

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Health Resources & Services Administration

Maternal and Child Health Bureau
Division of MCH Workforce Development

Children's Healthy Weight State Capacity Building Program

Funding Opportunity Number: HRSA-20-043
Funding Opportunity Type(s): New
Assistance Listings (CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

Application Due Date: April 16, 2020

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

Issuance Date: January 17, 2020

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2020 Children’s Healthy Weight State Capacity Building Program. The purpose of this program is to build state capacity around MCH nutrition by increasing the MCH nutrition competency of the state Title V workforce and optimizing MCH nutrition-related data sources to contribute to data-driven programs and activities related to assessment, policy development, and assurance.

Funding Opportunity Title:	Children’s Healthy Weight State Capacity Building Program
Funding Opportunity Number:	HRSA-20-043
Due Date for Applications:	April 16, 2020
Anticipated Total Annual Available FY 2020 Funding:	\$300,000
Estimated Number and Type of Award(s):	Up to one cooperative agreement
Estimated Award Amount:	Up to \$300,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2020 through August 31, 2025 (5 years)
Eligible Applicants:	Any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b) is eligible to apply. See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are also eligible to apply. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Wednesday, February 12, 2020

Time: 1:30 – 2:30 p.m. ET

Call-In Number: 1-888-469-2153

Participant Code: 3688084

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

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

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Children's Healthy Weight State Capacity Building Program. The purpose of this program is to build state capacity around MCH nutrition by increasing the MCH nutrition competency of the state Title V workforce and optimizing MCH nutrition-related data sources to contribute to data-driven programs and activities related to assessment, policy development, and assurance.

The specific objective of the Children's Healthy Weight State Capacity Building Program is to develop three state models in MCH nutrition integration, which can then be implemented and replicated in states nationwide. These state models will focus on **(1) increasing the MCH nutrition competency of the state Title V workforce and (2) optimizing MCH nutrition-related data sources to contribute to data-driven programs and activities related to assessment, policy development, and assurance**. The state models will increase access to high-quality, evidence-based nutrition services for MCH populations, including all women of childbearing age and their children, using innovative strategies to build state capacity to integrate nutrition statewide into Title V programs. This program will support states to strengthen, align, and coordinate current nutrition programs, services, and resources in order to build and expand capacity around MCH nutrition.

The Children's Healthy Weight State Capacity Building Program will build on lessons learned from, and formative work currently underway in, the [Children's Healthy Weight CoIIN](#) (CHW-CoIIN) to support states in developing and/or increasing capacity to improve the nutritional status of MCH populations across the lifespan. The program will increase partnerships and collaboration across MCH agencies to support nutrition integration into Title V programs and increase awareness of the importance of coordinated statewide MCH nutrition services.

HRSA will award one cooperative agreement to a recipient to develop three state models in MCH nutrition integration. The recipient will identify the three states to develop in to state models; states will be selected based on readiness and documented support for nutrition integration activities, such as a statewide MCH nutrition needs assessment. The recipient will provide direct financial support to the three states for development of state models, engaging in joint planning with key stakeholders to determine assets, set priorities, share resources, and implement innovative activities. The recipient will build state capacity around MCH nutrition by coordinating and providing MCH nutrition leadership, intensive state-specific technical assistance (TA) related to the integration of MCH nutrition across Title V programs (e.g., innovative implementation strategies, data integration, collaborative learning), and facilitating collaborative activities across state MCH agencies. The recipient will support states to build and strengthen partnerships to promote the integration of evidence-based nutrition in state Title V programs.

2. Background

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

Childhood obesity is a serious health problem in the United States, affecting nearly 14 million children and putting children and adolescents at risk for poor health. From 1999–2000 through 2015–2016, a significantly increasing trend in obesity was observed in both adults and youth.¹ Despite these trends, state Title V programs have seen a decrease in public health nutrition services and personnel over the last 10–15 years.^{2,3,4}

Research indicates that the public health nutrition workforce faces several challenges, including limited Full Time Equivalents (FTEs) in U.S. states, territories, and Tribal organizations, and high rates of intention to retire among the current workforce.³ Barriers related to public health nutrition workforce capacity at the state level have persisted over time, with recent surveys of public health nutritionists indicating that over 25 percent plan to retire in the next 5 years, and only 8 percent report workforce capacity as a major emphasis of their position.^{2,4,5,6,7} There are other federal programs, such as the Special Supplemental Program for Women, Infants, and Children (WIC), that are essential in meeting the food and nutrition education needs of pregnant women and children with low incomes; yet these programs are income-dependent and are not responsible for broad-based state assessment, planning and population-based services to meet the health needs of all MCH populations.⁸ Title V programs, however, have a broad mission: as one of the largest federal block grant programs, Title V is a key source of support for promoting and improving the health and well-being of the nation's mothers, children, which include children and youth with special health care needs (CYSHCN), and their families. States have flexibility in how Title V funds are used to support a wide range of activities that address state and national needs, which can include addressing infrastructure and population-based comprehensive MCH nutrition services at a state level across the life course.

Despite the flexibility within Title V programs to address nutrition, there is a lack of understanding of the unique role of public health nutrition.² Furthermore, while there are Title V National Performance Measures related to breastfeeding and physical activity, the lack of a national Title V performance measure on nutrition highlights the need for nutrition-related data that states can use as a baseline for program

¹ [Prevalence of Obesity Among Adults and Youth: United States, 2015-2016](#). Hales CM, Carroll MD, Fryar CD, Ogden CL. NCHS Data Brief. 2017 Oct;(288):1–8.

² [The future of MCH nutrition services: a commentary on the importance of supporting leadership training to strengthen the nutrition workforce](#). Baer MT, Harris AB, Stanton RW, Haughton B. *Matern Child Health J*. 2015 Feb;19(2):229–35.

³ Haughton, B., George, A. (2007). *Survey of the Public health nutrition workforce (2006–2007)*. http://www.asphn.org/resource_files/117/117_resource_file1.pdf

⁴ [The Public Health Nutrition workforce and its future challenges: the US experience](#). Haughton B, George A. *Public Health Nutr*. 2008 Aug;11(8):782–91

⁵ Public Health Workforce Interests and Needs Survey, 2017. <https://asphn.org/wp-content/uploads/2018/10/WINS-2017-Report.pdf>

⁶ Directors Assessment of Workforce Needs Survey (DAWNS) Affiliate Report, Association of State Public Health Nutritionists, 2018. <https://asphn.org/wp-content/uploads/2018/10/DAWNS-Affiliate-Report.pdf>

⁷ ASPHN Needs Assessment Member Survey, 2014. <https://asphn.org/wp-content/uploads/2017/10/2014-Training-Needs-Assessment.pdf>

⁸ Kent, H.M. (2011). *Improving the nutritional well-being of women, children and their families (brief) maternal and child health nutrition council*. Association of State and Territorial Public Health Nutrition Directors (ASTPHND).

prioritization. As a result of these issues, agencies may not fully utilize the breadth of public health nutritionists' skillset. Public health nutritionists have valuable expertise in nutrition science, as well as training in primary prevention and population-based environmental and policy interventions. This expertise can be leveraged to address Title V priorities across the life course, including infant mortality, preconception care, lead poisoning, childhood obesity.

HRSA implemented the Children's Healthy Weight Collaborative Improvement and Innovation Network (CHW-ColIN) from 2016–2019 to support MCH state Title V programs in adopting evidence-based or evidence-informed policies and practices related to nutrition, physical activity, and breastfeeding to promote healthy weight among all children, including those with special health care needs. The goal of the CHW-ColIN is to strengthen states' efforts to address [National Performance Measures](#) (NPMs) related to breastfeeding (NPM 4) and physical activity (NPM 8), as well as the [National Outcome Measure](#) (NOM) related to healthy weight. Currently 11 state teams are working in the CHW-ColIN to establish new policies or practices that address social and ecological barriers to breastfeeding. Seven state teams are working to increase the number of schools and programs implementing components of the Comprehensive School Physical Activity Program (CSPAP) model. As of December 2018, 19 new policies that address social and ecological barriers to breastfeeding were implemented and 51 new schools are now implementing at least one component of the CSPAP model. In addition, state teams completed statewide MCH nutrition needs assessments and are starting work on innovative nutrition integration projects. However, states are limited in their ability to implement the innovative nutrition projects.

The Children's Healthy Weight State Capacity Building Program will build on the work of the CHW-ColIN by supporting three states in building workforce capacity and increasing knowledge of best practice models, quality improvement, and assessment tools for effective integration of nutrition across Title V and related programs at the state level.

For additional information on HRSA's Maternal and Child Health Bureau (MCHB), please visit <https://mchb.hrsa.gov/>.

For additional information on HRSA/MCHB's Division of MCH Workforce Development, please visit <https://mchb.hrsa.gov/training/>.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

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

HRSA program involvement will include:

- Assure the availability of experienced MCHB personnel to participate in the planning and development of all phases of this cooperative agreement, including ongoing review of the establishment and implementation of activities, procedures, measures, and tools for accomplishing the goals of the cooperative agreement;
- Assist in establishing the federal interagency and state contacts necessary for successful completion of tasks and activities identified in the approved scope of work;
- Identify other recipients and organizations with whom the recipient will be asked to develop cooperative and collaborative relationships;
- Assist the recipient to establish, review, and update priorities for activities conducted under the auspices of this cooperative agreement;
- Provide review and advisory input of any publications, audiovisuals, and other materials produced, as well as meetings planned, under the auspices of this cooperative agreement;
- Participate, as appropriate, in conference calls, meetings, and TA/state sessions; and
- Support efforts of targeted communication and dissemination of project findings, best practices, and lessons learned from the project.

The cooperative agreement recipient's responsibilities will include:

- Complete activities proposed in response to the [Program Activities](#) section of this notice of funding opportunity (NOFO);
- Modify and/or develop TA activities in support of the three states identified;
- Convene and lead meetings during the period of performance with the three participating states.
- Provide sound management, oversight, and monitoring of participating states' progress, performance, and activities under the cooperative agreement.
- Identify and engage national organizations and key stakeholders to improve quality, impact, and reach of the program.
- Inform the HRSA project officer of any publications, audiovisuals, and other materials produced prior to distribution under the auspices of the cooperative agreement;
- Participate in meetings and conference calls with HRSA conducted during the period of this cooperative agreement;
- Collaborate with HRSA on ongoing review of activities, procedures, and budget items; and
- Provide leadership in data collection and analysis as related to evaluation of the program.

2. Summary of Funding

HRSA estimates approximately \$300,000 to be available annually to fund one recipient. The actual amount available will not be determined until enactment of the final FY 2020 federal appropriation. You may apply for a ceiling amount of up to \$300,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is September 1, 2020 through August 31, 2025 (5 years).

Funding beyond the first year is subject to the availability of appropriated funds for Children's Healthy Weight State Capacity Building Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

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

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in [Section IV.4](#) non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are not allowable.

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

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](#) using the SF-424 workspace application package associated with this NOFO following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

The NOFO is also known as “Instructions” on Grants.gov. You must provide your email address when reviewing or preparing the workspace application package in order to receive notifications including modifications and/or republications of the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

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

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

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **70 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You, on behalf of the applicant organization certify, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
- 3) Where you are unable to attest to the statements in this certification, an explanation shall be included in Attachments 7–15 Other Relevant Documents.

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

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#) (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), 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, consistent with forms and attachments, and well-organized so that reviewers can understand the proposed project.

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

- **INTRODUCTION** -- *Corresponds to Section V's Review Criterion #1: Need*
Briefly describe the purpose of the proposed project and identify the three states you propose to develop into state models of excellence in MCH nutrition.
- **NEEDS ASSESSMENT** -- *Corresponds to Section V's Review Criterion #1: Need*
Describe the background of the proposal by critically evaluating the national and state-level need/demand for MCH nutrition capacity in state Title V programs, specifically identifying the Title V workforce needs to be addressed and gaps that the project intends to fill. Summarize the need for examples of sustainable state models with increased MCH nutrition capacity for the coordination of statewide MCH nutrition services, specifically as related to increased nutrition competency for the Title V workforce and optimizing available data sources.

States face challenges in developing foundational capacity to implement evidence-based strategies and integrating MCH nutrition within state Title V programs in the absence of a national performance focused uniquely on MCH nutrition. Propose strategies you will use to support states to overcome these challenges. Provide information that shows an understanding of challenges at the state level related to coordinating MCH nutrition services in state Title V MCH programs that do not have a dedicated FTE to work on MCH nutrition programs. Provide information that demonstrates an understanding that each state has unique needs depending on their infrastructure and resources and that state models in MCH nutrition will be diverse models and have different strengths. Discuss how you will work with states to overcome these unique challenges.

Describe the process you used to collect state-level MCH nutrition workforce capacity needs assessment data from the three states you propose to support. Describe how the state-level MCH nutrition workforce needs assessment for your three states was of high quality. The [Appendix](#) provides an example of a state-level Title V MCH nutrition needs assessment.

- **METHODOLOGY** -- Corresponds to Section V's Review Criteria [#2: Response](#) and [#4: Impact](#)

State the overall goal(s) of the project and list the specific objectives that respond to the stated need/purpose for this project. The objectives should be specific, measurable, achievable, relevant, and time-oriented (SMART) with specific outcomes for each project year, which are attainable in the stated time frame.

Program Activities

This program is expected to serve as a coordinating center of expertise, best practices, resources, and TA activities for three identified states in order to build state models in MCH nutrition integration and increase access to coordinated state Title V MCH nutrition services, particularly for MCH populations not eligible for WIC services. HRSA anticipates the Children's Healthy Weight State Capacity Building Program will leverage resources and build workforce capacity to support state MCH nutrition programs by increasing alignment among MCH nutrition investments and resources within states and with other federal agencies' investments.

Identify the three states you selected. You should select the three states based on readiness and documented support for nutrition integration activities, such as a completed statewide nutrition needs assessment. The [Appendix](#) provides an example of a state-level MCH nutrition needs assessment. Briefly describe the process you used for selecting the three states included in your proposal.

Build on Lessons Learned from the Children's Healthy Weight Collaborative Improvement and Innovation Network (CHW-CoIIN)

Lessons learned from the CHW-CoIIN include:

- (1) TA must be specifically tailored to the unique conditions and context for a particular state to increase effectiveness of the program; understanding the current infrastructure in the state, including state organization of nutrition services (i.e., where nutrition programs reside within the state) and state resources (e.g., available data sources, current and projected workforce capacity, nutrition investments, established partnerships) is critical to understanding how best to support states through TA.
- (2) State resources are required to build/create complex systems changes. Nearly all state CHW-CoIIN teams reported the lack of a dedicated funding stream to support their work as a limit on their progress.
- (3) A range of partners must be at the table. Depending on how nutrition programs are organized and overseen within the state, different key stakeholders need to be involved. It can be a challenge to coordinate efforts, capacity, and available data in order to effect change and leverage resources.

Given these three lessons learned from the CHW-CoIIN, demonstrate that you:

- (1) have expertise and experience in providing targeted and tailored TA to states around MCH nutrition integration in state Title V programs,
- (2) have experience managing resources to states, and

- (3) have experience bringing together key partners relevant to MCH nutrition integration activities.

Discuss your experience mapping a network to build a comprehensive, systems-building approach to MCH nutrition integration in state Title V programs.

Provide Intensive TA and Support to Three States

Describe a plan for working with the three identified states to provide intensive and individualized TA and training, leadership development, and support for activities/strategies noted below. Describe a plan for intensive TA consisting of individual ongoing coaching and consultation based on the unique needs of each state, which focuses on:

(1) Increasing the nutrition competency of the state Title V workforce.

Examples of activities at the state level could include: optimizing the number of MCH nutrition FTEs in the state Title V workforce; supporting the use of continuing education and training from credentialing organizations, professional associations, academic institutions, and other groups to strengthen the nutrition knowledge and skills among other health professionals in the Title V workforce; disseminating MCH nutrition-related resources to state Title V staff; providing training on best practice models and innovative strategies for integrating MCH nutrition across programs; integrating evidence-based MCH nutrition with existing educational opportunities; developing statewide coalitions.

(2) Optimizing MCH nutrition-related data sources to contribute to data-driven programs and activities related to assessment, policy development, and assurance.

Examples of activities at the state level could include: contributing to the evidence base by identifying effective implementation strategies; increasing linkages of MCH nutrition-related datasets; improving access to MCH nutrition data to track nutrition-related [Evidence-based or -informed Strategy Measures](#) (ESMs) that align with state Title V MCH Block Grant priorities; developing a plan to overcome barriers to data linkage; developing products that demonstrate the use of linked data to inform decision making for improved MCH nutrition-related outcomes.

Briefly describe how your plan will use innovative strategies to integrate nutrition across Title V programs within a particular state.

Central to this program is the provision of financial support through subawards to three states. HRSA expects the recipient to provide up to 60 percent of the budget for subawards to the three states, with equal funding provided to each state.

Describe plans to do so. Describe your organizational process for the management of any subawards you will issue under the cooperative agreement. Include a description of your subaward process from initiation to approval, your timeline for procurements, and communication. Describe how you will provide oversight and monitoring of each state's progress, performance, and activities to ensure timely completion.

Establish Partnerships

Describe how you will identify and engage key partnerships with national organizations and key stakeholders to improve quality, impact, and reach of the program. This may include subject matter experts in key areas such as MCH nutrition, Title V programs and services, childhood obesity, CYSHCN, early child development, child care, education systems, rural health, epidemiology, and systems change.

Dissemination and Sustainability

Describe a plan for dissemination, including your strategy to share information and knowledge generated by the program. Dissemination efforts should aim to increase the spread of state models in MCH nutrition to other states across the country. Information and knowledge generated by the program will be shared with others working to meet the nutrition needs of the MCH population. Describe plans to evaluate the extent to which other states will receive information regarding state models in MCH nutrition and potential for implementation and spread. Describe how you will assess the relative success of the dissemination efforts.

Describe your plan to disseminate findings to key stakeholders, including evaluation findings, barriers encountered, and noted successes, as well as a comprehensive evaluation report to HRSA.

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

- **WORK PLAN** -- Corresponds to Section V's Review Criteria [#2: Response](#) and [#4: Impact](#)

Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section. Use a 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 developing the application.

Submit the work plan in table format as **Attachment 1**.

Include three brief state concept proposals (no more than one page per state proposal). In each proposal, briefly describe your plans to increase the nutrition competency of their state Title V workforce and optimize MCH nutrition-related data sources to contribute to data-driven programs and activities related to assessment, policy development, and assurance, given the conditions within that state. The concept proposals may be in table form or given as narrative. Please include these three proposals as Attachments 7, 8, and 9.

Logic Models

Submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:

- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources). Base assumptions on research, best practices, and experience.
- Inputs (e.g., organizational profile, collaborative partners, key personnel, 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 of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

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. You can find additional information on developing logic models at the following website:

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

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

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

Provide information that demonstrates an understanding that each state has unique needs depending on their infrastructure and resources and that state models of excellence in MCH nutrition will have diverse models and different strengths. Discuss how you will work with states to overcome these unique challenges. Strategies in the work plan should reflect the needs and challenges that have been identified.

- **EVALUATION AND TECHNICAL SUPPORT CAPACITY** -- *Corresponds to Section V's Review Criteria #3: Evaluative Measures and #5: Resources/Capabilities*

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

As appropriate, describe the data collection strategy to collect, analyze, and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development. Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

Present a plan for evaluation of the program and evaluation research activities that analyze the implementation process and overall performance of the program. Describe your evaluation plan for both the overall Children's Healthy Weight State Capacity Building Program, as well as the state-level project. Describe how your plan will assess the impact of the training and TA provided to the states, including the data you plan to collect from the three states to demonstrate impact. This plan may include an ongoing quality improvement strategy to measure and improve the implementation and impact of activities. Describe how you will continually assess the effectiveness and impact of the TA and training and address any identified gaps. Describe how you will continually update TA and training for each state based on its changing and evolving needs. Describe how your plan will guide implementation strategies throughout the 5 years of the program. Describe how your plan will assess the impact of the overall program on MCH populations.

- **ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5: [Resources/Capabilities](#)**

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

Describe project personnel, including any proposed partners that will be engaged to fulfill the program requirements. Include relevant experience, skills, qualifications, and expertise of staff to implement and carry out statewide programs, including any previous work of a similar nature. Describe how your assigned project personnel have sufficient training to refine, collect, and analyze data for evaluation. Include a staffing plan and job descriptions for key personnel in **Attachment 2** and biographical sketches of key personnel in **Attachment 3**.

Include an organizational chart as **Attachment 4**. Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds including awarding and monitoring all subawards, and document all costs to avoid audit findings. Describe how you will routinely assess and improve the unique needs of target populations of the communities served.

Demonstrate that you have or are able to obtain the expertise on key topic areas such as MCH nutrition, Title V programs and services, childhood obesity, CYSHCN, early child development, child care, education systems, rural health, epidemiology, and systems change.

Describe relationships with any organizations with which you intend to partner, collaborate, coordinate efforts, or receive assistance from, while conducting the

project activities. Include any letters of agreement, including from proposed states, in **Attachment 5**.

Demonstrate how your organization has the adequate experience, infrastructure, and staffing in place to provide coaching, targeted TA, and training to states to implement strategies outlined in the work plan. Describe your organization’s experience with Title V programs and, in particular, describe your organization’s experience with providing TA to integrate MCH nutrition in Title V programs.

Include any relevant experience and expertise on MCH nutrition and systems change at the state level as well as experience implementing, managing, and evaluating similar projects related to MCH nutrition in Title V.

NARRATIVE GUIDANCE	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
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. Follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and by carefully following the approved plan can avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to

the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

The Further Consolidated Appropriations Act, 2020 (P.L. 116-94), Division A, § 202 states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II. . . .” See Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. Budget Narrative

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

In addition to the overall program budget narrative, provide budget narratives explaining the amounts requested for each of the three states included in the proposal.

v. Program-Specific Forms

Program-specific forms are not required for application.

vi. Attachments

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

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#). Also include the required logic model in this attachment. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA’s [SF-424 Application Guide](#))

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

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

Attachment 4: Project Organizational Chart

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

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

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

Attachment 6: For Multi-Year Budgets--5th Year Budget

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B, which does not count in the page limit; however, any related budget narrative does count. See Section 4.1.iv of HRSA's [SF-424 Application Guide](#).

Attachments 7–15: Other Relevant Documents.

Include here any other documents that are relevant to the application, including letters of support. Three brief (no more than one page each) concept proposals – one for each state – should be included as Attachments 7, 8, and 9. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

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

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

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

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

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA's [SF-424 Application Guide](#).

SAM.GOV ALERT: For your SAM.gov registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at [SAM.gov](#).

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *April 16, 2020 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

Children's Healthy Weight State Capacity Building 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 period of performance of up to 5 years, at no more than \$300,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division A of the Further Consolidated Appropriations Act, 2020 (P.L. 116-94) 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 the following fiscal years, as required by law.

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

V. Application Review Information

1. Review Criteria

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

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

Review criteria are used to review and rank applications. The Children's Healthy Weight State Capacity Building Program has six review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: NEED (16 points) – Corresponds to Section IV's [Introduction](#) and [Needs Assessment](#)

- Effective description of the purpose of the project and a clear identification of the three states to develop as state models.
- Sufficient demonstration of the state-level need/demand for capacity building around MCH nutrition in state Title V programs.
- The reasonableness of gaps that the proposed project is intended to fill.
- Sufficient demonstration of the need for state models in MCH nutrition as related to increased MCH nutrition competency and the optimization of MCH-nutrition related data sources.
- The quality of the state-level MCH nutrition needs assessment used to identify the three states proposed, including justification for selecting the these states.
- Effective demonstration of understanding of the critical role of Title V programs in meeting the nutrition needs of the MCH population.
- Sufficient demonstration of an understanding of the challenges faced in developing foundational capacity, integrating nutrition strategies, and coordinating MCH nutrition services within state Title V programs, particularly in the absence of a National Performance Measure specifically focused on nutrition.

Criterion 2: RESPONSE (38 points) – Corresponds to Section IV’s [Methodology](#), [Work Plan](#), and [Resolution of Challenges](#)

Methodology – Provide Intensive TA and Support to Three States (18 points)

- The significance of the overall project goal, and the strength and reasonableness of SMART objectives that respond to the stated purpose.
- The feasibility of the program’s direct support in leading to exemplary state models of MCH nutrition and increased access to coordinated, state-level MCH nutrition services, particularly for MCH populations not eligible for WIC services.
- Effectively demonstrates understanding of the lessons learned from the CHW-CollIN, and reasonable application of these lessons to the proposed program’s methodology
- The quality, strength, and reasonableness of a plan to provide intensive, individualized TA based on unique state needs, specifically focused on (1) increasing the nutrition competency of the state Title V workforce and (2) optimizing MCH nutrition-related data sources to contribute to data-driven programs and activities related to assessment, policy development, and assurance.
- The strength of innovative strategies to integrate nutrition across Title V programs at the state level.
- The reasonableness of state selections based on readiness and documented support for nutrition integration activities.
- The strength and quality of subaward plans, including a description of the subaward process from initiation to approval, timeline for procurements, and communication.
- The strength and quality of plans for oversight and monitoring state progress, performance, and activities.

Methodology – Establish Partnerships (4 points)

- The strength and feasibility of described strategies to identify and engage national organizations and key stakeholders to improve quality, impact, and reach of the program.

Work Plan (10 points)

- The work plan (**Attachment 1**) adequately and effectively describes the activities or steps used to achieve each of the objectives proposed in the Methodology section, including timelines and responsible staff.
- Sufficient demonstration of meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities.
- The logic model effectively demonstrates the relationship among goals, resources, activities, outputs, target population, and short and long-term outcomes.
- The strength and feasibility of the three state concept proposals (Attachments 7, 8, and 9).

Resolution of Challenges (6 points)

- Identification of challenges likely to be encountered and the reasonableness of approaches to resolve identified challenges.
- Effectively demonstrates an understanding that each state has unique needs and state models of excellence will have diverse models and different strengths, and clearly describes how these differences might affect the provision of TA.

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

- The reasonableness and quality of a plan to describe how evaluation findings will be incorporated into the program and guide implementation strategies for continuous quality improvement.
- The feasibility and effectiveness of the evaluation plan in addressing how to monitor processes, performance, and progress toward major goals and objectives for the project, including evidence that the evaluative measures will be able to effectively assess: 1) to what extent the program objectives have been met, and 2) to what extent progress can be attributed to the project.
- The reasonableness and quality of the data collection strategy, including how data will inform program development and sufficient plans to address obstacles.
- Assigned project personnel have sufficient training to refine, collect, and analyze data for evaluation.
- The strength of the evaluation plan in addressing both the macro (overall program) and micro (state-level projects) levels, including effective strategies to assess impact on MCH populations and sustainability.
- The strength and quality of plans to continually assess the effectiveness and impact of TA and training, address identified gaps, and adapt support for each state based on evolving needs.

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

- Sufficient demonstration that the proposed project can have a significant public health impact and the project will be effective, if funded.
- Proposed dissemination plans are sufficient to increase the spread of state models in MCH nutrition integration to other states across the country.
- The effectiveness and reasonableness of strategies to share information and knowledge generated by the program with others working to meet the nutrition needs of the MCH population, particularly those not eligible for WIC services.
- The quality of evaluation plans to assess the success of dissemination and implementation efforts.
- The strength and reasonableness of a sustainability plan after the period of federal funding ends, including how to sustain key project elements.

Criterion 5: RESOURCES/CAPABILITIES (16 points) – Corresponds to Section IV's [Evaluation and Technical Support Capacity](#) and [Organizational Information](#)

- Effectively describes how the applicant's mission, structure, and scope of activities contribute to the applicant's ability to meet program requirements and expectations.

- The quality and reasonableness of a staffing plan and job descriptions for key personnel (**Attachment 2**).
- The strength and quality of training and/or experience of project personnel to implement and carry out the project, as described in biographical sketches (**Attachment 3**).
- Description of how the organization will follow the approved plan, properly account for federal funds, and document costs to avoid audit findings.
- The strength of the organization's experience with Title V programs, including experience in providing TA and training focused on Title V MCH nutrition and experience in overseeing the administration, development, implementation, management, and evaluation of similar projects related to integrating MCH nutrition in Title V.
- The strength of personnel expertise in key areas, such as MCH nutrition, Title V programs and services, childhood obesity, CYSHCN, early child development, child care, education systems, rural health, epidemiology, and systems change.
- Sufficiently demonstrates how the applicant organization has adequate resources available – experience, staff, equipment, infrastructure, etc. – to carry out the proposed plan, including an organizational chart (**Attachment 4**).
- As applicable, partner relationships with other organizations are clearly and adequately explained, and any letters of agreement referenced are included (**Attachment 5**).

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

- Costs, as outlined in the budget and required resources sections, are reasonable given the scope of work and clearly link to the statement of activities, evaluation plan, and expected outcomes.
- The proposed budget reflects adequate funds of up to 60 percent of funding allocated equally to three states.
- The proposed budget justification sufficiently provides explicit qualitative and quantitative documentation of required resources, productivity, and expected outcomes.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's [SF-424 Application Guide](#) for more details.

3. Assessment of Risk

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

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

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of September 1, 2020. See Section 5.4 of HRSA’s [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA’s [SF-424 Application Guide](#).

Requirements of Subawards

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

Data Rights

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

3. Reporting

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

- 1) **DGIS Performance Reports.** Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report **annually**, by the specified deadline. To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are available at https://grants6.hrsa.gov/MchbExternal/DgisApp/formassignmentlist/U7N_2.html. The type of report required is determined by the project year of the award's period of performance.

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	September 1, 2020 – August 31, 2025 <i>(administrative data and performance measure projections, as applicable)</i>	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	September 1, 2021 – August 31, 2022 September 1, 2022 – August 31, 2023 September 1, 2023 – August 31, 2024	Beginning of each budget period (Years 2–4, as applicable)	120 days from the available date
c) Project Period End Performance Report	September 1, 2024 – August 31, 2025	Period of performance end date	90 days from the available date

The full OMB-approved reporting package is accessible at <https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection> (OMB Number: 0915-0298 | Expiration Date: 06/30/2022).

- 2) **Progress Report(s).** The recipient must submit a progress report narrative to HRSA **annually** via the Non-Competing Continuation Renewal in the EHBs, which should address progress against program outcomes (e.g., accomplishments, barriers, significant changes, plans for the upcoming budget year), and include annual data on performance measures identified in the Project Narrative, if not captured by DGIS. Submission and HRSA approval of a progress report will trigger the budget period renewal and release of each subsequent year of funding. Further information will be available in the NOA.
- 3) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).
- 4) **Final Report.** The recipient must submit a final report narrative to HRSA after the conclusion of the project.

VII. Agency Contacts

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

Hazel N. Booker
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10W-57D
Rockville, MD 20857
Telephone: (301) 443-4236
Fax: (301) 443-5461
Email: NBooker@hrsa.gov

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

Meredith Morrissette, MPH
Public Health Analyst
Division of MCH Workforce Development
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18W54
Rockville, MD 20857
Telephone: (301) 443-6392
Email: MMorrissette@hrsa.gov

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

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

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

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

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Wednesday, February 12, 2020

Time: 1:30 – 2:30 p.m. ET

Call-In Number: 1-888-469-2153

Participant Code: 3688084

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

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

Tips for Writing a Strong Application

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

Appendix: Example of State Title V MCH Nutrition Needs Assessment

Children's Healthy Weight CollN Innovative Nutrition Integration Needs Assessment

The Children's Healthy Weight Collaborative Improvement & Innovation Network (CHW-CollN) includes three work streams: breastfeeding (BF), physical activity (PA), and innovative nutrition integration (INI). For the past year, the state teams have been working in either the BF or PA work stream. Starting in September 2018, states will start working on the INI work stream, in addition to their BF or PA work.

The aim of the INI work stream is to innovatively integrate nutrition into Title V MCH block grant and/or other MCH programs, with a focus on capacity building and infrastructure.

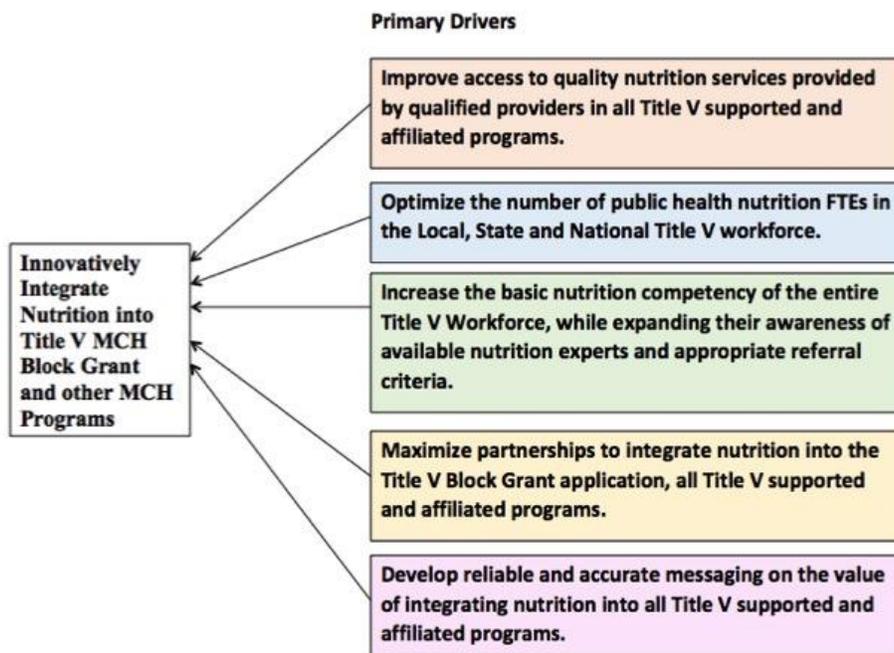


Figure 1: Innovative Nutrition Integration Driver Diagram

The first step of this work is for each state CHW-CollN team and partner programs / organizations to brainstorm ideas for improving nutrition integration within their state Title V program and/or other MCH programs and identify their top priorities.

Representatives from partner programs should be included in this process, partner programs may include:

- Maternal and Child Health Block grant (MCH)
- Special Supplement Nutrition Program for Women, Infants, and Children (WIC)
- Women's Health / Family Planning
- Children and Youth with Special Health Care Needs (CYSHCN)

- Federally Qualified Health Centers
- Tribal Communities
- School Wellness Programs
- Child Nutrition Programs

Complete the following information and return to [REDACTED] by **September 30, 2018**.

State: _____

Team Lead: _____

List of the Brainstorm participants and programs represented:

1. Briefly describe how nutrition is currently integrated into Title V MCH Block Grant and/or other MCH programs (i.e., Women's Health, CYSHCN, Adolescent Health, etc.) at the **state** level. Include what is working well and what could be improved.
2. Describe your state's vision of the ideal integration of nutrition into Title V MCH Block Grant and/or other MCH programs (i.e., Women's Health, CYSHCN, Adolescent Health, etc.) at the **state** level.
3. Review the Innovative Nutrition Integration Driver Diagram from Figure 1 and identify up to five actionable steps that could be taken to move your state closer to the ideal vision for the **state** level. Indicate the primary driver you believe is the best fit for each identified step.
4. Briefly describe how nutrition is currently integrated into Title V MCH Block Grant and other MCH programs (i.e., Women's Health, CYSHCN, Adolescent Health, etc.) at the **local** level. Include what is working well and what could be improved.
5. Describe your state's vision of the ideal integration of nutrition into Title V MCH Block Grant and other MCH programs (i.e., Women's Health, CYSHCN, Adolescent Health, etc.) at the **local** level.
6. Review the Innovative Nutrition Integration Driver Diagram from Figure 1 and identify up to five actionable steps that could be taken to move your state closer to the ideal vision for the **local** level. Indicate the primary driver you believe is the best fit for each identified step.
7. Considering the actionable steps identified above for both the state and local level, what are the top two priority steps for your state?