funded all or part of the project or program resulting in the data, the Federal Government must be given a royalty-free, nonexclusive, and irrevocable license for the Federal Government to reproduce, publish, or otherwise use the material and to authorize others to do so for federal purposes, e.g., to make it available in government-sponsored databases for use by other researchers. Additional information on the HHS Grants Policy Statement on “Rights in Data” is available online at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>.

3. Reporting

MCHB intends to update the Discretionary Grant Information System with new Discretionary Grant Performance Measures. As announced in the Federal Register on November 6, 2015 (<https://www.gpo.gov/fdsys/pkg/FR-2015-11-06/pdf/2015-28264.pdf>), the DRAFT Performance measures introduce a new performance measure framework and structure that will better measure the various models of MCHB grant programs and the services each funded program provides. The performance data will 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. This revision will allow a more accurate and detailed picture of the full scope of activities supported by MCHB-administered grant programs, while reducing the overall number of performance measures from what is currently used. The proposed performance measures can be reviewed at: <http://mchb.hrsa.gov/dgis.pdf>. In addition to the reporting on the new performance measures, recipients will continue to provide financial and program data, if assigned.

Pending approval from the Office of Management and Budget (OMB), the new package will apply to all MCHB discretionary grant recipients. New and existing grants awarded on or after October 1, 2016, will be required to report on measures assigned by their Project Officer. Additional instructions will be provided on how to access the new DGIS once it becomes available for recipient reporting. For grant activities funded with 2015 dollars, recipients will continue to report on their currently assigned measures in DGIS.

The successful applicant under this FOA must comply with Section 6 of HRSA's [SF-424 R&R Application Guide](#) and the following reporting and review activities:

- 1) **Progress Report(s).** The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.
- 2) **Other required reports and/or products.**
 - a) **Semi-Annual Performance Report.** Within six months from the annual award date, the awardee must submit a semi-annual performance report. Further information will be provided to the award recipient.
 - b) **Final Comprehensive Report(s).** A final comprehensive report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies, core performance measurement data, impact of the overall project, the degree to which the awardee achieved the mission, goal and strategies outlined in the program, awardee objectives and accomplishments, barriers encountered, and responses to summary questions regarding the awardee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.
- 3) **Dissemination.**

The awardees of the MRN will be required to notify their HRSA project officer as soon as they are aware their research is being or has been published. Awardees must report back to HRSA regarding the execution of their dissemination plans as part of the semi-annual performance report, non-competing continuation (NCC) application

and the final comprehensive report including but not limited to: peer-reviewed publications, informational products and educational opportunities, including website material, webinars, plenary sessions, abstracts, conference presentations, and consumer materials for key stakeholders such as researchers, providers, communities, states, and families that will promote the transfer of findings to improve care.

Prompt and timely presentation and publication in the scientific literature of Network findings from research and research-related activities is required. As per HHS grants policy guidelines (See “Publications” section on page II-73 at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>), the awardee agrees to acknowledge HRSA support in the publications, presentations, and other products resulting from research and other activities conducted under this program. Peer-reviewed publications are the cardinal measure of success of the MCH Research Program.

4) Performance Reports.

HRSA has modified its reporting requirements for SPRANS projects, CISS projects, and other grant 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 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.

a) Performance Measures and Program Data

To prepare successful applicants for their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UA6_2.HTML.

1. Performance Reporting

Successful applicants receiving HRSA funds will be required, within 120 days of the Notice of Award (NoA), to register in HRSA’s Electronic Handbooks (EHBs) and electronically complete the program-specific data forms that appear for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UA6_2.HTML. 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.

b) 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 at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UA6_2.HTML

. 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.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:

Tonya Randall, Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM

5600 Fishers Lane, Room 10W09A
Rockville, MD 20857
Telephone: (301) 594-4259
Fax: (301) 594-6096
E-mail: trandall@hrsa.gov

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

Jessica DiBari, PhD, MHS
Health Scientist, Division of Research, Office of Epidemiology and Research
Attn: Maternal and Child Health Measurement Research Network (MCH-MRN)
Maternal and Child Health Bureau, HRSA

5600 Fishers Lane, Room 18N136A
Rockville, MD 20857
Telephone: (301) 443-4690
E-mail: JDibari@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should 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:

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

VIII. Other Information

Relevant Websites:

MCH Research Website

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

Human Subjects Assurances

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

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

Inclusion of Children Policy Implementation

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

Making Websites Accessible: Section 508 of the Rehabilitation Act

<http://www.section508.gov/>

Healthy People 2020

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

Surgeon General's Health Reports

<http://www.surgeongeneral.gov/library/>

Bright Futures

<https://brightfutures.aap.org/Pages/default.aspx>

National Center for Cultural Competence

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

Medical Home

<http://www.medicalhomeinfo.org/>

Institute of Medicine

<http://www.iom.edu>

Logic Models:

Additional information on developing logic models can be found at the following website:
http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm.

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>.

IX. Tips for Writing a Strong Application

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

Appendix: Key Terms for Project Abstracts

(a) Content Terms (maximum of 10)

Health Care Systems & Delivery

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

Primary Care & Medical Home

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

Insurance & Health Care Costs

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

Prenatal/Perinatal Health & Pregnancy Outcomes

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

Nutrition & Obesity

- ❑ Breastfeeding
- ❑ Nutrition & Diet
- ❑ Obesity & Weight

- Physical Activity

Parenting & Child Development

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

School Settings, Outcomes, & Services

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

Screening & Health Promotion

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

Illness, Injury, & Death

- Emergency Care
- Infant Illness & Hospitalization
- Maternal Illness & Complications
- Mortality
- Safety & Injury Prevention
- SIDS/SUID
- Trauma & Injury

Mental/Behavioral Health & Well-being

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

Special Health Care Needs & Disabilities

- ADD/ADHD
- Asthma
- Autism
- Chronic Illness

- ❑ Developmental Disabilities
- ❑ Special Health Care Needs
- ❑ YSHCN Transition to Adulthood

Life Course & Social Determinants

- ❑ Neighborhood
- ❑ Life Course
- ❑ Social Determinants of Health

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

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

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

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