

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

Maternal and Child Health Bureau
Division of Home Visiting and Early Childhood Systems

Home Visiting Research and Development Platform

Announcement Type: New
Funding Opportunity Number: HRSA-17-101

Catalog of Federal Domestic Assistance (CFDA) No. 93.870

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2017

Application Due Date: January 11, 2017

*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.*

Issuance Date: November 10, 2016

Kyle Peplinski, MA
Senior Data Analyst
Division of Home Visiting and Early Childhood Systems
E-mail: kpeplinski@hrsa.gov
Telephone: (301) 443-7758
Fax: (301) 443-8918

Authority: Social Security Act, Title V, § 511(h)(3), as added by § 2951 of the Patient Protection and Affordable Care Act (P.L. 111-148) (42 U.S.C. § 711(h)(3))

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau, Division of Home Visiting and Early Childhood Systems is accepting applications for a fiscal year (FY) 2017 Home Visiting Research and Development Platform through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. The purpose of this competition is to support one transdisciplinary research network for scientific collaboration and infrastructure building for innovative home visiting research.

Funding Opportunity Title:	Home Visiting Research and Development Platform
Funding Opportunity Number:	HRSA-17-101
Due Date for Applications:	January 11, 2017
Anticipated Total Annual Available Funding:	\$1,300,000
Estimated Number and Type of Award(s):	One (1) cooperative agreement
Estimated Award Amount:	Up to \$1,300,000 per year
Cost Sharing/Match Required:	No
Project Period:	July 1, 2017 through June 30, 2022 (five (5) years)
Eligible Applicants:	Eligible applicants include public and private nonprofit entities that engage in research activities related to early childhood home visiting programs. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

Application Guide

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

Technical Assistance

A technical assistance webinar for this funding opportunity will be provided. All applicants are encouraged to participate. The webinar will: (1) help prepare applicants to submit an application; (2) highlight key requirements; and (3) offer participants an opportunity to ask questions. The webinar will be hosted on:

- Monday, November 18, 2016 at 3:00-4:30 P.M. Eastern Time

Webinar and registration information is available on the Maternal and Child Health Bureau website at: <http://mchb.hrsa.gov/fundingopportunities/>.

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Home Visiting Research and Development (R&D) Platform. The purpose of this competition is to support a transdisciplinary research network for scientific collaboration and infrastructure building for innovative home visiting research. The research network will produce meaningful impacts that will significantly extend the evidence-base of home visiting through research that is informed by and reflects the principles of: 1) co-creation; 2) specificity and precision; 3) rapid-cycle and iterative methods; 4) targeting to identify who benefits most; 5) use of an “active ingredients” approach by identifying the components of interventions that lead to improved outcomes, and; 6) innovation beyond interventions and into systems (See [Appendix](#) for a glossary of selected terms).¹

Goals

The goal of the Home Visiting R&D Platform is to plan for, develop, and sustain a R&D network of early childhood development and learning researchers and practitioners who will frame, implement, and report on innovative, transdisciplinary research related to precision interventions to improve meaningful outcomes for at-risk families and communities. The R&D platform will accelerate the translation of research into practice, and improve the precision of early childhood interventions. The results will be practice-generated translational evidence that can be used to inform innovation in home visiting, with associated benefits for the early childhood field as a whole.

Objectives

The objectives of the Home Visiting R&D Platform are to:

- 1) Develop a strategy to integrate breakthrough impact research principles into the home visiting field in order to increase the precision and efficacy of home visiting interventions;
- 2) Develop and maintain a network of early childhood researchers and practitioners to both conceptualize and implement innovative research projects that translate research into practice and improve the precision of early childhood interventions;
- 3) Develop and implement a plan to bring to national scale a breakthrough impact research approach, including the engagement of relevant stakeholders;
- 4) Share information about the agenda of the Home Visiting R&D Platform with federal and private early childhood research partners including funders, and;
- 5) Create and implement a strategy for the dissemination of research findings to research, practitioner, and stakeholder groups.

Key Activities of the Home Visiting R&D Platform

The Home Visiting R&D Platform will be conducted in two phases. Phase One is the planning phase and Phase Two is the implementation phase. **Each of the Phase**

¹ Adapted from the Center on the Developing Child at Harvard University (2016). *From Best Practices to Breakthrough Impacts: A Science-Based Approach to Building a More Promising Future for Young Children and Families*. Retrieved from <http://developingchild.harvard.edu/>.

One and Phase Two activities described below is to be accomplished in coordination with and subject to approval by HRSA/MCHB.

Phase One

Phase One is anticipated to occur during the first year of the five-year project period of performance. This planning phase will include several key activities.

Development and Engagement of a National Advisory Council

The recipient is expected to:

- Propose the membership of an interdisciplinary National Advisory Council that will serve as an advisory body to the recipient regarding potential research proposals to meet the goals and objectives of the project. Membership on the National Advisory Council should include, at a minimum, representatives from four distinct stakeholder groups: Federal Home Visiting Program state grantees, evidence-based home visiting model developers, members of the academic research community who have significant experience in home visiting research, and local practitioners who implement evidence-based home visiting programs. Each stakeholder group should have three (3) representatives for a total membership of twelve (12) individuals.
- Convene the National Advisory Council a minimum of four (4) times per project year, with dates, times, and locations subject to HRSA approval. At least one meeting should be in person; the remaining meetings may be via webinar.
- Propose for HRSA approval standard operating procedures for the National Advisory Council and for any sub-groups approved by that entity, including the requirement for public notification of National Advisory Council meetings.
- Facilitate the substantive sharing of information and discussion among Advisory Council Members through the provision of appropriate background material and other means to the Council membership, and through the facilitation of sub-group meetings to discuss particular issues, as appropriate.

Outcomes of the Council should include recommended contributions to the research guidelines, communication to the field, input for the action and dissemination plans described below, and advice to the recipient on the operations, planning, and execution of all aspects of the project.

Development of Guidelines for an Appropriate Research Methodology

The recipient is expected to:

- Utilize both recipient leadership and Council membership expertise, in consultation with HRSA, to develop proposed guidelines for an appropriate research methodology that uses breakthrough impact principles, such as: 1) co-creation; 2) specificity and precision; 3) rapid-cycle and iterative methods; 4) targeting to identify who benefits most; 5) use of an “active ingredients” approach; and 6) innovation beyond interventions and into systems.

- Ensure that the proposed guidelines, ***to the extent practicable***, conform to Home Visiting Evidence of Effectiveness (HomVEE) standards for research design types and methodologies that have the potential to meet study ratings of “High” or “Moderate” for experimental and quasi-experimental research designs.²
- Provide operational and implementation recommendations, in consultation with HRSA, to evidence-based home visiting model developers and to the broader research and practice communities for how researchers and practitioners can best utilize the research methodology guidelines to conduct breakthrough impact research to increase the precision with which early childhood and home visiting interventions can target specific individual and/or family risk factors with the goal of improving intended outcomes.
- Use or propose revisions to existing standardized measurement, reporting and publications guidelines specific to the research methodology proposed. The use of these guidelines should facilitate researchers utilizing secondary data from Home Visiting R&D Platform-sponsored research to conduct systematic reviews and meta-analyses to contribute to generalizable knowledge.

Recommendations on Integrating Practice-Based Research Findings into the Existing Evidence Base

The recipient is expected to:

- Engage evidence-based home visiting model developers in all aspects of Phase One.
- Utilize the expertise of the recipient leadership, federal staff, the National Advisory Council and other parties, as appropriate, to formulate responses and proposed action plans for the following questions:
 - a. What are feasible approaches to integrating practice-based research findings into existing evidence-based practice? What are the implications for fidelity to the core components of evidence-based home visiting models?
 - b. What are feasible approaches to utilizing a precision medicine model in home visiting interventions? What are the potential benefits, limitations, and challenges?
 - c. How can innovative research approaches better bridge the gap (perceived or real) between “gold standard” research methodologies and rapid-cycle and iterative approaches?
 - d. How can research specific to model enhancements and/or adaptations benefit from a breakthrough impact research approach and findings integrated into existing evidence-based practice?

Develop and Engage a Practice-Based Research Network (PBRN)

The recipient is expected to:

- Identify a proposed network of home visiting programs and researchers who wish to develop and engage in innovative research, as defined in the Guidelines for an Appropriate Research Methodology (earlier in this Section).

² More information about HomVEE study ratings can be found at <http://homvee.acf.hhs.gov/Review-Process/4/Review-Process/19/5/#ReviewProcess-ProducingStudyRatings-StudyRatings>.

- Develop and conduct ongoing orientations, trainings, and technical assistance to PBRN members and other interested parties on the Research Methodology Guidelines and other applicable recommendations.
- To the extent practicable, increase efficiencies by encouraging participants in existing home visiting research networks to participate in the PBRN.
- To the extent practicable, ensure participants in the PBRN are representative of local home visiting programs across a range of relevant characteristics (i.e., model implemented, geography, urban/rural, MIECHV-funded/not MIECHV-funded, etc.).

Develop a Proposal to Bring the R&D Platform to Scale

The recipient is expected to:

- Develop a proposed action plan with specific steps and timeframes to bring to scale participation in the PBRN and utilization of the Research Methodology Guidelines.
- Develop a proposed action plan with specific steps and timeframes to solicit external funding for research proposed through the PBRN and co-created through partnership between practitioners and researchers.

Disseminate Guidelines, Recommendations, and Research Findings³

The recipient is expected to:

- Develop a proposed comprehensive dissemination plan that includes appropriate dissemination venues, timeframes, and content for a variety of audiences.
- Collaborate with MCHB staff to develop dissemination materials, such as articles, presentations, and briefs.
- Develop a proposed project website, hosted by the recipient organization (with appropriate references to HRSA's website), to facilitate communication with external parties, PBRN members, Council members, and other stakeholders.
- Engage, in consultation with HRSA, in disseminating the work conducted under Phase One through the Home Visiting R&D Platform website, the HRSA website, appropriate listservs, academic and research journals, conferences, and in-person briefings for federal staff and other appropriate stakeholders.

Phase Two

Phase Two is anticipated to occur during years two through five of the five-year project period of performance. This implementation phase will include several key activities.

Facilitation of the National Advisory Council

The recipient is expected to:

³ Note that all dissemination products must contain the following disclaimer: "The project is/was supported by the Health Resources and Services Administration (HRSA) of the Department of Health and Human Services (HHS) under grant [grant number and title of grant]. The information, content, and/or conclusions are those of the author(s) and should not be construed as the official position or policy of, nor should any endorsement be inferred by HRSA, HHS, or the U.S. Government."

- Convene the National Advisory Council a minimum of four (4) times per project year, with dates, times, and locations subject to HRSA approval. At least one meeting per year should be in person; the remaining meetings may be by webinar.
- Facilitate the substantive sharing of information and discussion among Council Members through the provision of appropriate background material and other means to the Council membership, and through the facilitation of sub-group or special interest group meetings to discuss particular issues, as appropriate.
- Propose new membership that supports the number and representation of appropriate stakeholders on the Council as vacancies occur.

Support PBRN Membership in Developing and Implementing Research Projects

The recipient is expected to:

- Support a research network that uses breakthrough impact principles, such as: 1) co-creation; 2) specificity and precision; 3) rapid-cycle and iterative methods; 4) targeting to identify who benefits most; 5) use of an “active ingredients” approach, and; 6) innovation beyond interventions and into systems.
- Develop a proposed process and method for the solicitation, review, revision, and oversight of research projects using the Research Methodology Guidelines among PBRN members. Such research projects, **to the extent practicable**, should meet HomVEE standards of “high” or “moderate” study ratings for experimental or quasi-experimental research designs.
- Provide resources to PBRN members for seeking sources of external funding to support Home Visiting R&D Platform-sponsored research projects.
- Coordinate the appropriate sharing of data, as applicable and allowable, among individual research projects and/or sites. This may include the development of appropriate data infrastructure for use by PBRN members.
- Provide expert guidance and mentorship to PBRN members to ensure successful completion of Home Visiting R&D Platform-sponsored research projects, including by supporting PBRN members in ensuring appropriate human subjects protections and other requirements of conducting ethical government-supported research (For more information see Section VI).
- Serve as a convener and facilitator to connect practitioner and researcher members of the PBRN to support the development of co-created, practical, and meaningful research projects focused on improving the precision of home visiting interventions for at-risk families to achieve desired outcomes.
- Develop a proposed plan and associated safeguards to protect against conflict of interest within the PBRN or between the recipient organization, any subrecipients, PBRN members, and potential external funders.

Conduct Systematic Reviews and Meta-Analyses of Research Findings from the PBRN

The recipient is expected to:

- Facilitate the use of standardized reporting and publication guidelines specific to the Research Methodology Guidelines proposed in Phase One among PBRN-initiated research projects.

- Collaborate with MCHB staff to conduct systematic reviews and meta-analyses which utilize findings from research conducted by PBRN members and/or other applicable and relevant research studies.
- Utilize the findings of systematic reviews and meta-analyses to develop evidence-informed practice recommendations for model enhancements and adaptations.

Continue to Develop and Engage a Practice-Based Research Network (PBRN)

The recipient is expected to:

- Implement the action plan, developed in Phase One, to bring to scale participation in the PBRN and utilization of the Research Methodology Guidelines. Update the action plan annually to reflect lessons learned and to ensure continuous quality improvement.
- Continue to recruit a network of home visiting programs and researchers who will develop, seek funding for, and engage in innovative research, as defined in the Guidelines for an Appropriate Research Methodology.
- Conduct ongoing orientations, trainings, and technical assistance to PBRN members on the Research Methodology Guidelines and other applicable recommendations.
- To the extent practicable, make every attempt to ensure participants in the PBRN are representative of local home visiting programs across relevant characteristics (i.e. model implemented, geography, urban/rural, MIECHV-funded/not MIECHV-funded, etc.).

Implementation of External Funding and Dissemination Action Plans

The recipient is expected to:

- Implement the plan, developed in Phase One, to solicit external research funding for Home Visiting R&D Platform-supported research. Such funding should leverage the resources and expertise of the Home Visiting R&D Platform in order to improve the sustainability of project activities after the availability of federal funding.
- Implement the plan, developed in Phase One, to disseminate the results of key activities conducted in Phase One and to disseminate research findings from Home Visiting R&D Platform-supported projects in Phase Two.

2. Background

This program is authorized by the Social Security Act, Title V, § 511(h)(3) (42 U.S.C. § 711(h)(3), as added by § 2951 of the Patient Protection and Affordable Care Act (P.L. 111-148) (the Act).

The Act establishes the Maternal, Infant, and Early Childhood Home Visiting Program (Federal Home Visiting Program), which responds to the diverse needs of children and families in at-risk communities. In particular, § 511(h)(3) requires HRSA to carry out a continuous program of research and evaluation activities in order to increase knowledge about the implementation and effectiveness of home visiting programs.

Since the inception of the Federal Home Visiting Program, there have been several research and evaluation activities conducted by HRSA and the Administration for Children and Families (ACF). The two most relevant for the purposes of this announcement are the Home Visiting Research Network (HVRN) and the Mother and Infant Home Visiting Program Evaluation (MIHOPE).

The HVRN is a cooperative agreement, first funded by HRSA in FY 2012. The purpose of the HVRN is to support the creation and sustainability of an interdisciplinary research forum for scientific collaboration and infrastructure building related to home visiting research that is designed to improve the life outcomes among mothers, infants, and young children. The HVRN developed a national home visiting research agenda designed to improve the effectiveness of home visiting programs through (a) research on the components of effective interventions, and (b) research targeted to improving the delivery of home visiting services.

The HVRN works to:

- advance the methods for studying the implementation and effectiveness of home visiting programs;
- develop approaches to translate research results into knowledge, products, and procedures;
- disseminate critical information and foster continued education activities on its research findings to inform researchers, professionals, policy makers, and other home visiting stakeholders and;
- support the professional development of emerging researchers to conduct research on home visiting.

Additionally, the HVRN supports home visiting research scholars and a practice-based research network of local home visiting programs. The HVRN convenes national meetings of home visiting researchers and practitioners to disseminate findings and share successful research practices. More information about the HVRN can be found at <http://www.hvrn.org/index.html>.

MIHOPE is a legislatively mandated,⁴ large-scale evaluation of the effectiveness of home visiting programs funded under the Federal Home Visiting Program. It systematically estimates the effects of the Federal Home Visiting Program on a wide range of outcomes and studies the variation in how programs are implemented. The evaluation is required to: analyze state needs assessments; measure the effect of home visiting programs on child and parent outcomes; assess the effectiveness of home visiting programs on different populations; and analyze whether program activities affect the healthcare system. MIHOPE includes the study of four evidence-based home visiting program models: 1) Early Head Start – Home Based Program Option; 2) Healthy Families America; 3) Nurse-Family Partnership, and; 4) Parents as Teachers. More information about MIHOPE can be found at <http://www.acf.hhs.gov/opre/research/project/maternal-infant-and-early-childhood-home-visiting-evaluation-mihope>.

⁴ Social Security Act, Title V, Section 511(g)(2)).

While HVRN and MIHOPE have and will continue to contribute significantly to our understanding of home visiting implementation and outcomes, they do so within a context of existing evidence-based home visiting interventions. However, recent advances in early childhood development and the growing field of precision public health have prompted new questions about better precision in aligning interventions with specific risk factors for specific intended outcomes.⁵ One of the goals of this project is to accelerate the speed at which research indicates how and why the tailoring of interventions can be most effective.

As is true of most research on home visiting and other prevention and intervention approaches, the limited inclusion of diverse study samples limits our understanding of the applicability of study findings for communities that differ from those included in the specific research studies.^{6,7} Additionally, efforts to scale-up evidence-based practices in real world settings are often hindered by a lack of articulation of a program's underlying theory in a way that is useful and makes sense to program implementers on the ground,⁸ a lack of clarification regarding program fidelity and flexibility,⁹ and a dearth of methods to measure quality implementation.¹⁰

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

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

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

- Making available the services of experienced HRSA and other federal personnel as member of the project leadership team and in the planning and development of the project;

⁵ <https://www.ucsf.edu/precision-public-health-summit-first-1000-days>

⁶ Castro, F., Barrera, M., and Steiker, L., (2010) "Issues and Challenges in the Design of Culturally Adapted Evidence-Based Interventions." *Annual Review of Clinical Psychology* 6: 213-239.

⁷ Gottfredson, D., Cook, T., Gardner, F., Gorman-Smith, D., Howe, G., Sandler, I., and Zafft, K., (2015) "Standards of Evidence for Efficacy, Effectiveness, and Scale-Up Research in Prevention Science: Next Generation" *Prevention Science* 6(7): 893-926.

⁸ Spillane, J., Reiser, B., and Reimber, T., (2002) "Policy Implementation and Cognition: Reframing and Refocusing Implementation Research" *Review of Educational Research* 72(3): 387-431.

⁹ Friere, K., Perkinson, L., Morrel-Samuels, S., and Zimmerman, M., (2015) "Three C's of Translating Evidence-Based Programs for Youth and Families in Practice Settings" *New Directions for Child and Adolescent Development* 149: 25-39.

¹⁰ Dusenbury, L., Brannigan, R., Hansen, W., Walsh, J., and Falco, M., (2005) "Quality of Implementation: Developing Measures Crucial to Understanding the Diffusion of Preventive Interventions" *Health Education Research* 20(3): 308-313.

- Participating in all major areas of the Home Visiting R&D Platform activities, including by providing guidance and expertise in the development of guidelines, recommendations, action plans, and dissemination plans;
- Participating in the selection of members to the Home Visiting R&D National Advisory Council;
- Reviewing measures and tools established and implemented to accomplish the goals of the project;
- Participating, as appropriate, in regular conference calls, meetings, and webinars to be conducted during the project;
- Reviewing and editing written documents developed by the recipient and;
- Participating with the recipient in the dissemination of project findings, including by co-authoring articles, presentations, briefs, or other dissemination materials.

The cooperative agreement recipient’s responsibilities will include:

- Adherence to HHS and HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds.
- Completion of activities proposed in response to the application review criteria, including those listed in the Purpose section above;
- Participating in regular conference calls, meetings, and webinars with HRSA during the project;
- Participating in several in-person meetings, including a national home visiting conferences, the Federal Home Visiting Program All-Grantee Meeting, and a national meeting of MCHB research grantees on an annual basis, and;
- Collaborating with HRSA during the ongoing review of written documents, including collaborating in disseminating project findings through articles, presentations, briefs, or other dissemination materials.

2. Summary of Funding

Approximately \$1,300,000 is expected to be available annually to fund one (1) recipient. You may apply for a ceiling amount of up to \$1,300,000 per year. The project period is July 1, 2017 through June 30, 2022 (five (5) years). Funding beyond the first year is dependent on the availability of appropriated funds for the Maternal, Infant, and Early Childhood Home Visiting Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with this award are subject to the Uniform Guidance [2 CFR part 200](#) as codified by HHS at [45 CFR part 75](#), which supersede the previous administrative and audit requirements and cost principles that govern federal monies.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include public and private nonprofit entities that engage in research activities related to early childhood home visiting programs.

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

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

Maintenance of Effort

The recipient must agree to maintain non-federal funding for award activities at a level which is not less than expenditures for such activities during the fiscal year prior to receiving the award [as authorized by the Social Security Act, Title V, § 511(f)]. Complete the Maintenance of Effort information and submit as Attachment 6.

Any application that fails to satisfy the requirement to provide MOE information will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

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

IV. Application and Submission Information

1. Address to Request Application Package

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

2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 Application Guide](#) provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. You are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](#) except where instructed in the FOA to do otherwise.

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

Application Page Limit

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

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Where the prospective recipient is unable to attest to any of the statements in this certification, such prospective recipient shall attach an explanation to this proposal.

See Section 4.1 viii of HRSA's [SF-424 Application Guide](#) for additional information on this and other certifications.

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#) (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following:

i. Project Abstract

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

Provide a summary of the application. The abstract is often distributed to provide information to the public and Congress, please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application.

Please place the following at the top of the abstract:

- Project Title
- Applicant Name
- Address
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address
- Web Site Address, if applicable

The project abstract must be **single-spaced, limited to one page in length**, and include the following sections:

Annotation: Provide a three-to-five-sentence description of your project that identifies the project's goal(s), a description of the needs which are addressed, and the activities used to attain the goals.

Problem: Describe the principal needs and problems addressed by the project.

Purpose: State the purpose of the project.

Goal(s) And Objectives: Identify the major goal(s) and objectives for the project. Typically, the goal(s) are stated in a sentence, and the objectives are presented in a numbered list.

Methodology: Briefly describe the major activities used to attain the goal(s) and objectives.

ii. Project Narrative

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

Use the following section headers for the Narrative:

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

State the purpose of the project and identify the project goals and objectives. You should introduce your understanding of innovative research methodologies, specifically as they relate to the research principles outlined in Section I.

Contextualize the purpose, goals, and objectives of this project within the larger research field of home visiting and early childhood interventions and explain how the proposed project will contribute to meaningful, impactful, and practical advances in both knowledge and practice.

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

Define the scope of existing breakthrough impact research on home visiting interventions that leads to increased precision and improved outcomes for at-risk families and communities, identify existing gaps, and develop a concrete list of research priorities that address existing gaps. The list of priorities should be based on the existing research literature and informed by your significant experience in the field of home visiting research.

Address how the proposed Home Visiting R&D Platform will bridge gaps between existing research investments. The proposal should clearly articulate the need for engaging diverse groups of stakeholders, including Federal Home Visiting Program state grantees, evidence-based home visiting model developers, members of the academic research community, and local practitioners who implement evidence-based home visiting programs in transdisciplinary research.

▪ *METHODOLOGY -- Corresponds to Section V's Review Criteria 2 and 4*

Propose methods for achieving the key activities, outlined in Section I for Phases One and Two of the project. Use the Objectives and Key Activities for this project to structure this section of the application. Specifically, under each objective:

- Provide a list of activities that will be used to achieve the proposed objectives;
- Provide a list of key deliverables that will be created to support meeting objective goals;
- Describe the process for identifying and engaging proposed sub-recipients in order to complement the skill set of key staff, including a plan to effectively monitor sub-recipient performance and compliance with applicable federal requirements and programmatic expectations;
- Describe how your organization will interact with federal staff to ensure successful completion of each activity;
- Propose a plan for project sustainability after the period of federal funding ends, including through extramural research funding;
- Describe dissemination activities applicable to the specific objective.

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

Describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology section. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the diversity of the relevant stakeholders.

Describe how you plan to develop and implement the specific plans called for under the key activities in Section I. For example, the work plan should include a description of the process for developing guidelines for an appropriate research

methodology that uses breakthrough impact principles in Year 1 and a description of the process for bringing to scale participation in the PBRN and utilization of the guidelines in Years 2-5, including how you will support PBRN members in planning and conducting research that supports human subjects protections and other guidelines for conducting ethical government-supported research.

You must submit a logic model for designing and managing the project (Attachment 1). A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this announcement, the logic model should summarize the connections between the:

- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
 - Assumptions (e.g., beliefs about how the program will work and its supporting resources. Assumptions should be based on research, best practices, and experience.);
 - Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
 - Target population (e.g., the individuals to be served);
 - Activities (e.g., approach, listing key intervention, if applicable);
 - Outputs (i.e., the direct products or deliverables of program activities); and
 - Outcomes (i.e., the results of a program, typically describing a change in people or systems).
- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion 2*

In this section, discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan and approaches that will be used to resolve such challenges. Also describe how the expertise of proposed sub-recipients will contribute to the resolution of such challenges.

Identify potential barriers to implementing a portfolio of breakthrough impact research, using the principles outlined in Section I, and innovative solutions for addressing those barriers.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria 3 and 4*

You must describe the plan for supporting the evaluation of research projects in the context of breakthrough impact principles of 1) co-creation; 2) specificity and precision; 3) rapid-cycle and iterative methods; 4) targeting to identify who benefits most; 5) use of an “active ingredients” approach, and; 6) innovation beyond interventions and into systems. The performance evaluation should monitor ongoing processes and the progress towards meeting the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.

Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes.

Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe how the data will be used to inform program development and continuous quality improvement. You must describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 5

Provide information on your organization's current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations.

Outline your understanding of transdisciplinary research networks used for scientific collaboration and infrastructure building among diverse stakeholders. You should demonstrate knowledge of breakthrough impact research which utilizes principles of 1) co-creation; 2) specificity and precision; 3) rapid-cycle and iterative; 4) targeted to identify who benefits most; 5) uses an "active ingredients" approach by identifying the components of interventions that lead to improved outcomes, and; 6) innovates beyond programs and into systems.

Briefly describe your experience with supporting methodological innovation in practice-based research contexts.

Provide specific information about the organization's experience with implementing innovative research methodologies to improve the precision of home visiting interventions and their experience implementing projects of similar size and scope.

Describe how the proposed personnel demonstrate adequate training and experience to successfully achieve the objectives of the project, including specific expertise related to:

- The recruitment and engagement of PBRN membership;
- The coordination and engagement of a National Advisory Council;
- Research and technical writing;
- Communications and dissemination of research findings, and;
- Technical expertise related to the expansion and scale-up of PBRNs

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

iii. Budget

See Section 4.1.iv of HRSA's [SF-424 Application Guide](#). Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and, *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.

iv. Budget Narrative

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

In addition, the Home Visiting R&D Platform program requires the following:

Provide a narrative that explains the amounts requested under each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. You must submit a budget justification for the entire project period (Years 1 – 5). Line item information must be provided to explain the costs entered in the SF-424A. Be very careful about how each item in the “other” category is justified. The budget justification must be concise. Do NOT use the budget justification to expand the project narrative.

Include the following in the budget justification:

Personnel Costs: Personnel costs should be explained by listing each staff member who will 1) be supported from funds and 2) in-kind contributions. If personnel costs are supported by in-kind contributions, please indicate the source of funds. Please include the full name of each staff member (or indicate a vacancy), position title, percentage of full-time equivalency, and annual salary. Required personnel include, at a minimum:

- 1) Program director responsible for the oversight and day-to-day management of the proposed program;
- 2) Project manager/coordinator and additional staff responsible for monitoring programmatic activities and use of funds. This team should include staff devoted to recruitment and engagement of PBRN membership, coordination and engagement of the National Advisory Council, research and technical writing, communications/dissemination of research findings, and technical expertise related to the expansion and scale of practice-based research networks, and;
- 3) Staff responsible for the evaluation and reporting of programmatic activities.

NOTE: Final personnel charges must be based on actual, not budgeted labor.

Travel: The budget should reflect the travel expenses associated with participating in meetings that address the objectives of this project, including travel for the National Advisory Council to attend at least one in-person meeting per budget year. Plan for key staff to attend one national in-person meeting of the Maternal, Infant, and Early Childhood Home Visiting grant program each budget year in the Washington, D.C. area.

In addition, you should budget for travel expenses associated with participating in meetings that address maternal and child health research efforts and other proposed trainings and workshops. You must budget for one national meeting of MCHB research grantees per year in the Washington DC area for up to two people (the project director and one other attendee) for two days. Meeting attendance is an award requirement.

Supplies: The budget should include a clear description and justification for all supplies to be purchased to support the objectives of the project.

Contractual: You must ensure that your organization or institution has in place and follows established and adequate procurement systems with fully developed written procedures for awarding and monitoring all sub-recipients. You must provide a clear explanation as to the purpose of each sub-award, how the costs were estimated, and the specific deliverables. **REMINDER:** You must notify potential sub-recipients that entities receiving sub-awards must be registered in SAM and provide your organization with their DUNS number. "Sub-award" means a legal instrument to provide support for the performance of any portion of the substantive project or program for which an applicant receives this award and that the recipient awards to an eligible sub-recipient.

Timely Federal Funding Accountability and Transparency Act (FFATA) reporting is required by the federal grant recipient to the FFATA Sub-award Reporting System at <http://www.fsr.gov>. The recipient must have policies and procedures in place to ensure compliance with FFATA. For more FFATA information, please visit HRSA's FFATA page at <http://www.hrsa.gov/grants/ffata.html>.

Consultants can also be listed in this section. For each consultant, specify the scope of their work, the hourly rate, and the number of hours of expected effort.

Other: All other expenses should be explained and clearly justified in this section.

v. Program-Specific Forms

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

HRSA has modified its reporting requirements for SPRANS projects, Community Integrated Service Systems (CISS) projects, and other grant/cooperative agreement programs administered by MCHB to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act, MCHB's authorizing legislation. Performance measures for other MCHB-funded grant/cooperative agreement programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect. An electronic system for reporting these data elements has been developed and is now available.

2) Performance Measures for the Home Visiting Research and Development Platform Program

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

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

vi. Attachments

Please provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit

status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled.**

Attachment 1: Logic Model (counts toward the application page limit)

Applicants must submit a logic model used 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 linkages among program elements.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's [SF-424 Application Guide](#); counts toward the application page limit)

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 3: Biographical Sketches of Key Personnel (counts toward the application page limit)

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 who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (counts toward the application page limit)

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 agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

Attachment 5: Project Organizational Chart (counts toward the application page limit)

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

Attachment 6: Maintenance of Effort Documentation (counts toward the application page limit)

Applicants must provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below. HRSA will enforce statutory MOE requirements through all available mechanisms.

NON-FEDERAL EXPENDITURES

FY Prior to Application (Actual)	Current FY of Application (Estimated)
Actual prior FY non-federal funds, including in-kind, expended for activities proposed in this application.	Estimated current FY non-federal funds, including in-kind, designated for activities proposed in this application.
Amount: \$ _____	Amount: \$ _____

Attachment 7: For Multi-Year Budgets--Fifth Year Budget (NOT counted in page limit)

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

Attachments 8 – 15: Other Relevant Documents (counts toward the application page limit)

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

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

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

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

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization

Representative (AOR) has been approved.

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

- Dun and Bradstreet (<http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

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

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this FOA is *January 11, 2017 at 11:59 P.M. Eastern Time*.

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

5. Intergovernmental Review

The Home Visiting Research and Development Platform is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100. See Executive Order 12372 in the [HHS Grants Policy Statement](#).

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

6. Funding Restrictions

You may request funding for a project period of up to five (5) years, at no more than \$1,300,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L. 114-113) do not apply to this program, as it does not use funds appropriate by this law.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with the all federal funding requirements and prohibitions such as lobbying, gun control, abortion, etc. The effectiveness of these policies, procedures and controls is subject to audit.

V. Application Review Information

1. Review Criteria

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

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

Review criteria are used to review and rank applications. The Home Visiting R&D Platform Program has six (6) review criteria:

Criterion 1: NEED (10 points) – Corresponds to Section IV’s INTRODUCTION and NEEDS ASSESSMENT

- The extent to which the application demonstrates an understanding of the scope of innovative research methodologies, including existing breakthrough impact research on home visiting interventions.
- The extent to which the application demonstrates how the proposed project will contribute meaningful, impactful, and practical advances to the knowledge and practice of home visiting.
- The extent to which the application outlines research priorities using the principles outlined in Section I that will contribute to increased precision and improved outcomes for at-risk families and communities.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV’s METHODOLOGY, WORK PLAN, and RESOLUTION OF CHALLENGES

Criterion 2.A: Methodology (10 points)

- The extent to which the proposed project responds to the Purpose, Objectives, and Key Activities included in the program description in Section I.
- The extent to which the proposed staff have the relevant experience and expertise to successfully develop and implement the objectives and key activities of the project.

Criterion 2.B: Work Plan (15 points)

- The extent to which the application demonstrates a clear connection between the proposed goals and objectives and their relationship to the intended outcomes of the project.

- The extent to which the key activities, deliverables, and associated timelines support the intended outcomes of the project and are linked by clear and justifiable theory or evidence.
- The extent to which the logic model demonstrates clear connections between proposed goals, inputs, activities, and intended outputs and outcomes.
- The extent to which the application describes the need to engage key stakeholders, including Federal Home Visiting Program grantees, evidence-based home visiting model developers, the academic research community, and local practitioners in the development and implementation of transdisciplinary breakthrough impact research

Criterion 2.C: Resolution of Challenges (5 points)

- The extent to which the application identifies potential barriers to implementing a portfolio of breakthrough impact research and innovative solutions to addressing those barriers.
- The clarity with which the application describes the challenges and opportunities in integrating practice-based research findings into the existing evidence-base.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV’s EVALUATION AND TECHNICAL SUPPORT CAPACITY

- The extent to which the application demonstrates appropriate strength and effectiveness of the method proposed to monitor and evaluate the project results within the context of breakthrough impact principles of: 1) co-creation; 2) specificity and precision; 3) rapid-cycle and iterative methods; 4) targeting to identify who benefits most; 5) use of an “active ingredients” approach, and; 6) innovation beyond interventions and into systems.
- The extent to which the application demonstration 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 application demonstrates a commitment to utilizing performance indicators to contribute to continuous quality improvement through regular monitoring of processes and progress toward meeting goals, objectives, and deliverables.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV’s METHODOLOGY and EVALUATION AND TECHNICAL SUPPORT CAPACITY

- The extent to which the dissemination activities described in the Methodology align with the Purpose, Objectives, and Key Activities included in the program description in Section I.

- The extent to which the application describes appropriate output and outcome measures in a way that allows for the accurate and timely reporting of performance outcomes.

Criterion 5: RESOURCES/CAPABILITIES (30 points) – Corresponds to Section IV’s ORGANIZATIONAL INFORMATION

- The extent to which the organization demonstrates a history of high-quality and rigorous research in early childhood home visiting programs through personnel with a record of substantial extramural funding for research projects and a record of publication in peer-reviewed research journals and/or government reports.
- The extent to which the organization demonstrates expert knowledge of transdisciplinary research networks used for scientific collaboration and infrastructure building.
- The extent to which the organization demonstrates expert knowledge of breakthrough impact research which utilizes principles of 1) co-creation; 2) specificity and precision; 3) rapid-cycle and iterative methods; 4) targeting to identify who benefits most; 5) use of an “active ingredients” approach by identifying the components of interventions that lead to improved outcomes, and; 6) innovation beyond interventions and into systems.
- The extent to which project personnel are qualified by training and/or experience to implement and carry out the project, including the capabilities of your organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.
- The extent to which proposed sub-recipients contribute specialized and expert knowledge and experience to supplement and enhance the organization’s existing expertise.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV’s BUDGET and BUDGET NARRATIVE

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

2. Review and Selection Process

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

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

3. Assessment of Risk and Other Pre-Award Activities

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

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

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

Effective January 1, 2016, HRSA is required to review and consider any information about the applicant that is in the [Federal Awardee Performance and Integrity Information System \(FAPIS\)](#). 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 [FAPIS](#) in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

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

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of July 1, 2017.

VI. Award Administration Information

1. Award Notices

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

2. Administrative and National Policy Requirements

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

Human Subjects Protection:

Federal regulations (45 CFR part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If 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 part 46), available online at <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>.

3. Reporting

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

These new performance measures will allow a more accurate and detailed picture of the full scope of activities supported by MCHB-administered grant/cooperative agreement programs, while reducing the overall number of performance measures from what was previously used. The MCHB Project Officer will assign a subset of measures relevant to the program for which the recipients will report. In addition to reporting on the new performance measures, recipients will continue to provide financial and program data. The new reporting package can be reviewed at:

http://mchb.hrsa.gov/sites/default/files/mchb/Data/Discretionary_Grant_Information_System_Performance_Measure_Update.pdf.

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

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

- 1) **Progress Report(s).** The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.
- 2) **Final Report Narrative.** The recipient must submit a final report narrative to HRSA after the conclusion of the project.
- 3) **Performance Reports.** HRSA has modified its reporting requirements for SPRANS projects, CISS projects, and other grant/cooperative agreement programs administered by MCHB to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act, MCHB's authorizing legislation.

a) Performance Measures and Program Data

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

b) Performance Reporting Timeline

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

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

c) Project Period End Performance Reporting

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

VII. Agency Contacts

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

Mickey Reynolds
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Room 10N190B
Rockville, MD 20857
Telephone: (301) 443-0724
Fax: (301) 594-4073
E-mail: MReynolds@hrsa.gov

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

Kyle Peplinski, MA
Senior Data Analyst
Division of Home Visiting and Early Childhood Systems
Attn: Maternal, Infant, and Early Childhood Home Visiting (MIECHV)
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18N160
Rockville, MD 20857
Telephone: (301) 443-7758
Fax: (301) 443-8918
E-mail: kpeplinski@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov

Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET, excluding federal holidays at:

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

VIII. Other Information

Logic Models:

Additional information on developing logic models can be found at the following website: <http://www.cdc.gov/eval/resources/>.

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. Information on how to distinguish between a logic model and work plan can be found at the following website: <http://www.cdc.gov/healthyouth/evaluation/pdf/brief5.pdf>.

Technical Assistance:

A technical assistance webinar for this funding opportunity will be provided. All applicants are encouraged to participate. The webinar will: (1) help prepare applicants to submit an application; (2) highlight key requirements; and (3) offer participants an opportunity to ask questions. The webinar will be hosted on:

- Monday, November 18, 2016 at 3:00-4:30 P.M. Eastern Time

Webinar and registration information is available on the Maternal and Child Health Bureau website at: <http://mchb.hrsa.gov/fundingopportunities/>.

IX. Tips for Writing a Strong Application

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

APPENDIX: GLOSSARY OF SELECTED TERMS

Active Ingredients Approach – Active ingredients approach refers to the process of what components of interventions work for different individuals or populations in different settings. These ingredients can be based on strong theory or existing evidence.¹¹

Breakthrough Impacts – Breakthrough impacts refer to the “fundamental importance of continuous experimentation (with adequate protections and informed consent) and learning from failure, the need for constructive dissatisfaction with small incremental gains, and the critical value of an unwavering demand for increasingly greater impacts until the problem is fully addressed.”¹²

Co-Creation – Co-creation is a model for scientific collaboration that includes contributions from the scientific, practice, community, and policy communities. Teams of collaborators come together to develop replicable interventions, test those interventions, and identify challenges and opportunities in a cyclical pattern.¹³

Home Visiting Evidence of Effectiveness (HomVEE) - The Department of Health and Human Services uses Home Visiting Evidence of Effectiveness (HomVEE) to conduct a thorough and transparent review of the home visiting research literature. Using the HHS criteria for evidence of effectiveness, HomVEE provides an assessment of the evidence of effectiveness for home visiting program models that target families with pregnant women and children from birth to kindergarten entry (that is, up through age five). Additional information about HomVEE is available at <http://homvee.acf.hhs.gov>.

Precision Interventions – Precision interventions refers to the ability of an intervention to be isolated and studied for its effect on specific risk, demographic, or other factors in relation to specific intended outcomes. Interventions must have clearly defined theories of change linking key components in order to generate testable hypotheses.¹⁴

Precision Medicine – Precision medicine is a groundbreaking approach to disease prevention and treatment based on people’s individual differences in environment, genes, and lifestyle.¹⁵

¹¹ This definition is based on terminology provided by the Center on the Developing Child at Harvard University (<http://developingchild.harvard.edu/>).

¹² Quote from the Center on the Developing Child at Harvard University (2016). *From Best Practices to Breakthrough Impacts: A Science-Based Approach to Building a More Promising Future for Young Children and Families*. p. 40. Retrieved from <http://developingchild.harvard.edu/>.

¹³ This definition is based on terminology provided by the Center on the Developing Child at Harvard University (<http://developingchild.harvard.edu/>).

¹⁴ This definition is based on terminology provided by the Center on the Developing Child at Harvard University (<http://developingchild.harvard.edu/>).

¹⁵ National Institutes of Health Precision Medicine Initiative Cohort Program. Retrieved from: <https://www.nih.gov/precision-medicine-initiative-cohort-program>.

Innovation – An innovation is defined as a process, product, strategy, or practice that improves (or is expected to improve) significantly upon the outcomes reached with current/status quo options and that can ultimately reach widespread effective usage.¹⁶

Rapid Cycle and Iterative – Rapid cycle and iterative refers to a process and methodology for conducting research that includes small scale and short-duration tests that share and learn from preliminary, intermediate, and long-term results on an ongoing basis.¹⁷

Strong theory – Strong theory means a rationale for the proposed process, product, strategy, or practice that includes a logic model. Additionally, the rationale should reflect a **theory of change, which is** a detailed hypothesis about specific changes we expect will result from implementing a new strategy. Carefully articulated theories of change provide roadmaps, which can continue to be refined and tested, for guiding decisions about program design and evaluation. They also help innovators test and identify what works for certain populations and not for others, which can inform both the scaling of specific strategies and the search for new ideas.¹⁸

¹⁶ This definition is based on terminology provided by the U.S. Department of Education’s Investing in Innovation Fund.

¹⁷ This definition is based on terminology provided by the Center on the Developing Child at Harvard University (<http://developingchild.harvard.edu/>).

¹⁸ This definition is based on terminology provided by the U.S. Department of Education’s Investing in Innovation Fund and Harvard University’s Center on the Developing Child (<http://developingchild.harvard.edu/innovation-application/key-concepts/theories-of-change/>).