

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

Maternal and Child Health Bureau  
Division of Services for Children with Special Health Needs

***Coordinating Grant for Children's Vision Screening***

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**Catalog of Federal Domestic Assistance (CFDA) No. 93.110**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2012

**Application Due Date: March 16, 2012**

*Ensure your Grants.gov registration and passwords are current immediately!  
Deadline extensions are not granted for lack of registration.  
Registration may take up to one month to complete.*

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

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# **I. Funding Opportunity Description**

## **1. Purpose**

The purpose of this announcement: *Coordinating Grant for Children's Vision Screening* is to support the public health role in assuring a continuum of eye care for young children within the healthcare delivery system and in the medical home. The grant is designed to support the development of public health infrastructure to promote and ensure a comprehensive, multi-tiered continuum of vision care and eye health for young children; and is committed to conducting this work through strong partnerships, sound science, and targeted policy initiatives.

The key activities of the Coordinating Grant are in bold as follows:

### **Supporting Pilot State Activities**

The grantee will work closely with the current five (5) affiliates in the following states: Massachusetts, Georgia, Illinois, Ohio and North Carolina to continue work in developing and implementing uniform statewide strategy for universal vision screening by age five (5). Each affiliate has convened the following members on their workgroup to thoroughly discuss current vision screening activities in their state: Title V, school/education representatives; parent/family partners; nurses and/or primary care physicians; ophthalmologists and/or optometrists; insurance and/or hospital representation; and other health professionals and stakeholders. These workgroup discussions have included reviewing current regulations and laws, gaps in services, guidelines, data collection activities and issues for parents and families in attempts to form a cohesive approach on vision screening activities in that state. The grantee will also work with these states with the goal of having them serve as technical assistance advisors to other states and coordinate existing vision screening activities within those states.

### **Overseeing the National Expert Panel (NEP) Working Groups**

The NEP has members (optometrists and ophthalmologists) who are well versed in eye health for children and are divided into three key workgroups: *Guidelines for Vision Screening; Developing Performance Measures; Data Collection and Reporting*. The purpose of the NEP is to provide recommendations towards the establishment of Title V performance measures for vision screening, developing mechanisms for uniform data collection and reporting, and, developing and implementing a uniform strategy for universal screening of children prior to entry to school.

The grantee will be responsible for continuing the work of the NEP which will serve in an advisory capacity to the grantee. The NEP has created recommendations from three workgroups that will inform the larger public on vision guidelines, performance measures and data collection. Articles developed from the recommendations will serve to assist states in implementing the following: *Guidelines and/or strategies on vision screening; A mechanism for uniform data collection and reporting; and A state Title V performance measure for vision screening*.

### **Coordinate the Federal Intra-Agency Task Force on Vision Meetings**

The Federal Intra-Agency Task Force on Vision serves to inform each other on vision health efforts and activities from the individual organizations represented. These include participants from Health Resources and Services Administration, National Institutes of Health/National Eye Institute, Centers for Disease Control and Prevention, Department of Education, Centers for Medicaid and Medicare Services, Administration of Children and Families-Head Start, Indian

Health Services and the United States Department of Agriculture. The grantee will coordinate the efforts and activities of the Federal Intra-Agency Task Force on Vision. This will include facilitating and selecting speakers for these meetings and/or conference calls, writing and disseminating minutes from these meetings, and developing assignments for the Task Force as necessary.

### Coordinating Requirements

The grantee will build upon efforts of the previous National Center by continuing to address the screening and follow-up component of that continuum by providing national leadership in the development of the statewide vision screening and intervention component of programs for all children three to five years of age, prior to school entry.

The grantee will continue to assess the status and capacity of all states to meet the Bright Futures, U.S. Preventive Services Task Force (USPSTF), and Healthy People 2020 recommendations.

The grantee will build upon the richness of information and knowledge gathered from State Title V agencies and develop a map in conjunction with the states on the needs of vision screening in order to create and spread a universal model for states.

Lastly, the grantee will begin to create methods to build insurance support and adequate reimbursement for providers who adhere to the Bright Futures Guidelines.

## **2. Background**

This program is authorized by Title V, §501(a) (2) of the Social Security Act, as amended, (42 U.S.C. 701(a) (2)). Title V of the Social Security Act provides a foundation for ensuring the health of our Nation's mothers, children, and families.

Prevent Blindness America (PBA), a national volunteer eye health and safety organization committed to eye health for children and youth, is the current National Center. As specified above, the grantee will continue the activities of PBA.

Visual impairment in children is a common condition that affects 5 to 10 percent of preschool-age children. Between 1 and 4 percent of preschool age children have amblyopia, and an estimated 5 to 7 percent have refractive errors (Preventive Services Task Force, 2007). As early as 1926, efforts were made toward improving screening programs in both the public and private sectors. However, according to a 2005 report from the Centers for Disease Control and Prevention (CDC, 2005), only 1 in 3 children in America has received eye care services before the age of six. In 1998, HRSA's Maternal and Child Health Bureau (MCHB) and the National Eye Institute (NEI) convened an expert task force to develop consensus on screening guidelines and review the current technologies and recommendations on methodologies for vision screening. Since then, significant progress has been made: pilot programs have been established; legislation has been enacted in most states; guidelines have been disseminated, and emerging technologies have been evaluated. More evidence is available today on screening techniques than was available a decade ago, and researchers have made significant progress in understanding the sensitivity and specificity of a number of screening tests for use among preschoolers.

Substantial support exists for early screening for vision problems. The U.S. Preventive Services Task Force recommends that children younger than 5 years old should be screened in the primary care setting for vision problems, including lazy eye, crossed eyes, and near-and far-sightedness. *The Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents* <http://www.brightfutures.org/archive.html> recommends that children should have an assessment for eye problems in the newborn period and then at all subsequent routine health supervision visits (American Academy of Pediatrics, 2008).

Non-government organizations also play an important role. Prevent Blindness America (PBA) supports a continuum of eye care for children, beginning at birth and continuing through regular well-child visits through age 10. The American Optometric Association also supports regularly scheduled vision screening in addition to comprehensive eye examination at age 3, before school entry, and every two years thereafter. Vision screening is also an appropriate and essential element of a strong public health approach to children's vision care.

Healthy People 2010 health objectives for the nation established vision screening as a national objective (#28-2) to "increase the proportion of preschool age children aged 5 years and under who receive vision screening". The Healthy People 2020 Vision Objectives focus on evidence-based interventions to preserve sight and prevent blindness. Objectives address screening and examinations for children and adults, early detection and timely treatment of eye diseases and conditions, injury prevention, and the use of vision rehabilitation services.

In August 15, 2011, the National Quality Forum endorsed a measure on the percentage of Pre-School Vision Screening conducted in the medical home. With the numerator being the number of pre-school children under 5 years-old that receive visual acuity testing or photoscreening in the medical home and the denominator being all children under 5 years-old who attend a routine well-child visit in their medical home.

### **Division of Services for Children with Special Health Needs**

With the Omnibus Budget Reconciliation Act (OBRA) of 1989, Public Law 101-239 amended Title V of the Social Security Act to extend the authority and responsibility of MCHB to address core elements of community-based systems of services for children and youth with special health care needs (CYSHCN) and their families. With this amendment, State Title V Programs under the MCH Services Block Grant were given the responsibility to provide and promote family-centered, community-based, coordinated care for CYSHCN and facilitate the development of community-based systems of services for such children and their families. CYSHCN are defined as "those children and youth who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally." According to the National Survey of Children with Special Health Care Needs (2005), approximately 13.9% of children and youth under the age of 18 in the United States are estimated to have special health needs.

The Division works to achieve the following six core outcomes to achieve a system of services for children and youth with special healthcare needs:

- 1) Family/professional partnership at all levels of decision-making.

- 2) Access to comprehensive health and related services through the medical home.
- 3) Early and continuous screening, evaluation and diagnosis.
- 4) Adequate public and/or private financing of needed services.
- 5) Organization of community services so that families can use them easily.
- 6) Successful transition to all aspects of adult health care, work, and independence.

The Division currently supports a variety of programs and activities related to improving systems of services for CYSHCN including the following:

- 1) *State Implementation Grants for Systems of Services for Children and Youth with Special Health Care Needs. (D70)* The purpose of the program is to implement the six systems components into a comprehensive state wide system of services for CYSHCN. Since 2005, statewide implementation grants have been funded in 34 states, the District of Columbia and the Navajo Nation.
- 2) *Family to Family Healthcare Information Centers for Families of Children with Special Health Care Needs (F2F HIC):* MCHB funds F2F HICs in every state and the District of Columbia, as authorized by the Family Opportunity Act of 2005 and reauthorized in the Patient Protection and Affordable Care Act of 2010. These centers provide information, training, technical assistance and peer support to families of CYSHCN. Applicants are encouraged to include the F2F HIC in their state as a partner. A list of F2F HICs can be found at <http://www.familyvoices.org>.
- 3) *Condition Specific Programs:* The Division supports a number of programs focused on specific populations of children and youth with special health care needs, as well as adults. These include children and youth with autism and other developmental disabilities, epilepsy and seizure disorders, sickle cell disease, traumatic brain injury and hemophilia. The Division also has several programs to improve early and continuous screening, including newborn hearing and genetic screening.
- 4) *National Centers:* To support the programs in each of the six core outcomes, the Division funds several national centers. Each National Center has extensive resources on their respective core outcome and provides technical assistance to Division grantees. Applicants are encouraged to visit their websites (see Section VIII, Other Information) and contact them for technical assistance.

A priority of the Division has been to develop and spread evidence based practices to implementing the six core outcomes for a system of services for CYSHCN. This initiative will seek to expand the base of programs that are evidence based and can be replicated and spread to other communities and states.

The applicant will be expected to partner with DSCSHCN National Centers to work together and collaborate around a core issue.

### **The Health Resources and Services Administration (HRSA)**

HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information and materials delivered by competent providers in a manner that factors in the language needs, health literacy, cultural richness, and diversity of the populations served. Quality also means that, where appropriate, data collection instruments used should adhere to

culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care published by the U.S. Department of Health and Human Services (<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>) and The Department of Health and Human Services' Cultural Competency website- <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=1&lvlID=3>.

## **II. Award Information**

### **1. Type of Award**

Funding will be provided in the form of a grant.

### **2. Summary of Funding**

This program will provide funding during federal fiscal years 2012 – 2014. Approximately \$300,000 is expected to be available annually to fund one (1) grantee. Applicants may apply for a ceiling amount of up to \$300,000 per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for “Coordinating Grant for Children’s Vision Screening” in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

## **III. Eligibility Information**

### **1. Eligible Applicants**

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

Applicants must be national organizations that have significant experience with vision screening for children and youth in the context of a national public health framework. Applicants that fail to show such experience will not be further considered.

### **2. Cost Sharing/Matching**

There are no cost sharing or matching requirements for this grant announcement.

### **3. Other**

Applications that exceed the ceiling amount of \$300,000 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.3* will be considered non-responsive and will not be considered for funding under this announcement.

This grant will support national efforts for vision screening. Applicants whose experience is limited to local, state or regional impact or who do not fulfill review criteria will be deemed non-responsive and will not be considered under this funding announcement.

NOTE: Multiple applications from an organization are **not** allowable. For example, an organization/institution with various PI's who might want to submit an application each for this funding opportunity.

## IV. Application and Submission Information

### 1. Address to Request Application Package

#### **Application Materials and Required Electronic Submission Information**

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. This robust registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting your application. All applicants *must* submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from [DGPWaivers@hrsa.gov](mailto:DGPWaivers@hrsa.gov), and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. Your email must include the HRSA announcement number for which you are seeking relief, the organization's DUNS number, the name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to your submission along with a copy of the "Rejected with Errors" notification you received from Grants.gov. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. Suggestion: submit application to Grants.gov at least two days before the deadline to allow for any unforeseen circumstances.

Note: Central Contractor Registration (CCR) information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). As of August 9, 2011, Grants.gov began rejecting submissions from applicants with expired CCR registrations.

Although active CCR registration at time of submission is not a new requirement, this systematic enforcement will likely catch some applicants off guard. According to the CCR Website it can take 24 hours or more for updates to take effect, so ***check for active registration well before your grant deadline.***

An applicant can view their CCR Registration Status by visiting <http://www.bpn.gov/CCRSearch/Search.aspx> and searching by their organization's DUNS. The [CCR Website](#) provides user guides, renewal screen shots, FAQs and other resources you may find helpful.

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

All applicants are responsible for reading the instructions included in HRSA's *Electronic Submission User Guide*, available online at <http://www.hrsa.gov/grants/apply/userguide.pdf>. This Guide includes detailed application and submission instructions for both Grants.gov and HRSA's Electronic Handbooks. Pay particular attention to Sections 2 and 5 that provide detailed information on the competitive application and submission process.

Applicants are also responsible for reading the Grants.gov Applicant User Guide, available online at <http://www.grants.gov/assets/ApplicantUserGuide.pdf>. This Guide includes detailed information about using the Grants.gov system and contains helpful hints for successful submission.

Applicants must submit proposals according to the instructions in the Guide and in this funding opportunity announcement in conjunction with Application Form SF-424. The forms contain additional general information and instructions for applications, proposal narratives, and budgets. The forms and instructions may be obtained by:

- 1) Downloading from <http://www.grants.gov>, or
- 2) Contacting the HRSA Services Operation (DSO) at: [HRSADSO@hrsa.gov](mailto:HRSADSO@hrsa.gov)

Each funding opportunity contains a unique set of forms and only the specific forms package posted with an opportunity will be accepted for that opportunity. Specific instructions for preparing portions of the application that must accompany Application Form SF 424 appear in the "Application Format Requirements" section below.

## **2. Content and Form of Application Submission**

### **Application Format Requirements**

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The total file size may not exceed 10 MB. The 80-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard forms are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the 80-page limit. Do not reduce the size of the fonts or margins to save space. See the formatting instructions in Section 5 of the Electronic Submission User Guide referenced above.**

**Applications must be complete, within the 80-page limit, within the 10 MB limit, and submitted prior to the deadline to be considered under this announcement.**

### **Application Format**

Applications for funding must consist of the following documents in the following order:

## SF-424 Non-Construction – Table of Contents

- 🔔 It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.
- 🔔 Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered under this funding opportunity announcement.
- 🔔 For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.
- 🔔 For electronic submissions, no Table of Contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Application for Federal Assistance (SF-424)	Form	Pages 1, 2 & 3 of the SF-424 face page.	Not counted in the page limit
Project Summary/Abstract	Attachment	Can be uploaded on page 2 of SF-424 - Box 15	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
Additional Congressional District	Attachment	Can be uploaded on page 3 of SF-424 - Box 16	As applicable to HRSA; not counted in the page limit.
Project Narrative Attachment Form	Form	Supports the upload of Project Narrative document	Not counted in the page limit.
Project Narrative	Attachment	Can be uploaded in Project Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424A Budget Information - Non-Construction Programs	Form	Pages 1–2 to support structured budget for the request of Non-construction related funds.	Not counted in the page limit.
Budget Narrative Attachment Form	Form	Supports the upload of Project Narrative document.	Not counted in the page limit.
Budget Narrative	Attachment	Can be uploaded in Budget Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
SF-424B Assurances - Non-Construction Programs	Form	Supports assurances for non-construction programs.	Not counted in the page limit.
Project/Performance Site Location(s)	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.
Additional Performance Site Location(s)	Attachment	Can be uploaded in the SF-424 Performance Site Location(s) form. Single document with	Not counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		all additional site location(s)	
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit.
Other Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list.	Not counted in the page limit.
Attachment 1-15	Attachment	Can be uploaded in Other Attachments form 1-15.	Refer to the attachment table provided below for <b>specific</b> sequence. Counted in the page limit.

- 🔔 To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.
- 🔔 Evidence of Non-Profit status and invention related documents, if applicable, must be provided in the other attachment form.
- 🔔 Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.
- 🔔 Merge similar documents into a single document. Where several documents are expected in the attachment, ensure that you place a table of contents cover page specific to the attachment. The Table of Contents page will not be counted in the page limit.
- 🔔 Limit the file attachment name to under 50 characters. Do not use any special characters (e.g., %, /, #) or spacing in the file name or word separation. (The exception is the underscore (\_) character.) Your attachment will be rejected by Grants.gov if you use special characters or attachment names greater than 50 characters.

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Job/Position Descriptions for Key Personnel
Attachment 2	Biographical Sketches of Key Personnel
Attachment 3	Project Allocation – Work Plan
Attachment 4	Letters of Agreement/Memoranda of Agreement and/or description(s) of proposed/existing contracts (project specific) – describe the working relationships between applicant agency and other agencies cited in the proposal.
Attachment 5	Project Organizational Chart
Attachment 6	Committees/Consortia –tables, charts, etc.
Attachment 7	Publications, Papers, etc. related to project purpose
Attachments 8 - 15	Other Relevant Documents including letters of support

## **Application Format**

### **i. Application Face Page**

Complete Application Form SF-424 provided with the application package. Prepare according to instructions provided in the form itself. Important note: enter the name of the **Project Director** in 8. f. “Name and contact information of person to be contacted on matters involving this application.” If, for any reason, the Project Director will be out of the office, please ensure their email Out of Office Assistant is set so HRSA will be aware if any issues arise with the application and a timely response is required. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.110.

### **DUNS Number**

All applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://fedgov.dnb.com/webform> or call 1-866-705-5711. Please include the DUNS number in item 8c on the application face page. Applications **will not** be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being “Rejected for Errors” by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS number. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with the Central Contractor Registration (CCR) in order to do electronic business with the Federal Government. CCR registration must be maintained with current, accurate information at all times during which an entity has an active award or an application or plan under consideration by HRSA. It is extremely important to verify that your CCR registration is active and your Marketing Partner ID Number (MPIN) is current. Information about registering with the CCR can be found at <http://www.ccr.gov>.

### **ii. Table of Contents**

The application should be presented in the order of the Table of Contents provided earlier. Again, for electronic applications no table of contents is necessary as it will be generated by the system. (Note: the Table of Contents will not be counted in the page limit.)

### **iii. Budget**

Complete Application Form SF-424A Budget Information – Non-Construction Programs provided with the application package.

Please complete Sections A, B, E, and F, and then provide a line item budget for each year of the project period. In Section A use rows 1 - 3 to provide the budget amounts for the first three years of the project. Please enter the amounts in the “New or Revised Budget” column-not the “Estimated Unobligated Funds” column. In Section B Object Class Categories of the SF-424A, provide the object class category breakdown for the annual amounts specified in Section A. In Section B, use column (1) to provide category amounts for Year 1 and use columns (2) through (3) for subsequent budget years.

**Salary Limitation:**

The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$179,700. This amount reflects an individual’s base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

As an example of the application of this limitation: If an individual’s base salary is \$350,000 per year plus fringe benefits of 25% (\$87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to \$179,700 plus fringe of 25% (\$44,925) and a total of \$112,312.50 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

Individual’s <i>actual</i> base full time salary: \$350,000 50% of time will be devoted to project	
Direct salary	\$175,000
Fringe (25% of salary)	\$43,750
Total	\$218,750
<b>Amount that may be claimed on the application budget due to the legislative salary limitation:</b>	
Individual’s base full time salary <i>adjusted</i> to Executive Level II: \$179,700 50% of time will be devoted to the project	
Direct salary	<b>\$89,850</b>
Fringe (25% of salary)	<b>\$22,462.50</b>
Total amount	<b>\$112,312.50</b>

**iv. Budget Justification**

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budgets for each of the subsequent budget periods within the requested project period at the time of application. Line item information must be provided to explain the costs entered in the SF-424A. Be very careful about showing how each item in the “other” category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification **MUST** be concise. Do NOT use the justification to expand the project narrative.

**Budget for Multi-Year Award**

This announcement is inviting applications for project periods up to three (3) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be for up to three (3) years. Submission and HRSA approval of your Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the three-year

project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.

Include the following in the Budget Justification narrative:

*Personnel Costs:* Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percentage of full-time equivalency, and annual salary. Reminder: Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II or \$179,700. An individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements. Please provide an individual's actual base salary if it exceeds the cap. See the sample below.

Sample:

Name	Position Title	% of FTE	Annual Salary	Amount Requested
J. Smith	Chief Executive Officer	50	\$179,700*	\$89,850
R. Doe	Nurse Practitioner	100	\$75,950	\$75,950
D. Jones	Data/AP Specialist	25	\$33,000	\$8,250

\*Actual annual salary = \$350,000

*Fringe Benefits:* List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plans, and tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project. (If an individual's base salary exceeds the legislative salary cap, please adjust fringe accordingly.)

*Travel:* List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops.

*Equipment:* List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment (a unit cost of \$5,000 or more and a useful life of one or more years).

*Supplies:* List the items that the project will use. In this category, separate office supplies from medical and educational purchases. Office supplies could include paper, pencils, and the like; medical supplies are syringes, blood tubes, plastic gloves, etc., and educational supplies may be pamphlets and educational videotapes. Remember, they must be listed separately.

*Contractual:* Applicants are responsible for ensuring that their organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and

the specific contract deliverables. Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in the CCR and provide the recipient with their DUNS number.

*Other:* Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category. In some cases, rent, utilities and insurance fall under this category if they are not included in an approved indirect cost rate.

Applicants may include the cost of access accommodations as part of their project's budget, including sign interpreters, plain language and health literate print materials in alternate formats (including Braille, large print, etc.); and cultural/linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings, clinical encounters, and conferences, etc.

*Indirect Costs:* Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term "facilities and administration" is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS's Division of Cost Allocation (DCA). Visit DCA's website at: <http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them.

**v. *Staffing Plan and Personnel Requirements***

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in Attachment 1. Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included in Attachment 2. When applicable, biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs.

**vi. *Assurances***

Complete Application Form SF-424B Assurances – Non-Construction Programs provided with the application package.

**vii. *Certifications***

Use the Certifications and Disclosure of Lobbying Activities Application Form provided with the application package.

**viii. *Project Abstract***

Provide a summary of the application. Because 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. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served.

Please place the following at the top of the abstract:

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

Abstract content:

**PROBLEM:** Briefly (in one or two paragraphs) state the principal needs and problems which are addressed by the project.

**GOAL(S) AND OBJECTIVES:** Identify the major goal(s) and objectives for the project period. Typically, the goal is stated in a sentence or paragraph, and the objectives are presented in a numbered list.

**METHODOLOGY:** Describe the programs and activities used to attain the objectives and comment on innovation, cost, and other characteristics of the methodology. This section is usually several paragraphs long and describes the activities which have been proposed or are being implemented to achieve the stated objectives. Lists with numbered items are sometimes used in this section as well.

**COORDINATION:** Describe the coordination planned with appropriate national, regional, state and/or local health agencies and/or organizations in the area(s) served by the project.

**EVALUATION:** Briefly describe the evaluation methods used to assess program outcomes and the effectiveness and efficiency of the project in attaining goals and objectives. This section is usually one or two paragraphs in length.

**ANNOTATION:** Provide a three- to - five-sentence description of your project that identifies the project's purpose, the needs and problems, which are addressed, the goals and objectives of the project, the activities, which will be used to attain the goals and the materials which will be developed.

The project abstract must be single-spaced and limited to one page in length.

**ix. *Project Narrative***

This section provides a comprehensive framework and description of all aspects of the proposed program. 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***

This section should briefly describe the purpose of the proposed project.

- ***NEEDS ASSESSMENT***

This section outlines the needs of your community and/or organization. The target population and its unmet health needs must be described and documented in this section. Include socio-cultural determinants of health and health disparities impacting the population or communities served and unmet. Demographic data should be used and cited whenever possible to support the information provided.

The application should describe the need for a public health approach to vision screening for young children in the context of a comprehensive system of eye care. Please discuss the need for vision screening implications for CSHCN that address the core outcomes of DSCSHCN. Describe and document unmet health needs and health disparities related to vision screening and comprehensive eye care for children. Highlight documented cultural and other issues specific to the targeted community/population should be mentioned including socio-cultural determinants of health and health disparities impacting the population or communities served and unmet. Provide data to document the need for vision screening where possible and discusses relevant barriers that the project hopes to overcome. This section should help reviewers understand the community and/or organization that will be served by the proposed project.

▪ *METHODOLOGY*

Propose methods that will be used to meet each of the previously-described program requirements and expectations in this funding opportunity announcement. As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families and communities of culturally, linguistically, socio-economically and geographically diverse backgrounds if applicable.

The section should demonstrate strong working partnerships with national and state stakeholders involved in vision screening for young children including the State Title V Program for Children with Special Health Care Needs, primary care providers, families and parent organizations, Family-to-Family Health Information Centers, legislators, state and community agencies such as WIC, Healthy Start, Head Start, payers and schools. Concretely describe strategies to work on the Health People 2020 Vision objectives that address increase screening efforts for children and youth. In particular Vision Objective 1: Increase the proportion of preschool children aged 5 years and under who receive vision screening. This section should describe a plan to support states in the provision of culturally and linguistically competent and health literate services to meet the unique needs of target populations of the communities served and how they are routinely assessed and improved. Demonstrate a strategy to assist states to implement and monitor vision screening for all young children three to five and demonstrate an ability to support state efforts to conduct community outreach activities and provide information and education on early vision screening and eye care, increase public and professional awareness.

Emphasize plans to link the results of the program's data to a plan of action that is evidence based and poised to improve CSHCN's community-based systems of services. In addition, discuss methodologies to spread successful project results throughout selected states; describes the replicability of project activities to other organizations, communities, and states; and discusses plans for dissemination of project results including publishing in peer-reviewed journals or presenting at conferences and national meetings.

- *WORK PLAN*

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 cultural, racial, linguistic and geographic diversity of the populations and communities served.

- *RESOLUTION OF CHALLENGES*

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY*

Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, with different cultural groups (e.g. race, ethnicity, language) and explain how the data will be used to inform program development and service delivery.

Demonstrate the capacity to assist states to gather and report on outcomes related to improved vision screening and eye care for young children. Demonstrate an ability to do the following: assist states to gather and report data on vision screening in selected states; evaluate state and community communication and outreach activities; provide assurances that data and evaluation will be developed in collaboration with, and shared with State Title V Program for Children with Special Health Care Needs; and provide assurances that data and evaluation will inform vision screening activities throughout selected states.

The section should state how to effectively utilize Continuous Quality Improvement strategies when assessing progress and outcomes.

- *ORGANIZATIONAL INFORMATION*

Provide information on the applicant 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. Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health literate services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved. The application should document that project personnel are qualified by training and/or experience to implement and carry out the projects. Describes the applicant organization, including its facilities and documents it has the capabilities to fulfill the needs and requirements of the proposed project; and describes the management structure and staff positions and plans for fiscal control. In addition, demonstrate an ability to support states in their efforts to identify, recruit and lead a state coalition to implement universal vision screening for young children; demonstrates close working relationships and experience with key stakeholders including national and state stakeholders, including State Title V Programs for Children with Special Health Care Needs, community agencies such as Healthy Start and Head Start, legislators, child care providers, family and youth

leaders, local support groups, payers and schools and demonstrates national and state partnerships that will help sustain the project beyond federal funding.

#### **x. Program Specific Forms**

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

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

##### *2) Performance Measures for the Coordinating Grant for Children's Vision Screening and Submission of Administrative Data*

To prepare successful applicants of their reporting requirements, the administrative forms and performance measures are presented in the appendices of this funding opportunity announcement. In summary, the forms and performance measures for this program are:

#### Administrative Forms

- Form 1, Project Budget Details
- Form 2, Project Funding Profile
- Form 4, Project Budget and Expenditures by Type of Services  
(provide "Enabling" and/or "Infrastructure Building" Services).
- Form 6, Abstract
- Form 7, Discretionary Grant Project Summary Data

#### Performance Measures

- Performance Measure 7, Family Participation
- Performance Measure 10, Cultural Competence
- Performance Measure 24, MCH Infrastructure Development
- Performance Measure 31, Health Infrastructure & Systems of Care
- Performance Measure 33, Sustainability
- Performance Measure 41, Medical Home B: Infrastructure Building

#### Additional Data Elements

Products, Publications, and Submissions Data Collection Form

**xi. Attachments**

Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled.**

*Attachment 1: Job/Position Descriptions for Key Personnel*

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

*Attachment 2: Biographical Sketches of Key Personnel*

Include biographical sketches for persons occupying the key positions described in Attachment 1, not to exceed two pages in length. 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 3: Project Allocation – Work Plan*

*Attachment 4: Letters of Agreement/Memoranda of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)*

Provide any documents that describe working relationships between the applicant organization and other agencies and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverable. Letters of agreement must be dated.

*Attachment 5: Project Organizational Chart*

Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators.

*Attachment 6: Committees/Consortia - Tables, Charts, etc.*

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

*Attachment 7: Publications, Papers, etc. related to project purpose*

*Attachments 8 – 15: Other Relevant Documents*

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated.

**Include only letters of agreement/support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) Letters of agreement and support must be dated. List all other support letters on one page.**

**3. Submission Dates and Times**

**Application Due Date**

The due date for applications under this funding opportunity announcement is **March 16, 2012 at 8:00 P.M. ET**. Applications completed online are considered formally submitted when the

application has been successfully transmitted electronically by your organization's Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

**Receipt acknowledgement:** Upon receipt of an application, Grants.gov will send a series of email messages advising you of the progress of your application through the system. The first will confirm receipt in the system; the second will indicate whether the application has been successfully validated or has been rejected due to errors; the third will be sent when the application has been successfully downloaded at HRSA; and the fourth will notify the applicant of the Agency Tracking Number assigned to the application.

The Chief Grants Management Officer (CGMO) or designee may authorize an extension of published deadlines when justified by circumstances such as natural disasters (e.g., floods or hurricanes) or other disruptions of services, such as a prolonged blackout. The CGMO or designee will determine the affected geographical area(s).

**Late applications:**

Applications which do not meet the criteria above are considered late applications and will not be considered in the current competition.

**4. Intergovernmental Review**

Coordinating Grant for Children's Vision Screening is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

**5. Funding Restrictions**

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than \$300,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

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

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

**Cash Stipends/Incentives:** Funds cannot be utilized for cash stipends/monetary incentives given to clients to enroll in project services. However, funds can be used to

facilitate participation in project activities (e.g., day care/transportation costs/tokens to attend prenatal/ well child clinic visits), as well as for services rendered to the project (e.g., adolescent peer mentors).

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

**Salary Limitation:** The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$179,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

Per Division F, Title V, Section 503 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011 (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

Per Division F, Title V, Section 523 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

## **6. Other Submission Requirements**

As stated in Section IV.1, except in very rare cases HRSA will no longer accept applications in paper form. Applicants submitting for this funding opportunity are *required* to submit

*electronically* through Grants.gov. To submit an application electronically, please use the APPLY FOR GRANTS section at <http://www.grants.gov>. When using Grants.gov you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

It is essential that your organization *immediately register* in Grants.gov and become familiar with the Grants.gov site application process. If you do not complete the registration process you will be unable to submit an application. The registration process can take up to one month.

To be able to successfully register in Grants.gov, it is necessary that you complete all of the following required actions:

- Obtain an organizational Data Universal Numbering System (DUNS) number
- Register the organization with Central Contractor Registration (CCR)
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's CCR "Marketing Partner ID Number (M-PIN)" password
- Register and approve an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials and FAQs are available on the Grants.gov web site at <http://www.grants.gov>. Assistance is also available 24 hours a day, 7 days a week (excluding federal holidays) from the Grants.gov help desk at [support@grants.gov](mailto:support@grants.gov) or by phone at 1-800-518-4726. Applicants should ensure that all passwords and registration are current well in advance of the deadline.

**It is incumbent on applicants to ensure that the AOR is available to submit the application to HRSA by the published due date. HRSA will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline.** Therefore, you are urged to submit your application in advance of the deadline. If your application is rejected by Grants.gov due to errors, you must correct the application and resubmit it to Grants.gov before the deadline date and time. Deadline extensions will not be provided to applicants who do not correct errors and resubmit before the posted deadline.

**If, for any reason, an application is submitted more than once prior to the application due date, HRSA will only accept the applicant's last validated electronic submission prior to the application due date as the final and only acceptable submission of any competing application submitted to Grants.gov.**

**Tracking your application:** It is incumbent on the applicant to track their application by using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about tracking your application can be found at <https://apply07.grants.gov/apply/checkApplStatus.faces>. Be sure your application is validated by Grants.gov prior to the application deadline.

## V. Application Review Information

### 1. Review Criteria

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

Review Criteria are used to review and rank applications. The *Coordinating Grant for Children's Vision Screening* has six (6) review criteria:

#### **Criterion 1: Need (20 points)**

Refer to Narrative Section's "Needs Assessment"

The extent to which the application describes the problem and associated contributing factors to the problem. In addition, the extent to which the application:

- Describes the need for a public health approach to vision screening for young children in the context of a comprehensive system of eye care.
- Discusses the need for vision screening implications for CSHCN that address the core outcomes of DSCSHCN.
- Describes and documents unmet health needs and health disparities related to vision screening and comprehensive eye care for children,
- Documents cultural and other issues specific to the targeted community/population.
- Details socio-cultural determinants of health and health disparities impacting the population or communities served and unmet.
- Provides data to document the need, where possible.
- Discusses relevant barriers that the project hopes to overcome.

#### **Criterion 2: Response (30 points)**

Refer to Narrative Section's "Methodology"

The extent to which the proposed project responds to the "Purpose" included in the program description. The extent to which the activities described in the application is capable of addressing the problem and attaining the project objectives. In addition, the extent to which the application:

- Demonstrates strong working partnerships with national and state stakeholders involved in vision screening for young children including the State Title V Program for Children with Special Health Care Needs, primary care providers, families and parent organizations, Family-to-Family Health Information Centers, legislators, state and community agencies such as WIC, Healthy Start, Head Start, payers and schools.
- Concretely describes how they will work on the Health People 2020 Vision objectives to increase screening efforts of children and youth. In particular Vision Objective 1: Increase the proportion of preschool children aged 5 years and under who receive vision screening.

- Describes a plan to support states in the provision of culturally and linguistically competent and health literate services to meet the unique needs of target populations of the communities served and how they are routinely assessed and improved.
- Demonstrates a strategy to assist states to implement and monitor vision screening for all young children by age five.
- Demonstrates an ability to support state efforts to conduct community outreach activities and provide information and education on early vision screening and eye care, increase public and professional awareness.
- Demonstrates plans to link the results of the program's data to a plan of action that is evidence based and poised to improve CSHCN's community-based systems of services;

**Criterion 3: Evaluative Measures (15 points)**

Refer to Narrative Section’s “Evaluation and Technical Support Capacity”

The effectiveness of the method(s) proposed to monitor and evaluate the project results. Evaluative measures must 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 application must reflect a plan of action to track and provide program data that incorporates a carefully designed and well-planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the project’s stated goal and a comprehensive evaluation plan using national, state, and local data. In addition, the extent to which the application:

- Demonstrates the capacity to assist states to gather and report on outcomes related to improved vision screening and eye care for young children.
- Demonstrates an ability to assist states to gather and report data on vision screening in selected states.
- Demonstrates the ability to evaluate state and community communication and outreach activities.
- Effectively utilizes Continuous Quality Improvement strategies when assessing progress and outcomes.
- Demonstrates the ability to and provides assurances that data and evaluation will be developed in collaboration with, and shared with State Title V Program for Children with Special Health Care Needs.
- Provides assurances that data and evaluation will inform vision screening activities throughout selected states.
- Demonstrates the strength of the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, with different cultural groups (e.g., race, ethnicity, language) and how the data will be used to inform program development and service delivery.

**Criterion 4: Impact (15 points)**

Refer to Narrative Section’s “Methodology”

The extent and effectiveness of plans for dissemination of project results and/or the extent to which project results may be national in scope and/or degree to which the project activities are replicable, and/or the sustainability of the program beyond the federal funding. In addition, the extent to which the application:

- Discusses methodologies to spread successful project results throughout selected states.
- Describes the replicability of project activities to other organizations, communities, and states.
- Discusses plans for dissemination of project results including publishing in peer-reviewed journals or presenting at conferences and national meetings.

**Criterion 5: Resources/Capabilities (10 points)**

Refer to Narrative Section’s “Organizational Information”

The extent to which project personnel are qualified by training and/or experience to implement and carry out the projects. The capabilities of the applicant organization to fulfill the needs and requirements of the proposed project as evidenced by the management structure, staff positions, plans for fiscal control, and the quality and availability of facilities. In addition, the extent to which the application:

- Demonstrates an ability to support states in their efforts to identify, recruit and lead a state coalition to implement universal vision screening for young children.
- Demonstrates close working relationships and experience with key stakeholders including national and state stakeholders, including State Title V Programs for Children with Special Health Care Needs, community agencies such as Healthy Start and Head Start, legislators, child care providers, family and youth leaders, local support groups, payers and schools.
- Demonstrates national and state partnerships that will help sustain the project beyond federal funding.

**Criterion 6: Support Requested (10 points)**

- The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the activities, and the anticipated results. Evidence of budgeted costs for family partnerships (stipends, salaries), ADA requirements, sign language interpreters, and cultural and linguistic competence modifications such as interpretation services, cultural brokers, and modifications due to health literacy levels.

Applicants should pay strict attention to addressing all these criteria, as they are the basis upon which the reviewers will evaluate their application.

**2. Review and Selection Process**

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in relevant sections of this funding opportunity announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

### **3. Anticipated Announcement and Award Dates**

It is anticipated that awards will be announced prior to the start date of September 1, 2012.

## **VI. Award Administration Information**

### **1. Award Notices**

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's strengths and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the start date of September 1, 2012.

### **2. Administrative and National Policy Requirements**

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 [Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations](#) or 45 CFR Part 92 [Uniform Administrative Requirements For Grants And Cooperative Agreements to State, Local, and Tribal Governments](#), as appropriate.

HRSA grant and cooperative agreement awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable based on recipient type and purpose of award. This includes, as applicable, any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at <http://www.hrsa.gov/grants/>. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Award).

### **Trafficking in Persons**

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C.

7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.html>. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity to obtain a copy of the Term.

### **Smoke-Free Workplace**

The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

### **Cultural and Linguistic Competence**

HRSA programs serve culturally and linguistically diverse communities and multiple cultures. Although race and ethnicity are often thought to be dominant elements of culture, HRSA funded programs embrace a broader definition to include language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities, clients and students served. HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>. Additional cultural competency and health literacy tools, resources and definitions are available online at <http://www.hrsa.gov/culturalcompetence> and <http://www.hrsa.gov/healthliteracy>.

### **Healthy People 2020**

Healthy People 2020 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has four overarching goals: (1) attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; (2) achieve health equity, eliminate disparities, and improve the health of all groups; (3) create social and physical environments that promote good health for all; and (4) promote quality of life, healthy development, and healthy behaviors across all life stages. The program consists of over 40 topic areas, containing measurable objectives. HRSA has actively participated in the work groups of all the topic areas and is committed to the achievement of the Healthy People 2020 goals. More information about Healthy People 2020 may be found online at <http://www.healthypeople.gov/>.

### **National HIV/AIDS Strategy (NHAS)**

The National HIV/AIDS Strategy (NHAS) has three primary goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities. The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of early entrance into care for people living with HIV to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention, care and treatment services and, as a result, often have

poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

To the extent possible, program activities should strive to support the three primary goals of the NHAS. As encouraged by the NHAS, programs should seek opportunities to increase collaboration, efficiency, and innovation in the development of program activities to ensure success of the NHAS. Programs providing direct services should comply with federally-approved guidelines for HIV Prevention and Treatment (see <http://www.aidsinfo.nih.gov/Guidelines/Default.aspx> as a reliable source for current guidelines). More information can also be found at <http://www.whitehouse.gov/administration/eop/onap/nhas>

### **Health IT**

Health information technology (Health IT) provides the basis for improving the overall quality, safety and efficiency of the health delivery system. HRSA endorses the widespread and consistent use of health IT, which is the most promising tool for making health care services more accessible, efficient and cost effective for all Americans.

### **Related Health IT Resources:**

- [Health Information Technology \(HHS\)](#)
- [What is Health Care Quality and Who Decides? \(AHRQ\)](#)

## **3. Reporting**

The successful applicant under this funding opportunity announcement must comply with the following reporting and review activities:

### **a. Audit Requirements**

Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at [http://www.whitehouse.gov/omb/circulars\\_default](http://www.whitehouse.gov/omb/circulars_default).

### **b. Payment Management Requirements**

Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System. The report identifies cash expenditures against the authorized funds for the grant or cooperative agreement. The FFR Cash Transaction Reports must be filed within 30 days of the end of each calendar quarter. Failure to submit the report may result in the inability to access award funds. Go to <http://www.dpm.psc.gov> for additional information.

### **c. Status Reports**

1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required within 90 days of the end of each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.

2) **Progress Report(s).** The awardee must submit a progress report to HRSA on an annual basis. Submission and HRSA approval of your Progress Report(s) triggers the

budget period renewal and release of subsequent year funds. This report has two parts. The first part demonstrates grantee progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project. Further information will be provided in the award notice.

3) **Final Report.** A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at

<https://grants.hrsa.gov/webexternal/home.asp>.

4) **Performance Report(s).** The Health Resources and Services Administration (HRSA) has modified its reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by the Maternal and Child Health Bureau (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, the MCHB's authorizing legislation. Performance measures for other MCHB-funded grant programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect.

#### **(1) Performance Measures and Program Data**

To prepare applicants for these reporting requirements, the designated performance measures for this program and other program data collection are presented in the appendices of this funding opportunity announcement.

#### **(2) Performance Reporting**

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

Performance reporting is conducted for each grant year of the project period. Grantees 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 summary data as well as finalizing indicators/scores for the performance measures.

### **(3) Project Period End Performance Reporting**

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

#### **d. Transparency Act Reporting Requirements**

New awards (“Type 1”) issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of \$25,000 or more in federal funds and executive total compensation for the recipient’s and subrecipient’s five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (FFATA details are available online at <http://www.hrsa.gov/grants/ffata.html>). Competing continuation awardees, etc. may be subject to this requirement and will be so notified in the Notice of Award.

## **VII. Agency Contacts**

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

Mary Worrell  
Grants Management Specialist  
HRSA Division of Grants Management Operations, OFAM  
Parklawn Building, Room 11A-02  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-5181  
Fax: (301) 443-6686  
Email: [MWorrell@hrsa.gov](mailto:MWorrell@hrsa.gov)

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

Deanna McPherson  
Public Health Analyst, Integrated Services Branch  
Division of Services for Children with Special Health Needs  
Maternal and Child Health Bureau, HRSA  
Attn: Coordinating Grant for Children’s Vision Screening  
Parklawn Building, Room 13-61  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-1134  
Fax: (301) 443-2960

Email: [dmcpherson@hrsa.gov](mailto:dmcpherson@hrsa.gov)

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

Grants.gov Contact Center  
Telephone: 1-800-518-4726  
E-mail: [support@grants.gov](mailto:support@grants.gov)  
iPortal: <http://grants.gov/iportal>

## VIII. Other Information

**Additional information about HRSA, the six (6) core components, and optional collaborative organizations is listed below.**

### **Helpful HRSA/ and MCHB Web Sites:**

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

**The Health Resources and Services Administration's Maternal and Child Health Bureau** is the federal agency responsible for assuring the availability of quality health care to low-income, uninsured, vulnerable and special needs populations. HRSA's web site contains fact sheets and links to all HRSA programs, including the Maternal and Child Health Bureau, which administers the Title V Block Grant.

Refer to <http://mchb.hrsa.gov/research/documents/mchbstratplan0307.pdf> to view the Strategic Plan for MCHB, FY 2003-2007. This relates directly to HRSA goals in the agency's Strategic Plan, available at <http://www.hrsa.gov/about/strategicplan.html>. For additional resources to share around cultural competence, see <http://www.hrsa.gov/culturalcompetence/>

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

**The Maternal and Child Health Library** is a timely, easy-to-use virtual library for the MCH community. It holds resource guides; searchable databases of publications, programs and organizations within the MCH Bureau; an A-Z search function and frequently asked questions.

<http://www.cshcndata.org>

**The Data Resource Center** developed by the Child and Adolescent Health Measurement Initiative (CAHMI), features easy to use, hands-on access to each states' data from the National Survey of CSHCN. Also available are resources, tools and templates to assist users in communicating current data to stimulate improvements and create Community-Based Systems of services for CYSHCN and the 2001 and soon the 2004 National Survey Chartbook. The broader website, Data Resource Center for Child and Adolescent Health, where you can also access CSHCN data, has family friendly information about the National Survey for Children's Health. <http://www.childhealthdata.org>.

<http://www.familyvoices.org>

**Family Voices** is a national grassroots network of families and friends, and advocates for health

care services that are family-centered, community-based, comprehensive, coordinated and culturally competent for all children and youth with special health care needs. The website provides information on promoting the inclusion of all families as decision makers at all levels of health care and tools and resources to support essential partnerships between families and professionals. Information on the Family-To-Family Health Information Centers and *The National Center for Family/Professional Partnerships* is available through this site.

<http://nccc.georgetown.edu>

*The National Center for Cultural Competence* maintains a website on information related to families, systems and program perspectives and implementation of cultural and linguistic competence. Tools, resources, consultants and materials can be accessed, and there is a Spanish Portal to health information in Spanish and family stories. See: the conceptual framework and definitions for cultural and linguistic competence, checklists for “getting started”, self assessment and cultural broker tools and materials and archives from topical conference calls around the six core outcomes.

<http://www.communitybasedservices.org>

*The National Center for Ease of Use of Community-Based Services* will advance policy and practice solutions that improve the ease of use of community-based services by developing a state leadership network, promoting partnerships and recognize leading communities.

<http://www.gottransition.org>

*The National Health Care Transition Center* works to assure that youth with/without special health care needs receive care in a medical home that provides family-centered/youth activated transition preparation, planned transfers from pediatric to adult health care and respectful partnerships.

<http://www.hdwg.org/catalyst/>

*The Catalyst Center* seeks to promote adequate financing for comprehensive, family-centered care of children and youth with special health care needs. The goals of the Center are: to promote health coverage of all CYSHCN, to eliminate underinsurance among CYSHCN, to disseminate innovative financing methods for services to CYSHCN, and to enhance knowledge and collaboration among stakeholder groups around financing issues.

<http://www.infanthearing.org> and <http://www.kidshearing.org>

*The National Center for Hearing Assessment and Management* at Utah State University works to ensure that all infants (newborns) and toddlers with hearing loss are identified as early as possible and provided with timely and appropriate audiological, educational, and medical intervention.

<http://www.medicalhomeinfo.org>

*The National Center for Medical Home Implementation* provides support to physicians, families, and other medical and non-medical providers who care for children with special needs so that they have access to a medical home. See the American Academy of Pediatrics’ “Policy Statement on the Medical Home - Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of All Children” on this web site.

Additional Medical Home guidance:

- 1) Richard Antonelli, 2009: [http://www.pcpcc.net/files/antonelli\\_wiring-care-coordination-](http://www.pcpcc.net/files/antonelli_wiring-care-coordination-)

into-medical-homes\_120809.pdf;  
2) American Academy of Pediatrics, 1999:  
<http://aappolicy.aappublications.org/cgi/reprint/pediatrics;104/4/978>

<http://genes-r-us.uthscsa.edu>

*The National Newborn Screening and Genetics Resource Center* serves as a national resource center for information and education regarding newborn screening and genetics programs and policies.

<http://www.geneticalliance.org>

*Genetic Alliance* is an international coalition of families, health professionals and genetic organizations, representing more than 300 lay advocacy organizations. The Alliance works to foster the integration of genetic advances into quality healthcare, public awareness and consumer-informed public policy.

### **Optional Collaborative Organizations**

Administration on Developmental Disabilities' Family Support:  
<http://www.acf.hhs.gov/programs/add/pns/fs360factsheet.html> or  
[http://www.addfamilysupport360.org/3\\_10/index.asp](http://www.addfamilysupport360.org/3_10/index.asp)

Centers for Independent Living: <http://www2.ed.gov/programs/cil/index.html>

Housing and Urban Development:  
[http://portal.hud.gov/portal/page/portal/HUD/topics/information\\_for\\_disabled\\_persons](http://portal.hud.gov/portal/page/portal/HUD/topics/information_for_disabled_persons)

Department of Special Education, Office of Special Education and Rehabilitative Services:  
<http://www2.ed.gov/about/offices/list/osers/osep/index.html>

Administration for Children and Families (e.g., Head Start): <http://www.acf.hhs.gov/>

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

A concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at:

<http://www.hhs.gov/asrt/og/grantinformation/apptips.html>.

## **Appendix A: MCHB Administrative Forms and Performance Measures**

To prepare successful applicants for their future performance reporting requirements, the Administrative Forms and Performance Measures assigned to this MCHB program are presented below.

### Administrative Forms

- Form 1, Project Budget Details
- Form 2, Project Funding Profile
- Form 4, Project Budget and Expenditures by Type of Services  
(provide “Enabling” and/or “Infrastructure Building” Services).
- Form 6, Abstract
- Form 7, Discretionary Grant Project Summary Data

### Performance Measures

- Performance Measure 7, Family Participation
- Performance Measure 10, Cultural Competence
- Performance Measure 24, MCH Infrastructure Development
- Performance Measure 31, Health Infrastructure & Systems of Care
- Performance Measure 33, Sustainability
- Performance Measure 41, Medical Home B: Infrastructure Building

### Additional Data Elements

Products, Publications, and Submissions Data Collection Form

**FORM 1**  
**MCHB PROJECT BUDGET DETAILS FOR FY \_\_\_\_\_**

<b>1.</b>	<b>MCHB GRANT AWARD AMOUNT</b>	\$ _____
<b>2.</b>	<b>UNOBLIGATED BALANCE</b>	\$ _____
<b>3.</b>	<b>MATCHING FUNDS</b>	\$ _____
	(Required: Yes [ ] No [ ] If yes, amount)	
	A. Local funds	\$ _____
	B. State funds	\$ _____
	C. Program Income	\$ _____
	D. Applicant/Grantee Funds	\$ _____
	E. Other funds: _____	\$ _____
<b>4.</b>	<b>OTHER PROJECT FUNDS</b> (Not included in 3 above)	\$ _____
	A. Local funds	\$ _____
	B. State funds	\$ _____
	C. Program Income (Clinical or Other)	\$ _____
	D. Applicant/Grantee Funds (includes in-kind)	\$ _____
	E. Other funds (including private sector, e.g., Foundations)	\$ _____
<b>5.</b>	<b>TOTAL PROJECT FUNDS</b> (Total lines 1 through 4)	\$ _____
<b>6.</b>	<b>FEDERAL COLLABORATIVE FUNDS</b>	\$ _____
	(Source(s) of additional Federal funds contributing to the project)	
	A. Other MCHB Funds (Do not repeat grant funds from Line 1)	
	1) Special Projects of Regional and National Significance (SPRANS)	\$ _____
	2) Community Integrated Service Systems (CISS)	\$ _____
	3) State Systems Development Initiative (SSDI)	\$ _____
	4) Healthy Start	\$ _____
	5) Emergency Medical Services for Children (EMSC)	\$ _____
	6) Traumatic Brain Injury	\$ _____
	7) State Title V Block Grant	\$ _____
	8) Other: _____	\$ _____
	9) Other: _____	\$ _____
	10) Other: _____	\$ _____
	B. Other HRSA Funds	
	1) HIV/AIDS	\$ _____
	2) Primary Care	\$ _____
	3) Health Professions	\$ _____
	4) Other: _____	\$ _____
	5) Other: _____	\$ _____
	6) Other: _____	\$ _____
	C. Other Federal Funds	
	1) Center for Medicare and Medicaid Services (CMS)	\$ _____
	2) Supplemental Security Income (SSI)	\$ _____
	3) Agriculture (WIC/other)	\$ _____
	4) Administration for Children and Families (ACF)	\$ _____
	5) Centers for Disease Control and Prevention (CDC)	\$ _____
	6) Substance Abuse and Mental Health Services Administration (SAMHSA)	\$ _____
	7) National Institutes of Health (NIH)	\$ _____
	8) Education	\$ _____
	9) Bioterrorism	\$ _____
	10) Other: _____	\$ _____
	11) Other: _____	\$ _____
	12) Other: _____	\$ _____
<b>7.</b>	<b>TOTAL COLLABORATIVE FEDERAL FUNDS</b>	\$ _____

**INSTRUCTIONS FOR COMPLETION OF FORM 1  
MCH BUDGET DETAILS FOR FY \_\_\_\_**

- Line 1. Enter the amount of the Federal MCHB grant award for this project.
- Line 2. Enter the amount of carryover (e.g, unobligated balance) from the previous year's award, if any. New awards do not enter data in this field, since new awards will not have a carryover balance.
- Line 3. If matching funds are required for this grant program list the amounts by source on lines 3A through 3E as appropriate. Where appropriate, include the dollar value of in-kind contributions.
- Line 4. Enter the amount of other funds received for the project, by source on Lines 4A through 4E, specifying amounts from each source. Also include the dollar value of in-kind contributions.
- Line 5. Displays the sum of lines 1 through 4.
- Line 6. Enter the amount of other Federal funds received on the appropriate lines (A.1 through C.12) **other** than the MCHB grant award for the project. Such funds would include those from other Departments, other components of the Department of Health and Human Services, or other MCHB grants or contracts.
- Line 6C.1. Enter only project funds from the Center for Medicare and Medicaid Services. Exclude Medicaid reimbursement, which is considered Program Income and should be included on Line 3C or 4C.
- If lines 6A.8-10, 6B .4-6, or 6C.10-12 are utilized, specify the source(s) of the funds in the order of the amount provided, starting with the source of the most funds. .
- Line 7. Displays the sum of lines in 6A.1 through 6C.12.

**FORM 2  
 PROJECT FUNDING PROFILE**

	<u>FY</u>		<u>FY</u>		<u>FY</u>		<u>FY</u>		<u>FY</u>	
	<u>Budgeted</u>	<u>Expended</u>								
<b>1</b> <u>MCHB Grant Award Amount</u> <i>Line 1, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>2</b> <u>Unobligated Balance</u> <i>Line 2, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>3</b> <u>Matching Funds (If required)</u> <i>Line 3, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>4</b> <u>Other Project Funds</u> <i>Line 4, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>5</b> <u>Total Project Funds</u> <i>Line 5, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>6</b> <u>Total Federal Collaborative Funds</u> <i>Line 7, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**INSTRUCTIONS FOR THE COMPLETION OF FORM 2  
PROJECT FUNDING PROFILE**

**Instructions:**

Complete all required data cells. If an actual number is not available, use an estimate. Explain all estimates in a note.

The form is intended to provide funding data at a glance on the estimated budgeted amounts and actual expended amounts of an MCH project.

For each fiscal year, the data in the columns labeled Budgeted on this form are to contain the same figures that appear on the Application Face Sheet (for a non-competing continuation) or the Notice of Award (for a performance report). The lines under the columns labeled Expended are to contain the actual amounts expended for each grant year that has been completed.

**FORM 4**  
**PROJECT BUDGET AND EXPENDITURES**  
**By Types of Services**

<u>TYPES OF SERVICES</u>	FY _____		FY _____	
	<u>Budgeted</u>	<u>Expended</u>	<u>Budgeted</u>	<u>Expended</u>
<b>I. <u>Direct Health Care Services</u></b> (Basic Health Services and Health Services for CSHCN.)	\$ _____	\$ _____	\$ _____	\$ _____
<b>II. <u>Enabling Services</u></b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC and Education.)	\$ _____	\$ _____	\$ _____	\$ _____
<b>III. <u>Population-Based Services</u></b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ _____	\$ _____	\$ _____	\$ _____
<b>IV. <u>Infrastructure Building Services</u></b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ _____	\$ _____	\$ _____	\$ _____
<b>V. <u>TOTAL</u></b>	\$ _____	\$ _____	\$ _____	\$ _____

**INSTRUCTIONS FOR THE COMPLETION OF FORM 4  
PROJECT BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

Complete all required data cells for all years of the grant. If an actual number is not available, make an estimate. Please explain all estimates in a note. Administrative dollars should be allocated to the appropriate level(s) of the pyramid on lines I, II, III or IV. If an estimate of administrative funds use is necessary, one method would be to allocate those dollars to Lines I, II, III and IV at the same percentage as program dollars are allocated to Lines I through IV.

Note: Lines I, II and III are for projects providing services. If grant funds are used to build the infrastructure for direct care delivery, enabling or population-based services, these amounts should be reported in Line IV (i.e., building data collection capacity for newborn hearing screening).

Line I Direct Health Care Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

**Direct Health Care Services** are those services generally delivered one-on-one between a health professional and a patient in an office, clinic or emergency room which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, x-ray services, dental care, and pharmaceutical products and services. State Title V programs support - by directly operating programs or by funding local providers - services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning. For CSHCN, these services include specialty and sub-specialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness, and other conditions requiring sophisticated technology, access to highly trained specialists, or an array of services not generally available in most communities.

Line II Enabling Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

**Enabling Services** allow or provide for access to and the derivation of benefits from, the array of basic health care services and include such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination of with Medicaid, WIC and educations. These services are especially required for the low income, disadvantaged, geographically or culturally isolated, and those with special and complicated health needs. For many of these individuals, the enabling services are essential - for without them access is not possible. Enabling services most commonly provided by agencies for CSHCN include transportation, care coordination, translation services, home visiting, and family outreach. Family support activities include parent support groups, family training workshops, advocacy, nutrition and social work.

Line III Population-Based Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

**Population Based Services** are preventive interventions and personal health services, developed and available for the entire MCH population of the State rather than for individuals in a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunization, Sudden Infant Death Syndrome counseling, oral health, injury prevention, nutrition and outreach/public education. These services are generally available whether the mother or child receives care in the private or public system, in a rural clinic or an HMO, and whether insured or not.

Line IV Infrastructure Building Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

**Infrastructure Building Services** are the base of the MCH pyramid of health services and form its foundation. They are activities directed at improving and maintaining the health status of all women and children by providing support for development and maintenance of comprehensive health services systems and resources including development and maintenance of health services standards/guidelines, training, data and planning systems. Examples include needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, information systems and systems of care. In the development of systems of care it should be assured that the systems are family centered, community based and culturally competent.

Line V Total – Displays the total amounts for each column, budgeted for each year and expended for each year completed.

**FORM 6**  
**MATERNAL & CHILD HEALTH DISCRETIONARY GRANT**  
**PROJECT ABSTRACT**  
**FOR FY\_\_\_\_\_**

**PROJECT:** \_\_\_\_\_

**I. PROJECT IDENTIFIER INFORMATION**

1. Project Title:
2. Project Number:
3. E-mail address:

**II. BUDGET**

- |   |          |
|---|----------|
| 1. MCHB Grant Award<br>(Line 1, Form 2)               | \$ _____ |
| 2. Unobligated Balance<br>(Line 2, Form 2)            | \$ _____ |
| 3. Matching Funds (if applicable)<br>(Line 3, Form 2) | \$ _____ |
| 4. Other Project Funds<br>(Line 4, Form 2)            | \$ _____ |
| 5. Total Project Funds<br>(Line 5, Form 2)            | \$ _____ |

**III. TYPE(S) OF SERVICE PROVIDED (Choose all that apply)**

- Direct Health Care Services
- Enabling Services
- Population-Based Services
- Infrastructure Building Services

**IV. PROJECT DESCRIPTION OR EXPERIENCE TO DATE**

A. Project Description

1. Problem (in 50 words, maximum):
  
  
  
  
  
  
  
  
  
  
2. Goals and Objectives: (List up to 5 major goals and time-framed objectives per goal for the project)
  - Goal 1:
    - Objective 1:
    - Objective 2:
  - Goal 2:
    - Objective 1:
    - Objective 2:
  - Goal 3:
    - Objective 1:
    - Objective 2:



- B. Continuing Grants ONLY
1. Experience to Date (For continuing projects ONLY):

2. Website URL and annual number of hits

**V. KEY WORDS**

**VI. ANNOTATION**

## **INSTRUCTIONS FOR THE COMPLETION OF FORM 6 PROJECT ABSTRACT**

**NOTE:** All information provided should fit into the space provided in the form. The completed form should be no more than 3 pages in length. Where information has previously been entered in forms 1 through 5, the information will automatically be transferred electronically to the appropriate place on this form.

### **Section I – Project Identifier Information**

Project Title: Displays the title for the project.

Project Number: Displays the number assigned to the project (e.g., the grant number)

E-mail address: Displays the electronic mail address of the project director

**Section II – Budget** - These figures will be transferred from Form 1, Lines 1 through 5.

### **Section III - Types of Services**

Indicate which type(s) of services your project provides, checking all that apply.

### **Section IV – Program Description OR Current Status (DO NOT EXCEED THE SPACE PROVIDED)**

A. New Projects only are to complete the following items:

1. A brief description of the project and the problem it addresses, such as preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children; and services for Children with Special Health Care Needs.
2. Provide up to 5 goals of the project, in priority order. Examples are: To reduce the barriers to the delivery of care for pregnant women, to reduce the infant mortality rate for minorities and “services or system development for children with special healthcare needs.” MCHB will capture annually every project’s top goals in an information system for comparison, tracking, and reporting purposes; you must list at least 1 and no more than 5 goals. For each goal, list the two most important objectives. The objective must be specific (i.e., decrease incidence by 10%) and time limited (by 2005).
3. Displays the primary Healthy people 2010 goal(s) that the project addresses.
4. Describe the programs and activities used to attain the goals and objectives, and comment on innovation, cost, and other characteristics of the methodology, proposed or are being implemented. Lists with numbered items can be used in this section.
5. Describe the coordination planned and carried out, in the space provided, if applicable, with appropriate State and/or local health and other agencies in areas(s) served by the project.
6. Briefly describe the evaluation methods that will be used to assess the success of the project in attaining its goals and objectives.

B. For continuing projects ONLY:

1. Provide a brief description of the major activities and accomplishments over the past year (not to exceed 200 words).
2. Provide website and number of hits annually, if applicable.

### **Section V – Key Words**

Provide up to 10 key words to describe the project, including populations served. Choose key words from the included list.

### **Section VI – Annotation**

Provide a three- to five-sentence description of your project that identifies the project’s purpose, the needs and problems, which are addressed, the goals and objectives of the project, the activities, which will be used to attain the goals, and the materials, which will be developed.

**FORM 7**  
**DISCRETIONARY GRANT PROJECT**  
**SUMMARY DATA**

- 1. Project Service Focus**  
 Urban/Central City     Suburban     Metropolitan Area (city & suburbs)  
 Rural                     Frontier     Border (US-Mexico)
  
- 2. Project Scope**  
 Local                     Multi-county     State-wide  
 Regional                 National
  
- 3. Grantee Organization Type**  
 State Agency  
 Community Government Agency  
 School District  
 University/Institution Of Higher Learning (Non-Hospital Based)  
 Academic Medical Center  
 Community-Based Non-Governmental Organization (Health Care)  
 Community-Based Non-Governmental Organization (Non-Health Care)  
 Professional Membership Organization (Individuals Constitute Its Membership)  
 National Organization (Other Organizations Constitute Its Membership)  
 National Organization (Non-Membership Based)  
 Independent Research/Planning/Policy Organization  
 Other \_\_\_\_\_
  
- 4. Project Infrastructure Focus** (from MCH Pyramid) if applicable  
 Guidelines/Standards Development And Maintenance  
 Policies And Programs Study And Analysis  
 Synthesis Of Data And Information  
 Translation Of Data And Information For Different Audiences  
 Dissemination Of Information And Resources  
 Quality Assurance  
 Technical Assistance  
 Training  
 Systems Development  
 Other



**6. Clients' Primary Language(s)**

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**7. Resource/TA and Training Centers ONLY**

Answer all that apply.

- a. Characteristics of Primary Intended Audience(s)
  - Policy Makers/Public Servants
  - Consumers
- Providers/Professionals
- b. Number of Requests Received/Answered: \_\_\_\_\_/\_\_\_\_\_
- c. Number of Continuing Education credits provided: \_\_\_\_\_
- d. Number of Individuals/Participants Reached: \_\_\_\_\_
- e. Number of Organizations Assisted: \_\_\_\_\_
- f. Major Type of TA or Training Provided:
  - continuing education courses,
  - workshops,
  - on-site assistance,
  - distance learning classes
  - other

## INSTRUCTIONS FOR THE COMPLETION OF FORM 7 PROJECT SUMMARY

### **Section 1 – Project Service Focus**

Select all that apply

### **Section 2 – Project Scope**

Choose the one that best applies to your project.

### **Section 3 – Grantee Organization Type**

Choose the one that best applies to your organization.

### **Section 4 – Project Infrastructure Focus**

If applicable, choose all that apply.

### **Section 5 – Demographic Characteristics of Project Participants**

Indicate the service level for the grant program. Multiple selections may be made. Infrastructure cannot be selected by itself; it must be selected with another service level. Please fill in each of the cells as appropriate.

**Direct Health Care Services** are those services generally delivered one-on-one between a health professional and a patient in an office, clinic or emergency room which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, x-ray services, dental care, and pharmaceutical products and services. State Title V programs support - by directly operating programs or by funding local providers - services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning. For CSHCN, these services include specialty and sub-specialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness, and other conditions requiring sophisticated technology, access to highly trained specialists, or an array of services not generally available in most communities.

**Enabling Services** allow or provide for access to and the derivation of benefits from, the array of basic health care services and include such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination of with Medicaid, WIC and educations. These services are especially required for the low income, disadvantaged, geographically or culturally isolated, and those with special and complicated health needs. For many of these individuals, the enabling services are essential - for without them access is not possible. Enabling services most commonly provided by agencies for CSHCN include transportation, care coordination, translation services, home visiting, and family outreach. Family support activities include parent support groups, family training workshops, advocacy, nutrition and social work.

**Population Based Services** are preventive interventions and personal health services, developed and available for the entire MCH population of the State rather than for individuals in a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunization, Sudden Infant Death Syndrome counseling, oral health, injury prevention, nutrition and outreach/public education. These services are generally available whether the mother or child receives care in the private or public system, in a rural clinic or an HMO, and whether insured or not.

**Infrastructure Building Services** are the base of the MCH pyramid of health services and form its foundation. They are activities directed at improving and maintaining the health status of all women and children by providing support for development and maintenance of comprehensive health services systems and resources including development and maintenance of health services standards/guidelines, training, data and planning systems. Examples include needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, information systems and systems of care. In the

development of systems of care it should be assured that the systems are family centered, community based and culturally competent.

**Section 6 – Clients Primary Language(s)**

Indicate which languages your clients speak as their primary language, other than English, for the data provided in Section 6. List up to three languages.

**Section 7 – Resource/TA and Training Centers (Only)**

Answer all that apply.

**07 PERFORMANCE MEASURE**

The degree to which MCHB-funded programs ensure family, youth, and consumer participation in program and policy activities.

**Goal 1: Provide National Leadership for MCHB (Promote family participation in care)**

**Level: Grantee**

**Category: Family/Youth/Consumer Participation**

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**GOAL**

To increase family/youth/consumer participation in MCHB programs.

**MEASURE**

The degree to which MCHB-funded programs ensure family/youth/consumer participation in program and policy activities.

**DEFINITION**

Attached is a checklist of eight elements that demonstrate family participation, including an emphasis on family-professional partnerships and building leadership opportunities for families and consumers in MCHB programs. Please check the degree to which the elements have been implemented.

**HEALTHY PEOPLE 2010 OBJECTIVE**

Related to Objective 16.23. Increase the proportion of Territories and States that have service systems for Children with Special Health Care Needs to 100 percent.

**DATA SOURCE(S) AND ISSUES**

Attached data collection form is to be completed by grantees.

**SIGNIFICANCE**

Over the last decade, policy makers and program administrators have emphasized the central role of families and other consumers as advisors and participants in policy-making activities. In accordance with this philosophy, MCHB is facilitating such partnerships at the local, State and national levels.

Family/professional partnerships have been incorporated into the MCHB Block Grant Application, the MCHB strategic plan. Family/professional partnerships are a requirement in the Omnibus Budget Reconciliation Act of 1989 (OBRA '89) and part of the legislative mandate that health programs supported by Maternal and Child Health Bureau (MCHB) Children with Special Health Care Needs (CSHCN) provide and promote family centered, community-based, coordinated care.

**DATA COLLECTION FORM FOR DETAIL SHEET #07**

Using a scale of 0-3, please rate the degree to which the grant program has included families, youth, and consumers into their program and planning activities. Please use the space provided for notes to describe activities related to each element and clarify reasons for score.

0	1	2	3	Element
				1. Family members/youth/consumers participate in the planning, implementation and evaluation of the program's activities at all levels, including strategic planning, program planning, materials development, program activities, and performance measure reporting.
				2. Culturally diverse family members/youth/consumers facilitate the program's ability to meet the needs of the populations served.
				3. Family members/youth/consumers are offered training, mentoring, and opportunities to lead advisory committees or task forces.
				4. Family members/youth/consumers who participate in the program are compensated for their time and expenses.
				5. Family members/youth/consumers participate on advisory committees or task forces to guide program activities.
				6. Feedback on policies and programs is obtained from families/youth/consumers through focus groups, feedback surveys, and other mechanisms as part of the project's continuous quality improvement efforts.
				7. Family members/youth/consumers work with their professional partners to provide training (pre-service, in-service and professional development) to MCH/CSHCN staff and providers.
				8. Family /youth/consumers provide their perspective to the program as paid staff or consultants.

- 0=Not Met
- 1=Partially Met
- 2=Mostly Met
- 3=Completely Met

Total the numbers in the boxes (possible 0-24 score) \_\_\_\_\_

**NOTES/COMMENTS:**

**10 PERFORMANCE MEASURE**

**Goal 2: Eliminate Health Barriers & Disparities  
(Develop and promote health services and  
systems of care designed to eliminate disparities  
and barriers across MCH populations)**

**Level: Grantee**

**Category: Cultural Competence**

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The degree to which MCHB-funded programs have incorporated cultural and linguistic competence elements into their policies, guidelines, contracts and training.

**GOAL**

To increase the number of MCHB-funded programs that have integrated cultural and linguistic competence into their policies, guidelines, contracts and training.

**MEASURE**

The degree to which MCHB-funded programs have incorporated cultural and linguistic competence elements into their policies, guidelines, contracts and training.

**DEFINITION**

Attached is a checklist of 10 elements that demonstrate cultural and linguistic competency. Please check the degree to which the elements have been implemented. The answer scale for the entire measure is 0-30. Please keep the completed checklist attached.

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from Cross, 1989; sited from DHHS Office of Minority Health--  
<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=11>)

Linguistic competence is the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities. Linguistic competency requires organizational and provider capacity to respond effectively to the health literacy needs of populations served. The organization must have policy, structures, practices, procedures, and dedicated resources to

support this capacity. (Goode, T. and W. Jones, 2004. National Center for Cultural Competence; <http://www.ncccurricula.info/linguisticcompetence.html>)

Cultural and linguistic competency is a process that occurs along a developmental continuum. A culturally and linguistically competent program is characterized by elements including the following: written strategies for advancing cultural competence; cultural and linguistic competency policies and practices; cultural and linguistic competence knowledge and skills building efforts; research data on populations served according to racial, ethnic, and linguistic groupings; participation of community and family members of diverse cultures in all aspects of the program; faculty and other instructors are racially and ethnically diverse; faculty and staff participate in professional development activities related to cultural and linguistic competence; and periodic assessment of trainees' progress in developing cultural and linguistic competence.

**HEALTHY PEOPLE 2010 OBJECTIVE**

Related to the following HP2010 Objectives:

16.23: Increase the proportion of States and jurisdictions that have service systems for children with or at risk for chronic and disabling conditions as required by Public Law 101-239.

23.9: (Developmental) Increase the proportion of schools for public health workers that integrate into their curricula specific content to develop competency in the essential public health services.

23.11:(Developmental) Increase the proportion of State and local public health agencies that meet national performance standards for essential public health services.

23.15: (Developmental) Increase the proportion of Federal, Tribal, State, and local jurisdictions that review and evaluate the extent to which their statutes, ordinances, and bylaws assure the delivery of essential public health services.

**DATA SOURCE(S) AND ISSUES**

Attached data collection form is to be completed by grantees.

There is no existing national data source to measure the extent to which MCHB supported programs have incorporated cultural competence elements into their policies, guidelines, contracts and training.

**SIGNIFICANCE**

Over the last decade, researchers and policymakers have emphasized the central influence of cultural

values and cultural/linguistic barriers: health seeking behavior, access to care, and racial and ethnic disparities. In accordance with these concerns, cultural competence objectives have been: (1) incorporated into the MCHB strategic plan; and (2) in guidance materials related to the Omnibus Budget Reconciliation Act of 1989 (OBRA '89), which is the legislative mandate that health programs supported by MCHB Children with Special Health Care Needs (CSHCN) provide and promote family centered, community-based, coordinated care.

**DATA COLLECTION FORM FOR DETAIL SHEET #10**

Using a scale of 0-3, please rate the degree to which your grant program has incorporated the following cultural/linguistic competence elements into your policies, guidelines, contracts and training.

Please use the space provided for notes to describe activities related to each element, detail data sources and year of data used to develop score, clarify any reasons for score, and or explain the applicability of elements to program.

0	1	2	3	Element
				1. Strategies for advancing cultural and linguistic competency are integrated into your program's written plan(s) (e.g., grant application, recruiting plan, placement procedures, monitoring and evaluation plan, human resources, formal agreements, etc.).
				2. There are structures, resources, and practices within your program to advance and sustain cultural and linguistic competency.
				3. Cultural and linguistic competence knowledge and skills building are included in training aspects of your program.
				4. Research or program information gathering includes the collection and analysis of data on populations served according to racial, ethnic, and linguistic groupings, where appropriate.
				5. Community and family members from diverse cultural groups are partners in planning your program.
				6. Community and family members from diverse cultural groups are partners in the delivery of your program.
				7. Community and family members from diverse cultural groups are partners in evaluation of your program.
				8. Staff and faculty reflect cultural and linguistic diversity of the significant populations served.
				9. Staff and faculty participate in professional development activities to promote their cultural and linguistic competence.
				10. A process is in place to assess the progress of your program participants in developing cultural and linguistic competence.

- 0 = Not Met
- 1 = Partially Met
- 2 = Mostly Met
- 3 = Completely Met

Total the numbers in the boxes (possible 0-30 score) \_\_\_\_\_

**NOTES/COMMENTS:**

**24 PERFORMANCE MEASURE**

**Goal 4: Improve the Health Infrastructure and Systems of Care**  
**(Assist States and communities to plan and develop comprehensive, integrated health service systems)**  
**Level: State, Community, or Grantee**  
**Category: Infrastructure**

The degree to which MCHB-funded initiatives contribute to infrastructure development through core public health assessment, policy development and assurance functions.

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**GOAL**

To develop infrastructure that supports comprehensive and integrated services.

**MEASURE**

The degree to which MCHB-supported initiatives contribute to the implementation of the 10 MCH Essential Services and Core Public Health Program Functions of assessment, policy development and assurance.

**DEFINITION**

Attached is a checklist of 10 elements that comprise infrastructure development services for maternal and child health populations. Please score the degree to which each your program contributes to the implementation of each of these elements Each element should be scored 0-2, with a maximum total score of 20 across all elements.

**HEALTHY PEOPLE 2010 OBJECTIVE**

Related to Healthy People Goal 23, Objective 12 (23.12): Increase the proportion of tribes, States, and local health agencies that have implemented a health improvement plan and increase the proportion of local health jurisdictions that have a health improvement plan linked with their State plan.

**DATA SOURCE(S) AND ISSUES**

Attached data collection form to be completed by grantees based on activities they are directly engaged in or that they contribute to the implementation of by other MCH grantees or programs.

**SIGNIFICANCE**

Improving the health infrastructure and systems of care is one of the five goals of MCHB. There are five strategies under this goal, all of which are addressed in a number of MCHB initiatives which focus on system-building and infrastructure development. These five strategies follow:

Build analytic capacity for assessment, planning,

and evaluation.

Using the best available evidence, develop and promote guidelines and practices that improve services and systems of care.

Assist States and communities to plan and develop comprehensive, integrated health service systems.

Work with States and communities to assure that services and systems of care reach targeted populations.

Work with States and communities to address selected issues within targeted populations.

The ten elements in this measure are comparable to the 10 Essential Public Health Services outlined in Grason H, Guyer B, 1995. *Public MCH Program Functions Framework: Essential Public Health Services to Promote Maternal and Child Health in America*. Baltimore, MD: The Women's and Children's Health Policy Center, The Johns Hopkins University.

**DATA COLLECTION FORM FOR DETAIL SHEET #24**

Use the scale below to describe the extent to which your program or initiative has contributed to the implementation of each of the following Public MCH Program core function activities at the local, State, or national level. Please use the space provided for notes to clarify reasons for score

0	1	2	Element
<b>Assessment Function Activities</b>			
			1. Assessment and monitoring of maternal and child health status to indentify and address problems, including a focus on addressing health disparities [Examples of activities include: developing frameworks, methodologies, and tools for standardized MCH data in public and private sectors; implementing population-specific accountability for MCH components of data systems, and analysis, preparation and reporting on trends of MCH data and health disparities among subgroups.]
			2. Diagnosis and investigation health problems and health hazards affecting maternal and child health populations [Examples of activities include conduct of population surveys and reports on risk conditions and behaviors, identification of environmental hazards and preparation of reports on risk conditions and behaviors.]
			3. Informing and educating the public and families about MCH issues.
<b>Policy Development Function Activities</b>			
			4. Mobilization of community collaborations and partnerships to identify and solve MCH problems. [Examples of stakeholders to be involved in these partnerships include: policymakers, health care providers, health care insurers and purchasers, families, and other MCH care consumers.]
			5. Provision of leadership for priority setting, planning and policy development to support community efforts to assure the health of maternal and child health populations.
			6. Promotion and enforcement of legal requirements that protect the health and safety of maternal and child health populations.
<b>Assurance Function Activities</b>			
			7. Linkage of maternal and child health populations to health and other community and family services, and assuring access to comprehensive quality systems of care
			8. Assuring the capacity and competency of the public health and personal health workforce to effectively and efficiently address MCH needs.
			9. Evaluate the effectiveness, accessibility and quality of direct, enabling and population-based preventive MCH services
		\	10. Research and demonstrations to gain new insights and innovative solutions to MCH-related issues and problems

0 = Grantee does not provide or contribute to the provision of this activity.  
 1 = Grantee sometimes provides or contributes to the provision of this activity.  
 2 = Grantee regularly provides or contributes to the provision of this activity  
 Total the numbers in the boxes (possible 0–20 score): \_\_\_\_\_

**NOTES/COMMENTS:**

**31 PERFORMANCE MEASURE**

**Goal 4: Improve the Health Infrastructure and Systems of Care**

(Assist States and communities to plan and develop comprehensive, integrated service systems for MCH populations)

Level: Grantee

Category: Infrastructure

The degree to which grantees have assisted States and communities in planning and implementing comprehensive, coordinated care for MCH populations.

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**GOAL**

To assure access to integrated community systems of care for MCH populations.

**MEASURE**

The degree to which grantees have assisted in developing integrated systems of care for MCH populations.

**DEFINITION**

Attached are checklists of elements that demonstrate the degree to which grantees have assisted in developing integrated systems of care for MCH populations. The first checklist addresses defined activities in the area of collaboration and coordination, and the second allows grantees to identify activities in the area of providing support to communities. Please check the degree to which the elements have been implemented.

**HEALTHY PEOPLE 2010 OBJECTIVE**

Related to Objective 16.23: Increase the proportion of States and jurisdictions that have service systems for all children, including children with or at risk for chronic and disabling conditions as required by Public Law 101-239.

**DATA SOURCE(S) AND ISSUES**

Attached data collection forms to be completed by grantees.

The National CSHCN Survey will provide national and State estimates on the extent to which families perceive that integrated community systems of care are available to their child with a special health care need.

**SIGNIFICANCE**

Families and service agencies have identified major challenges confronting families in accessing coordinated health and related services that families need. Differing eligibility criteria, duplication and gaps in services, inflexible funding streams and poor coordination among service agencies are concerns across most States. This effort should provide model strategies for addressing these issues.

**DATA COLLECTION FORM FOR DETAIL SHEET #31**

Using the scale below, indicate the degree to which your grant has assisted in developing and implementing an integrated system of care for MCH populations. Please use the space provided for notes to describe activities related to each element and clarify reasons for score.

Indicate the population and age group served:

Pregnant Women \_\_\_\_\_ Children \_\_\_\_\_ Adolescents \_\_\_\_\_ All Children \_\_\_\_\_ Children with Special Health Care Needs Only \_\_\_\_\_

0	1	2	3	Element
				1. Collaboration with Other Public Agencies and Private Organizations on the State Level: The grantee has assisted in establishing and maintaining an ongoing interagency collaborative process for the assessment of needs and assets and the provision of services within a community-based system of care for MCH populations. The programs collaborate with other agencies and organizations in the formulation of coordinated policies, standards, data collection and analysis, financing of services, and program monitoring to assure comprehensive, coordinated services.
				2. Collaboration with Other Public Agencies and Private Organizations on the Local Level: The grantee has assisted in establishing and maintaining an ongoing interagency collaborative process for the assessment of needs and provision of services within a community-based system of care for MCH populations. The grantee facilitates electronic communication, integration of data, and coordination of services on the local level.
				3. Coordination of Components of Community-Based Systems: The grantee has assisted in the development of a mechanism in communities across the State for coordination of health and essential services across agencies and organizations. This includes coordination among providers of primary care, habilitative services, other specialty medical treatment services, mental health services, early care and education, parenting education, family support, and home health care.
				4. Coordination of Health Services with Other Services at the Community Level: The grantee has assisted in the development of a mechanism in communities across the State for coordination and services integration among programs including early intervention and special education, social services, and family support services.

- 0=Not Met
- 1=Partially Met
- 2=Mostly Met
- 3=Completely Met

Total the numbers in the boxes (possible 0-12 score) \_\_\_\_\_

**NOTES/COMMENTS:**

**33 PERFORMANCE MEASURE**

The degree to which MCHB-funded initiatives work to promote sustainability of their programs or initiatives beyond the life of MCHB funding.

**Goal 4: Improve the Health Infrastructure and Systems of Care (Assist States and communities to plan and develop comprehensive, integrated health service systems)**

**Level: Grantee**

**Category: Infrastructure**

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**GOAL**

To develop infrastructure that supports comprehensive and integrated systems of care for maternal and child health at the local and/or state level.

**MEASURE**

The degree to which MCHB grantees are planning and implementing strategies to sustain their programs once initial MCHB funding ends.

**DEFINITION**

Attached is a checklist of nine actions or strategies that build toward program sustainability. Please check the degree to which each of the elements is being planned or carried out by your program, using the three-point scale. The maximum total score for this measure would be 27 across all elements.

**HEALTHY PEOPLE 2010 OBJECTIVE**

Related to Healthy People Goal 23, Objective 12 (23.12): Increase the proportion of Tribes, States, and local health agencies that have implemented a health improvement plan and increase the proportion of local health jurisdictions that have a health improvement plan linked with their State plan.

**DATA SOURCE(S) AND ISSUES**

Attached is a data collection form to be completed by grantees. Since these actions and their outcomes are necessarily progressive over time from the beginning to the end of a program funding period, grantees' ratings on each element are expected to begin lower in the first year of grant award and increase over time.

**SIGNIFICANCE**

In recognition of the increasing call for recipients of public funds to sustain their programs after initial funding ends, MCHB encourages grantees to work toward sustainability throughout their grant periods. A number of different terms and explanations have been used as operational components of sustainability. These components

fall into four major categories, each emphasizing a distinct focal point as being at the heart of the sustainability process: (1) adherence to program principles and objectives, (2) organizational integration, (3) maintenance of health benefits, and (4) State or community capacity building. Specific recommended actions that can help grantees build toward each of these four sustainability components are included as the data elements for this PM.

**DATA COLLECTION FORM FOR DETAIL SHEET #33**

Use the scale below to rate the degree to which your program has taken the following actions to promote sustainability of your program or initiative. Since these actions and their outcomes are necessarily progressive over the funding period, the ratings are expected to begin lower and progress over the grant period.

Please use the space provided for notes to clarify reasons for score.

0	1	2	3	Element
				1. A written sustainability plan is in place within two years of the MCHB grant award, with goals, objectives, action steps, and timelines to monitor plan progress.
				2. Staff and leaders in the organization engage and build partnerships with consumers, and other key stakeholders in the community, in the early project planning, and in sustainability planning and implementation processes.
				3. There is support for the MCHB-funded program or initiative within the parent agency or organization, including from individuals with planning and decision making authority.
				4. There is an advisory group or a formal board that includes family, community and state partners, and other stakeholders who can leverage resources or otherwise help to sustain the successful aspects of the program or initiative.
				5. The program's successes and identification of needs are communicated within and outside the organization among partners and the public, using various internal communication, outreach and marketing strategies.
				6. The grantee identified, actively sought, and obtained other funding sources and in-kind resources to sustain the program or initiative.
				7. Policies and procedures developed for the successful aspects of the program or initiative are incorporated into the parent or another organization's system of programs and services.
				8. The responsibilities for carrying out key successful aspects of the program or initiative have begun to be transferred to permanent staff positions in other ongoing programs or organizations.
				9. The grantee has secured financial or in-kind support from within the parent organization or external organizations to sustain the successful aspects of the MCHB-funded program or initiative.

- 0 = Not Met
- 1 = Partially Met
- 2 = Mostly Met
- 3 = Completely Met

Total the numbers in the boxes (possible 0–27 score): \_\_\_\_\_

**NOTES/COMMENTS:**

**41 PERFORMANCE MEASURE**

The degree to which grantees have assisted in developing, supporting, and promoting medical homes for MCH populations.

**Goal 3: Ensure Quality of Care  
(Develop and promote health services and systems designed to improve quality of care)  
Level: National  
Category: Medical Home**

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**GOAL**

To increase the prevalence of medical homes within the systems that serve MCH populations.

**MEASURE**

The degree to which grantees have assisted in developing and supporting systems of care for MCH populations that promote the medical home.

**DEFINITION**

Attached is a set of five categories with a total of 24 elements that contribute to a family/patient-centered, accessible, comprehensive, continuous, and compassionate system of care for MCH populations. Please use the space provided for notes to describe activities related to each element and clarify reasons for score.

**HEALTHY PEOPLE 2010 OBJECTIVE**

Related to Objective 16.22 (Developmental): Increase the proportion of CSCHN who have access to a medical home.

**DATA SOURCE(S) AND ISSUES**

Attached is a data collection form to be completed by grantees. The data collection form presents a range of activities that contribute to the development of medical homes for MCH populations.

**SIGNIFICANCE**

Providing primary care to children in a “medical home” is the standard of practice. Research indicates that children with a stable and continuous source of health care are more likely to receive appropriate preventive care and immunizations, less likely to be hospitalized for preventable conditions, and more likely to be diagnosed early for chronic or disabling conditions. Data collected for this measure would help to ensure that children have access to a medical home and help to document the performance of several programs, including EPSDT, immunization, and IDEA in reaching that goal.

**DATA COLLECTION FORM FOR DETAIL SHEET #41**

Using the scale below, indicate the degree to which your grant has assisted in the development and implementation of medical homes for MCH populations. Please use the space below to indicate the year the score is reported for and clarify reasons for the score.

Indicate population: pregnant and postpartum women, infants, children, children with special health care needs, adolescents

(While this is a single performance measure, for analytic purposes each of the categories will be scored as an independent measure. Grantees may identify specific categories as not applicable to their grant program by selecting a score of 0 for every item within the category.)

0	1	2	3	Element
<b>Category A: Establishing and Supporting Medical Home Practice Sites</b>				
				1. The grantee has conducted needs and capacity assessments to assess the adequacy of the supply of medical homes in their community, state, or region.
				2. The grantee has recruited health care providers to become the medical homes.
				3. The grantee has developed or adapted training curricula for primary care providers in the medical home concept.
				4. The grantee has provided training to health care providers in the definition and implementation of the medical home and evaluated its effectiveness.
				5. The grantee has assisted practice sites in implementing health information technologies in support of the medical home.
				6. The grantee has developed/implemented tools for the monitoring and improvement of quality within medical homes.
				7. The grantee has disseminated validated tools such as the Medical Home Index to practice sites and trained providers in their use.
				8. The grantee has developed/implemented quality improvement activities to support medical home implementation.
Category A Subtotal (possible 0-24):				
<b>Category B: Developing and Disseminating Information and Policy Development Tools: The grantee has developed tools for the implementation of the medical home and promoted the medical home through policy development</b>				
				9. Referral resource guides
				10. Coordination protocols
				11. Screening tools

0	1	2	3	Element
				12. Web sites
				13. The grantee has developed and promoted policies, including those concerning data-sharing, on the State or local level to support the medical home
				14. The grantee has provided information to policymakers in issues related to the medical home
Category B Subtotal (possible 0-18):				
<b>Category C: Public Education and Information Sharing: The grantee has implemented activities to inform the public about the medical home and its features and benefits</b>				
				15. The grantee has developed Web sites and/or other mechanisms to disseminate medical home information to the public.
				16. The grantee has provided social service agencies, families and other appropriate community-based organizations with lists of medical home sites.
				17. The grantee has engaged in public education campaigns about the medical home.
Category C Subtotal (possible 0-9):				
<b>Category D: Partnership-Building Activities</b>				
				18. The grantee has established a multidisciplinary advisory group, including families and consumers representative of the populations served, to oversee medical home activities
				19. The grantee has coordinated and/or facilitated communication among stakeholders serving MCH populations (e.g., WIC, domestic violence shelters, local public health departments, rape crisis centers, and ethnic/culturally-based community health organizations)
				20. The grantee has worked with the State Medicaid agency and other public and private sector purchasers on financing of the medical home.
				21. The grantee has worked with health care providers and social service agencies to implement integrated data systems.
Category D Subtotal (possible 0-12):				
<b>Category E: Mentoring Other States and Communities</b>				
				22. The degree to which the grantee has shared medical home tools with other communities and States.
				23. The degree to which the grantee has presented its experience establishing and supporting medical homes to officials of other communities, family champions, and/or States at national meetings

0	1	2	3	Element
				24. The degree to which the grantee has provided direct consultation to other States on policy or program development for medical home initiatives
Category E Subtotal (possible 0-9):				

- 0 = Not Met
- 1 = Partially Met
- 2 = Mostly Met
- 3 = Completely Met

Total the numbers in the boxes (possible 0-72 score)\_\_\_\_\_

**NOTES/COMMENTS:**

## Products, Publications and Submissions Data Collection Form

### Part 1

Instructions: Please list the number of products, publications and submissions addressing maternal and child health that have been published or produced by your staff during the reporting period (counting the original completed product or publication developed, not each time it is disseminated or presented). Products and Publications include the following types:

Type	Number
Peer-reviewed publications in scholarly journals – published (including peer-reviewed journal commentaries or supplements)	
Peer-reviewed publications in scholarly journals – submitted	
Books	
Book chapters	
Reports and monographs (including policy briefs and best practices reports)	
Conference presentations and posters presented	
Web-based products (Blogs, podcasts, Web-based video clips, wikis, RSS feeds, news aggregators, social networking sites)	
Electronic products (CD-ROMs, DVDs, audio or videotapes)	
Press communications (TV/Radio interviews, newspaper interviews, public service announcements, and editorial articles)	
Newsletters (electronic or print)	
Pamphlets, brochures, or fact sheets	
Academic course development	
Distance learning modules	
Doctoral dissertations/Master’s theses	
Other	

**Part 2**

Instructions: For each product, publication and submission listed in Part 1, complete all elements marked with an “\*.”

**Data collection form: Peer-reviewed publications in scholarly journals – published**

\*Title: \_\_\_\_\_

\*Author(s): \_\_\_\_\_

\*Publication: \_\_\_\_\_

\*Volume: \_\_\_\_\_ \*Number: \_\_\_\_\_ Supplement: \_\_\_\_\_ \*Year: \_\_\_\_\_ \*Page(s): \_\_\_\_\_

\*Target Audience: Consumers/Families \_\_\_ Professionals \_\_\_ Policymakers \_\_\_ Students \_\_\_

\*To obtain copies (URL): \_\_\_\_\_

Key Words (No more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Peer-reviewed publications in scholarly journals – submitted**

\*Title: \_\_\_\_\_

\*Author(s): \_\_\_\_\_

\*Publication: \_\_\_\_\_

\*Year Submitted: \_\_\_\_\_

\*Target Audience: Consumers/Families \_\_\_ Professionals \_\_\_ Policymakers \_\_\_ Students \_\_\_

Key Words (No more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Books**

\*Title: \_\_\_\_\_

\*Author(s): \_\_\_\_\_

\*Publisher: \_\_\_\_\_

\*Year Published: \_\_\_\_\_

\*Target Audience: Consumers/Families \_\_\_ Professionals \_\_\_ Policymakers \_\_\_ Students \_\_\_

Key Words (No more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form for: Book chapters**

Note: If multiple chapters are developed for the same book, list them separately.

\*Chapter Title: \_\_\_\_\_

\*Chapter Author(s): \_\_\_\_\_

\*Book Title: \_\_\_\_\_

\*Book Author(s): \_\_\_\_\_

\*Publisher: \_\_\_\_\_

\*Year Published: \_\_\_\_\_

\*Target Audience: Consumers/Families \_\_\_ Professionals \_\_\_ Policymakers \_\_\_ Students \_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Reports and monographs**

\*Title: \_\_\_\_\_

\*Author(s)/Organization(s): \_\_\_\_\_

\*Year Published: \_\_\_\_\_

\*Target Audience: Consumers/Families \_\_\_ Professionals \_\_\_ Policymakers \_\_\_ Students \_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Conference presentations and posters presented**

(This section is not required for MCHB Training grantees.)

\*Title: \_\_\_\_\_

\*Author(s)/Organization(s): \_\_\_\_\_

\*Meeting/Conference Name: \_\_\_\_\_

\*Year Presented: \_\_\_\_\_

\*Type:  Presentation  Poster

\*Target Audience: Consumers/Families \_\_\_ Professionals \_\_\_ Policymakers \_\_\_ Students \_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Web-based products**

\*Product: \_\_\_\_\_

\*Year: \_\_\_\_\_

\*Type:       blogs                                       podcasts                                       Web-based video clips  
                  wikis     RSS feeds                                      news aggregators  
                  social networking sites                       Other (Specify)

\*Target Audience: Consumers/Families \_\_\_ Professionals \_\_\_ Policymakers \_\_\_ Students \_\_\_

\*To obtain copies (URL): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Electronic Products**

\*Title: \_\_\_\_\_

\*Author(s)/Organization(s): \_\_\_\_\_

\*Year: \_\_\_\_\_

\*Type:               CD-ROMs                                       DVDs                                       audio tapes  
                          videotapes                                       Other (Specify)

\*Target Audience: Consumers/Families \_\_\_ Professionals \_\_\_ Policymakers \_\_\_ Students \_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Press Communications**

\*Title: \_\_\_\_\_

\*Author(s)/Organization(s): \_\_\_\_\_

\*Year: \_\_\_\_\_

\*Type:               TV interview                                       Radio interview                                       Newspaper interview  
                          Public service announcement                       Editorial article                                       Other (Specify)

\*Target Audience: Consumers/Families \_\_\_ Professionals \_\_\_ Policymakers \_\_\_ Students \_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Newsletters**

\*Title: \_\_\_\_\_  
\*Author(s)/Organization(s): \_\_\_\_\_  
\*Year: \_\_\_\_\_  
\*Type:            Electronic                            Print                            Both  
\*Target Audience: Consumers/Families \_\_\_ Professionals \_\_\_ Policymakers \_\_\_ Students \_\_\_  
\*To obtain copies (URL or email): \_\_\_\_\_  
\*Frequency of distribution:  weekly  monthly  quarterly  annually  Other (Specify)  
Number of subscribers: \_\_\_\_\_  
Key Words (no more than 5): \_\_\_\_\_  
Notes: \_\_\_\_\_

**Data collection form: Pamphlets, brochures or fact sheets**

\*Title: \_\_\_\_\_  
\*Author(s)/Organization(s): \_\_\_\_\_  
\*Year: \_\_\_\_\_  
\*Type:            Pamphlet                            Brochure                            Fact Sheet  
\*Target Audience: Consumers/Families \_\_\_ Professionals \_\_\_ Policymakers \_\_\_ Students \_\_\_  
\*To obtain copies (URL or email): \_\_\_\_\_  
Key Words (no more than 5): \_\_\_\_\_  
Notes: \_\_\_\_\_

**Data collection form: Academic course development**

\*Title: \_\_\_\_\_  
\*Author(s)/Organization(s): \_\_\_\_\_  
\*Year: \_\_\_\_\_  
\*Target Audience: Consumers/Families \_\_\_ Professionals \_\_\_ Policymakers \_\_\_ Students \_\_\_  
\*To obtain copies (URL or email): \_\_\_\_\_  
Key Words (no more than 5): \_\_\_\_\_  
Notes: \_\_\_\_\_

**Data collection form: Distance learning modules**

\*Title: \_\_\_\_\_  
\*Author(s)/Organization(s): \_\_\_\_\_

\*Year: \_\_\_\_\_

- \*Media Type:       blogs                                       podcasts                                       Web-based video clips  
                          wikis     RSS feeds                                       news aggregators  
                          social networking sites                       CD-ROMs                                       DVDs  
                          audio tapes                                       videotapes                                       Other (Specify)

\*Target Audience: Consumers/Families \_\_\_ Professionals \_\_\_ Policymakers \_\_\_ Students \_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Doctoral dissertations/Master's theses**

\*Title: \_\_\_\_\_

\*Author: \_\_\_\_\_

\*Year Completed: \_\_\_\_\_

- \*Type:                       Doctoral dissertation                                       Master's thesis

\*Target Audience: Consumers/Families \_\_\_ Professionals \_\_\_ Policymakers \_\_\_ Students \_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Other**

(Note, up to 3 may be entered)

\*Title: \_\_\_\_\_

\*Author(s)/Organization(s): \_\_\_\_\_

\*Year: \_\_\_\_\_

\*Describe product, publication or submission: \_\_\_\_\_  
\_\_\_\_\_

\*Target Audience: Consumers/Families \_\_\_ Professionals \_\_\_ Policymakers \_\_\_ Students \_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_