

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

Maternal and Child Health Bureau
Hemophilia Services

Regional Hemophilia Network

Announcement Type: New
Announcement Number: HRSA-12-133

Catalog of Federal Domestic Assistance (CFDA) No. 93.110

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2012

Application Due Date: January 10, 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.*

Release Date: November 16, 2011

Issuance Date: November 16, 2011

Kathryn McLaughlin, MPH
Program Officer, Genetic Services Branch
Email: kmclaughlin@hrsa.gov
Telephone: (301) 443-6829
Fax: (301) 443-1312

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

Executive Summary

The purpose of this Regional Hemophilia Network funding opportunity is to establish integrated and collaborative regional networks to promote the comprehensive care of individuals with hemophilia and related bleeding disorders or clotting disorders such as thrombophilia.

Approximately \$4 million (\$500,000/network) is expected to be available annually for five years to fund the group of networks. Funding will be provided in the form of a grant. One application per each of the eight (8) regions (as defined by the Health Resources and Services Administration (HRSA) program using a combination of the Public Health Service Regions and similarity in numbers of patients and numbers of centers) will be funded as follows:

- 1) **New England** -Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, New Jersey, New York, Puerto Rico, and the Virgin Islands.
- 2) **Mid-Atlantic** - Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia.
- 3) **Southeast** - Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee.
- 4) **Great Lakes**- Indiana, Michigan, and Ohio.
- 5) **Northern States** - Illinois, Minnesota, Wisconsin, North Dakota, and South Dakota.
- 6) **Great Plains** - Arkansas, Iowa, Louisiana, Kansas, Missouri, Nebraska, Oklahoma, and Texas.
- 7) **Mountain States**- Alaska, Arizona, Colorado, Idaho, Montana, New Mexico, Utah, and Wyoming, Oregon, and Washington.
- 8) **Western States**- California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands, and the Republic of Palau.

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Regional Hemophilia Network (RHN). The purpose of this funding opportunity is to establish integrated and collaborative regional networks to promote the comprehensive care of individuals with hemophilia and related bleeding disorders or clotting disorders such as thrombophilia.

The primary goal of the RHN grant program is to ensure that individuals with hemophilia and other bleeding disorders and their families have access to quality care and appropriate hematologic, genetic and other medical expertise and information in the context of a medical home model that provides accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective care. Within this overall goal are the following specific objectives:

- To strengthen communication and collaboration among public health officials, individuals, families, primary care providers, hematologic and genetic medicine and other subspecialty providers; and
- To quantitatively and qualitatively evaluate outcomes of projects undertaken to accomplish program goals.

The regional networks will:

- 1) Establish mechanisms for and communication of ongoing program evaluation and assessment;
- 2) Using a life course approach, refine service delivery to meet the medical, psychosocial, peer support, and genetic counseling with genetic testing -- including carrier status, intervention, and education -- needs of individuals and their families, including transition planning and support from pediatric to adult care;
- 3) Develop and implement effective and culturally and linguistically relevant outreach methods to unserved and underserved people with hemophilia and other congenital bleeding disorders;
- 4) Increase collaboration between local hemophilia treatment centers, the Regional Genetics and Newborn Screening Collaboratives and other funded HRSA programs, such as the medical home initiatives, in order to promote effective integration of current medical and public health models of service delivery in a family-entered care framework.
- 5) Work with the National Hemophilia Program Coordinating Center (NHPCC) to determine and set national goals and priorities that can assist in measuring the impact of the National Hemophilia Program, as a whole; develop standards of care and methods for dissemination of best practices.
- 6) Improve the health literacy of recipients of hemophilia and other bleeding and clotting disorder services to enhance their understanding of the benefits, risks, and limitations of genetic screening and testing, and the implications of genetic information.
- 7) Provide for integration of hemophilia and other bleeding and clotting disorder services into the larger genetic service programs.

To optimize the impact of current scientific knowledge, advances in genetic medicine and services need to be integrated into activities that directly influence the health of individuals with hemophilia and/or other bleeding and clotting disorders. The ability to do this depends on maintaining full access to health care and social services through regional cooperation and collaboration. In order to enfold the Comprehensive Hemophilia Diagnostic and Treatment program into current genetic services practices, MCHB expects the successful applicant to take substantial steps to improve the utilization of the latest scientific knowledge — including genetic medicine and knowledge about health promotion, disease causation and illness management — into health care practices for persons with hemophilia and other bleeding and clotting disorders.

This integration will require a commitment to sharing old and new resources to address identified gaps. The successful applicant should structure their regional network to encompass partnerships between hematologists and their professional organizations, medical homes and primary care providers and their primary care professional organizations, integration of population-based screening, genetic risk assessment, and health promotion and disease prevention strategies in collaboration with consumer and advocacy groups to form a holistic network of care. The applicant should use strategies to address hemophilia and other bleeding disorders as chronic conditions. This will require the regional network's core hemophilia treatment centers (i.e., the core center is the HTC that is the grant recipient) to work together with the other hemophilia treatment centers across the region and the consumer groups and to develop and identify core components for assessment and evaluation within and across regions.

2. Background

This program is authorized by §501(a)(2) of the Social Security Act, the Maternal and Child Health Federal Set-Aside Program: Special Projects of Regional and National Significance (SPRANS)(42 U.S.C. 701(a)(2)), as amended. Hemophilia is a group of hereditary bleeding disorders of specific blood clotting factors, most of which are classified as hemophilia A and B. Classic hemophilia A is the result of a deficiency of clotting factor VIII; hemophilia B is a deficiency of clotting factor IX. Approximately 17,000 U.S. persons, primarily males, are affected by hemophilia A or B, the most well known and prevalent of the clotting factor deficiencies. There are also other congenital bleeding disorders including von Willebrand Disease (VWD), a hereditary bleeding disorder caused by a problem with a protein needed for blood to clot, which affects both men and women. VWD is characterized by prolonged bleeding following trauma and during menstruation. It is estimated that up to four million individuals in the United States have VWD.

Individuals with hemophilia generally have chronic disease manifestations that are difficult and expensive to treat. Optimal care to prevent these complications requires a multi-disciplinary team approach. Professional practices are set forth in guidelines, recommendations, and standards developed by the National Hemophilia Foundation (NHF) and its Medical and Scientific Advisory Committee.¹ Currently, all federally funded Regional Hemophilia Network grantees, including hemophilia treatment centers, are required and expected to follow these guidelines for treatment of individuals with hemophilia and other congenital bleeding disorders.

¹ National Hemophilia Foundation. Medical and Scientific Advisory Council (MASAC), MASAC Document #132: *Standards and Criteria for the Care of Persons with Congenital Bleeding Disorders*. Revised and Approved by MASAC on March 24, 2002 and by the NHF Board of Directors on April 15, 2002. Available online at : <http://www.hemophilia.org/NHFWeb/Resource/StaticPages/menu0/menu5/menu57/masac132.pdf>

These bleeding disorder guidelines emphasize family and patient education, transitional services, and psychosocial services. Hemophilia Treatment Centers (HTC) that receive HRSA grant funding are also expected to demonstrate skills and knowledge of preventive medicine, carrier detection, genetic and prenatal counseling, patient education, blood product use, and complications of therapy, that are used in the care of individuals with bleeding disorders.

HRSA has funded programs for the delivery of genetic services, including services for individuals with hemophilia, for more than 30 years. HRSA has provided funds to: 1) support the Comprehensive Hemophilia Diagnostic and Treatment programs for management of individuals with special health needs that has a component of genetic testing, including carrier status, counseling, early identification, intervention, education, and coordinated care; 2) encourage the linking of HTC, and other points of early identification of individuals with genetic conditions with systems of care and appropriate treatment interventions; 3) strengthen health care and public health infrastructure by increasing clinical knowledge of hemophilia and other bleeding and clotting disorders, thus improving the national capacity to assess the prevalence of genetic risk factors and assuring interventions to reduce morbidity and mortality; 4) improve the health literacy of recipients of hemophilia and other bleeding and clotting disorder services to enhance understanding of the benefits, risks, and limitations of genetic screening and testing, and the implications of genetic information; 5) facilitate the development of well-prepared health care and public health professionals capable of communicating the benefits, risks and limitations of genetic screening and testing and accurately interpreting and appropriately utilizing genetic information in clinical and public health practice; and 6) provide for integration of hemophilia and other bleeding and clotting disorder services into the larger genetic service programs.

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 for Federal fiscal years 2012 – 2016. Approximately \$4,000,000 is expected to be available annually to fund eight (8) grantees. Applicants may apply for a ceiling amount of up to \$500,000 per year. The period of support is five (5) years with a project period of June 1, 2012 through May 31, 2017. Funding beyond the first year is dependent on the availability of appropriated funds for “The National Hemophilia Program; Special Projects of Regional and National Significance (SPRANS)” 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

Eligible applicants include public and nonprofit entities, including faith-based and community-based organizations, Tribes, and tribal organizations.

Applicants must have significant familiarity and/or experience with hemophilia and clotting disorders, quality assessment and improvement, public health, and primary care; and collaboration with other programs and organizations for individuals with bleeding and clotting disorders and their families. Applicants must be able to serve effectively as the regional center for hemophilia and bleeding disorders service needs (including the provision of counseling, testing, information dissemination, education and training) for one of the defined regions. Although this regional center may be multi-centered and multi-state, it must be headquartered within the region as defined by MCHB.² Applicants may NOT apply concurrently to become the lead organization for funding as both the NHPCC (HRSA-12-135) and a RHN (HRSA-12-133). If an applicant does apply for both funding opportunities, they will be considered non-responsive and both applications will be disqualified. RHN applicants are allowed to be included as partners of any applicants for the NHPCC (HRSA-12-135).

2. Cost Sharing/Matching

Cost sharing or matching is not required.

3. Other

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

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

Not more than ONE (1) Hemophilia Network will be funded per region. If a region does not have a eligible network application that meets program, no award will be granted to that region.

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

² **New England** -Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont
New Jersey, New York, Puerto Rico, and the Virgin Islands.
Mid-Atlantic - Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia.
Southeast - Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee.
Great Lakes- Indiana, Michigan, Ohio.

Northern States - Illinois, Minnesota, Wisconsin, North Dakota, South Dakota.
Great Plains - Arkansas, Iowa, Louisiana, Kansas, Missouri, Nebraska, Oklahoma, and Texas.
Mountain States- Alaska, Arizona, Colorado, Idaho, Montana, New Mexico, Utah, and Wyoming, Oregon, and Washington.
Western States- California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands, and Republic of Palau.

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, 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 under the deadline. Suggestion: submit application to Grants.gov at least two days before the deadline to allow for any unforeseen circumstances. 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.

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 Central Contractor Registration (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.** Applicants will not be eligible for a deadline extension if an application is rejected by Grants.gov for lack of the annual CCR registration.

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.

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 from the following site by:

- 1) Downloading from <http://www.grants.gov>, or

2) Contacting the HRSA Digital Services Operation (DSO) at: 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” 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. When converted to a single PDF, fonts will be changed to the required 12-point size and one-inch margins will be restored (per formatting instructions in Section 5 of the Electronic Submission User Guide referenced above). The 80-page limit will then be imposed.**

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.
- 🔔 When providing any electronic attachment with several pages, add a Table of Contents page specific to the attachment. Such pages will not be counted towards the page limit.

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	Page 1 & 2 to supports 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.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Additional Performance Site Location(s)	Attachment	Can be uploaded in the SF-424 Performance Site Location(s) form. Single document with all additional site location(s)	Not counted in the page limit.
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 specific 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 pages 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	Relevant Maps, Charts, Tables, etc.
Attachment 2	Job Description for Key Personnel
Attachment 3	Biographical Sketches of Key Personnel
Attachment 4	Letters of Agreements &/or Descriptions of Proposed/Existing Contracts
Attachment 5	Project Organizational Chart
Attachment 6	Workplan Matrix and Logic Model
Attachment 7	Federally Negotiated Indirect Cost Rate Agreement (Not counted in the page limit)
Attachment 8	Section B of the SF-424A – 5 th Year Budget
Attachment 9	Other Relevant Documents Not Specified Elsewhere

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. for the SF-424 “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. 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 Federal Government’s 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 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 using Section B Budget Categories of the SF-424A. In Section A use rows 1 - 4 to provide the budget amounts for the first four 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 (4) for subsequent budget years (up to four years). For year 5, please submit a copy of Sections A and B of the SF-424A as Attachment 8.

The budget should reflect adequate support for organizational and administrative structures and processes (e.g., costs for tele/videoconferences, meeting expenses, including those for consumers/family members, committee/workgroup coordination, local travel) needed to attain project goals.

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 five (5) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be for up to five (5) 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 five-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.

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.

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. ***At least two key staff are required to attend joint meetings of the National Coordinating Center/Regional Hemophilia Network Project Directors (HRSA staff will also attend), and at least two meetings per year of the Secretary’s Advisory Committee on Heritable Disorders.***

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 Central Contractor Registration (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. ***If an indirect cost is included in your budget, you must attach a copy of the Federally negotiated cost rate agreement, Attachment 7. This attachment will not be counted in the page limit. If you have any questions about the indirect cost rate, contact the Grants Management Specialist, Elizabeth Kilpatrick, ekilpatrick@hrsa.gov***

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 2. Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included in Attachment 3. 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.

Note: Pursuant to 45 CRF 74.42, recipients shall maintain written standards of conduct governing the performance of its employees engaged in the award and administration of contracts. No employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by Federal funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when the employee, officer, or agent, or any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award. The officers, employees, and agents of the recipient shall neither solicit nor accept gratuities, favors, or anything of monetary value from contractors, or parties to subagreements. However, recipients may set standards for situations in which the financial interest is not substantial or the gift is an unsolicited item of nominal value. The standards of conduct shall provide for disciplinary actions to be applied for violations of such standards by officers, employers, or agents of the recipients.

Two staff members should be designated to attend Quality Improvement Jumpstarts and/or Learning Collaboratives, one of these members should be trained in or have experience with quality improvement and assessment, to lead the region in quality improvement and assessment activities and interaction with the Coordinating Center efforts regarding quality measures.

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. Please discuss any relevant barriers in the service area 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.

- 1) Identify the quality and capacity of existing programs, including the number and types of individuals and families who are receiving services under such programs.
- 2) Identify the gaps in hematologic services in the region and /or the sub-awardee hemophilia treatment center; and the extent to which such programs or initiatives are meeting the needs of patients.

- 3) Discuss the RHN's capacity for currently providing and for expanding treatment and counseling services, including genetic counseling to individuals and families in need of such treatment or services.
- 4) Identify disaggregate data as well as aggregate data in order to provide a true picture of the smaller units of services, the HTC affiliates, to accurately and adequately identify major challenges and opportunities for program improvement.
- 5) Consult with local chapters of consumer advocacy groups to attempt to assess the hemophilia and other bleeding disorder patient population outside of the reach of the RHN and HTC affiliates.

- **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.

- **Outlines a practice model to facilitate the translation of genetic technological advances into hemophilia and other congenital bleeding disorders practice.**

Given the advances in genetic science and major changes in the health care environment, it is especially important for the Hemophilia and other Congenital Bleeding Disorders applicant to articulate a vision for regional services that meets the National Hemophilia Foundation's (NHF) Medical and Scientific Advisory Council (MASAC) comprehensive care recommendations, Standards and Criteria for the Care of Persons with Congenital Bleeding Disorders,³ and work with current Regional Collaboratives for Genetics and Newborn Screening and other HRSA grantees for translational genetics activities that build upon state-of-the-art science-based judgments and are grounded in a family and community context.

- **Develops strategies and materials** for States and the States' public health and health care delivery system to enhance and increase their understanding of the comprehensive hemophilia service delivery model.

- **Develops a preliminary plan to assess the long-term health outcomes** of children with hemophilia and other congenital bleeding disorders within the region and the clinical validity and utility of this regional approach, including development of a standard of care and best practices and developing a set of national priorities and goals for the National Hemophilia Program, in conjunction with the NHPCC.

Looking through a life course approach and a chronic care model, draft a plan, in partnership the current Genetic Regional Collaboratives and when possible, directly link to CDC and NIH public health plans, for congenital bleeding disorders and Healthy People 2020 outcomes.

³ National Hemophilia Foundation. Medical and Scientific Advisory Council (MASAC), MASAC Document #132: *Standards and Criteria for the Care of Persons with Congenital Bleeding Disorders*. Revised and Approved by MASAC on March 24, 2002 and by the NHF Board of Directors on April 15, 2002. Available online at : <http://www.hemophilia.org/NHFWeb/Resource/StaticPages/menu0/menu5/menu57/masac132.pdf>

- **Describe plans for and provide evidence of collaborative relationships with subrecipient HTCs and requisite stakeholders that clearly define the roles and responsibilities** of the partners and the special challenges to overcome. This should include the needs assessment mentioned in the purpose of the proposal. Describe plans for and provide evidence of collaborative relationships with requisite stakeholders through memoranda of understanding, memoranda of agreement, contracts and letters of agreement. Collaborative relationships should be reflected in the budget plan and/or quantitative and qualitative work matrix.
- **Address issues related to the incidence of hemophilia and other congenital bleeding disorders** identified in the region. The applicant should identify and discuss issues that are applicable to the States in the region and those that may be unique to a specific HTC or to some states due to demographics, geography, legislation/regulation, or other factors. The applicant should describe environmental issues or chronic health issues that may be unique to certain States within the region or to specific HTCs. The applicant should address how the HTC collaborative approach will meet the changing needs of patients, health care and public health providers.
- **Provide a description of how program income, including program income from any 340B Factor Replacement Product programs, will be used and disbursed,** consistent with applicable federal regulation and policies. Include any information on guidelines or policies for disbursement. Address how this information will be transmitted to grant subrecipients/subawardees and how the grantee will monitor subrecipient/subawardee compliance.

Note: Pursuant to 45 C.F.R. 74.24, recipients are to add program income revenue to the funds committed to the project or program to “further eligible project and program objectives.” More specifically, reportable net program income is to be used for patient health, education, and supportive services necessary to provide comprehensive care to patients served by the HTCs.

Reminder: If a drug is purchased at 340B discount prices by or on behalf of a Medicaid beneficiary, the amount billed may not exceed the entity’s actual acquisition cost for the drug, as charged by the manufacturer at the price consistent with the Veterans Health Care Act of 1992 (P.L. 102-585), plus a reasonable dispensing fee established by the State Medicaid agency.

- *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.

- Work, through the Coordinating Center and the Genetics Services Branch (GSB), MCHB, HRSA to share those projects that have potential interregional and national significance with the other RHNs and their partners. The RHNs will also be expected to participate, through conference calls, working groups, meetings, and other mechanisms employed by the NHPCC and HRSA/GSB, in identifying, prioritizing, and addressing issues of importance regarding access to and utilization of hemophilia services at the National, State, and community levels.

- *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.

The plan should address the needs of the wide variety of populations, e.g., urban and rural, found in the region and in the States within the region and, where possible, should incorporate distance learning and other advanced technology strategies. Special attention should be paid to the development of effective practice models for adolescents and young adults with hemophilia and other congenital bleeding disorders that are transitioning from pediatric to adult health care.

- *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, and explain how the data will be used to inform program development and service delivery.

- Develop an evaluation plan:
 - Clearly indicate the type of evaluation proposed. For example, specify whether the evaluation is intended to demonstrate the accomplishment of ultimate goals, perhaps by assessing impact on long-term outcomes (e.g., change in health behavior); or whether the evaluation is intended to assure that the project achieves its short-term objectives (e.g., increase access to and utilization of hemophilia education materials, by providing observations and timely feedback to project management, as the basis for corrective actions or adjustments).
 - Develop a feedback loop to provide ongoing needs assessment and planning revisions. A demonstration of applicability, as well as an evaluation of effectiveness of the practice models, should accompany model development.
 - Propose a design and a schedule of activities that are appropriate to the stated goals and objectives of the project, consistent with the underlying logic of the project methodology, and tailored to the specific purpose of the evaluation.
 - Applicants can use a logic model or any model that clearly indicates inputs, outputs and outcomes. A logic model is a table or diagram that shows the links among a program or project's inputs (resources), activities, outputs, and outcomes. It is a visual representation of a program or project's theory of change.^{4 5} Logic models are

⁴ Frechtling, J. A. (2007). Logic modeling methods in program evaluation. San Francisco: John Wiley & Sons.

⁵ W.K. Kellogg Foundation. Logic Model Development Guide [Internet]. 2004 [accessed: August 2011]. Available from: <http://www.wkkf.org/knowledgecenter/resources/2010/Logic-Model-Development-Guide.aspx>.

- useful tools for designing interventions and evaluations and for communicating with key stakeholders about program objectives and measurement.
- Applicants are encouraged to develop models that reflect common behavioral and social theories underlying effective health promotion interventions; according to these theories, factors such as attitudes, self-efficacy, and intentions influence behaviors, which in turn impact health outcomes.⁶
 - The applicant should outline activities that indicate coordination and collaboration with the following entities:
 - CDC, including their surveillance, prevention and education activities;
 - Appropriate data registries including private or other nonprofit data registries;
 - State Title V Maternal and Child Health programs;
 - State and local health departments; and
 - National and local consumer organizations, including the National Hemophilia Foundation (NHF) and its Chapters.
 - The applicant should outline activities to address the provision of services, development of standard of care and best practices, to those without adequate health insurance including efforts to assist these patients in obtaining adequate health insurance.
 - Choose five of the following Healthy People 2020 evaluation measures or provide five measures that are nationally endorsed (and indicate by whom (i.e., NQF, CMS or HEDIS, etc.) to use for assessment of RHN impact. Propose a method for collecting baseline and annual data and means to analyze the changes seen. Healthy People 2020 can be accessed at: <http://www.healthypeople.gov/2020/default.aspx>.

AH–5.6: Decrease school absenteeism among adolescents due to illness or injury.

BDDBS–11: (Developmental) Increase the proportion of persons with bleeding disorders who receive recommended vaccinations.

BDDBS–12: Reduce the number of persons who develop venous thromboembolism (VTE).

BDDBS–13: (Developmental) Reduce the number of adults who develop venous thromboembolism (VTE) during hospitalization.

- BDDBS–13.1 (Developmental) VTE among adult medical inpatients.

- BDDBS–13.2 (Developmental) VTE among adult surgical patients.

BDDBS–15: Increase the proportion of women with von Willebrand disease (vWD) who are timely and accurately diagnosed.

BDDBS–16: Reduce the proportion of persons with hemophilia who develop reduced joint mobility due to bleeding into joints.

DH–5: Increase the proportion of youth with special health care needs whose health care provider has discussed transition planning from pediatric to adult health care.

DH–8: (Developmental) Reduce the proportion of people with disabilities [or special health needs] who report physical or program barriers to local health and wellness programs.

HC/HIT–2: Increase the proportion of persons who report that their health care providers have satisfactory communication skills.

⁶ National Cancer Institute (2005). *Theory at a glance: A guide for health promotion practice* (2nd ed.; NIH Pub No. 05-389). Washington, DC: US Department of Health & Human Services.

IVP-2: Reduce fatal and nonfatal traumatic brain injuries.

MICH-30: Increase the proportion of children, including those with special health care needs, who have access to a medical home.

▪ **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.

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 **Regional Hemophilia Networks** 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:

- Form 1, MCHB Project Budget Details
- Form 2, Project Funding Profile
- Form 3, Budget Details by Types of Individuals Served
- Form 4, Project Budget and Expenditures for Infrastructure building
- Form 5, Number of Individuals Served
- Form 6, Abstract
- Form 7, Discretionary Grant Project Summary Data
- PM03: The percentage of MCHB-funded projects submitting and publishing findings in peer-reviewed journals.

- PM07: The degree to which MCHB-funded programs ensure family, youth, and consumer participation in program and policy activities.
- PM10: The degree to which MCHB-funded programs have incorporated cultural and linguistic competence elements into their policies, guidelines, contracts and training.
- PM24: The degree to which MCHB-funded initiatives contribute to infrastructure development through core public health assessment, policy development and assurance functions.
- PM26: The extent of training and technical assistance (TA) provided and the degrees to which grantees have mechanisms in place to ensure quality in their training and TA activities.
- PM27: The degree to which grantees have mechanisms in place to ensure quality in the design, development, and dissemination of new information resources that they produce each year.
- PM33: The degree to which MCHB-funded initiatives work to promote sustainability of their programs or initiatives beyond the life of MCHB funding.
- PM37: The degree to which grantees have worked to increase the percentage of youth who have received services necessary to transition to all aspects of adult life, including adult health care, work, and independence.
- PM40: Medical Home A: Facilitating Access
- PM41: Medical Home B: Infrastructure Building
- 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: Relevant Maps, Charts, Tables, etc.

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

Attachment 2: Job 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 3: Biographical Sketches of Key Personnel

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

Attachment 4: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (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.

The applicant should provide documented evidence of collaborative relationships with requisite stakeholders through inclusion of a list of letters of support, letters of agreement, memoranda of understanding, memoranda of agreement, or contracts. These agreements should provide details on the roles and responsibilities each player will have as they relate to project activities. Collaborative relationships should also be reflected in the budget plan and quantitative and qualitative work matrix.

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: Work Plan Matrix and Logic Model

One page chart with goals and projects and timeline for the coordinating center.

Attachment 7: Federally Negotiated Indirect Cost Rate Agreement (Not counted in the page limit):

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.

Attachment 8: Section B of the SF-424A – 5th Year Budget (Not counted in the page limit)

Attachment 9: Other Relevant Documents Not Specified Elsewhere

Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) Letters of agreement and support must be dated and from the last 12 months. 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 *January 10, 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

The Hemophilia Program Regional Hemophilia Network 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 five (5) years, at no more than \$500,000 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.

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 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. There may be more than one application from a region. **No more than ONE (1) Hemophilia Network will be funded per Region; the award will be granted to the Network that receives the highest score on its application.**

Regions

New England -Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, New Jersey, New York, Puerto Rico, and the Virgin Islands.

Mid-Atlantic - Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia.

Southeast - Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee.

Great Lakes- Indiana, Michigan, and Ohio.

Northern States - Illinois, Minnesota, Wisconsin, North Dakota, and South Dakota.

Great Plains - Arkansas, Iowa, Louisiana, Kansas, Missouri, Nebraska, Oklahoma, and Texas.

Mountain States- Alaska, Arizona, Colorado, Idaho, Montana, New Mexico, Utah, and Wyoming, Oregon, and Washington.

Western States- California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands, and the Republic of Palau.

Review Criteria are used to review and rank applications. *The Regional Hemophilia Network program* has six (6) review criteria:

Criterion 1: NEED (5 points)

The extent to which the application demonstrates the problem and associated contributing factors to the problem.

Criterion 2: RESPONSE (40 points)

- The extent the applicant demonstrates an effective regional approach for the provision of services for persons with hemophilia and bleeding disorders in accordance with the Standards and Criteria for the Care of Persons with Congenital Bleeding Disorders and is to be provided in a culturally sensitive, family-centered and coordinated manner based on the following.
- The extent to which the applicant describes an effective regional collaborative approach to:
 - 1) Planning for completing a needs assessment within the 1st year of the grant. (5 pts)
 - 2) Developing and implementing practice models for delivering recommended genetic screening and testing, along with short and long term follow up across the life course. (5 pts)
 - 3) Having evidence of collaborative public-private partnerships in place to provide hematologic, genetic and other relevant subspecialty expertise and services within the region. (5 pts)
 - 4) Demonstrating a willingness to engage in collaborative efforts including evaluation activities with the NHPCC and research with both the CDC and NIH. (10 pts)
 - 5) Providing an effective dissemination plan for educational, preventive, and treatment-related information and research with timeframes and methods. (5 pts)
 - 6) Demonstrating a collaboration and willingness to work with regional genetics Collaboratives. (5 pts)
 - 7) Having a work plan with timeframes tied to tasks. (5 pts)

Criterion 3: EVALUATIVE MEASURES (30 points)

The effectiveness of the method proposed to monitor and evaluate the project results.

- (10 points) The clarity and feasibility of the evaluation plan.
- (20 points - 4 points apiece for each of five evaluative measures) The strength and appropriateness of the proposed evaluative measures. Evaluative measures must be able to assess in a replicable and quantitative manner: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project. **(20 points possible)**

Criterion 4: IMPACT (10 points)

- (5 points) The extent to which the applicant describes project goals and objectives that include measures of project impact on program services and health outcomes.
- (5 points) The extent to which recipients describe how program income revenue is added to the funds committed to the project or program to further eligible project and program objectives.

Note: Pursuant to 45 C.F.R. 74.24, recipients are to add program income revenue to the funds committed to the project or program to “further eligible project and program objectives.” More specifically, reportable net program income is to be used for patient health, education, and supportive services necessary to provide comprehensive care to patients served by the HTC.

Reminder: If a drug is purchased at 340B discount prices by or on behalf of a Medicaid beneficiary, the amount billed may not exceed the entity’s actual acquisition cost for the drug, as charged by the manufacturer at the price consistent with the Veterans Health Care Act of 1992 (P.L. 102-585), plus a reasonable dispensing fee established by the State Medicaid agency.

Criterion 5: RESOURCES/CAPABILITIES (10 points)

- (4 points) The extent to which the applicant indicates availability of the needed resources and capabilities, including technical assistance, for successfully performing the project activities.
- (4 points) The extent to which the applicant describes plans for Regional and NHPCC collaboration as outlined in the Methodology section of the funding opportunity announcement.
- (2 points) The extent to which the applicant describes documentation of support from proposed HTCs and other stakeholders.

Criterion 6: SUPPORT REQUESTED (5 points)

The extent of the reasonableness of the proposed budget for each of the five years of the project period in relation to the proposed objectives, the complexity of the activities, and the anticipated results.

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 program 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.

There are no funding priorities, preferences, or special considerations for this program.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of June 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 merits 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 June 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).

If a recipient or subrecipient organization purchases or reimburses for outpatient drugs, an assessment must be made to determine whether the organizations drug acquisition practices meet Federal requirements regarding cost-effectiveness and reasonableness (see 42 CFR Part 50, Subpart E, and OMB Circulars A-122 and A-87 regarding cost principles). If a recipient or subrecipient organization is eligible to be a covered entity under section 340B of the PHS Act and the assessment shows that participating in the 340B Drug Pricing Program and its Prime Vendor Program is the most economical and reasonable manner of purchasing or reimbursing for covered outpatient drugs (as defined in section 340B), failure to participate may result in a negative audit finding, cost disallowance, or grant funding offset.

Cultural and Linguistic Competence

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>.

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.

PUBLIC POLICY ISSUANCE

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>

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.

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.

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(s).** 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 guidance. 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:

Elizabeth Kilpatrick
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11A-55
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-4249
Fax: (301) 443-5461
Email: EKilpatrick@hrsa.gov

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

Kathryn McLaughlin, MPH
Program Officer, Genetic Services Branch
MCHB, HRSA
Parklawn Building, Room 18A-19
5600 Fishers Lane
Rockville, MD 20857
Email: kmclaughlin@hrsa.gov
Telephone: (301) 443-6829
Fax: (301) 443-8604

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
iPortal: <http://grants.gov/iportal>

VIII. 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.

- Form 1: MCHB Project Budget Details
- Form 2: Project Funding Profile
- Form 3, Budget Details by Types of Individuals Served
- Form 4: Project Budget and Expenditures for Infrastructure Building
- Form 5: Number of Individuals Served
- Form 6: MCH Abstract
- Form 7: Discretionary Grant Project Summary Data
- PM03: The percentage of MCHB-funded projects submitting and publishing findings in peer-reviewed journals.
- PM07: The degree to which MCHB-funded programs ensure family, youth, and consumer participation in program and policy activities.
- PM10: The degree to which MCHB-funded programs have incorporated cultural and linguistic competence elements into their policies, guidelines, contracts and training.
- PM24: The degree to which MCHB-funded initiatives contribute to infrastructure development through core public health assessment, policy development and assurance functions.
- PM26: The extent of training and technical assistance (TA) provided and the degrees to which grantees have mechanisms in place to ensure quality in their training and TA activities.
- PM27: The degree to which grantees have mechanisms in place to ensure quality in the design, development, and dissemination of new information resources that they produce each year.
- PM33: The degree to which MCHB-funded initiatives work to promote sustainability of their programs or initiatives beyond the life of MCHB funding.
- PM37: The degree to which grantees have worked to increase the percentage of youth who have received services necessary to transition to all aspects of adult life, including adult health care, work, and independence.
- PM40: Medical Home A: Facilitating Access
- PM41: Medical Home B: Infrastructure Building
- Products, Publications and Submissions Data Collection Form

FORM 1
MCHB PROJECT BUDGET DETAILS FOR FY _____

1. MCHB GRANT AWARD AMOUNT	\$ _____
2. UNOBLIGATED BALANCE	\$ _____
3. MATCHING FUNDS	\$ _____
(Required: Yes [] No [] If yes, amount)	
A. Local funds	\$ _____
B. State funds	\$ _____
C. Program Income	\$ _____
D. Applicant/Grantee Funds	\$ _____
E. Other funds: _____	\$ _____
4. OTHER PROJECT FUNDS (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)	\$ _____
5. TOTAL PROJECT FUNDS (Total lines 1 through 4)	\$ _____
6. FEDERAL COLLABORATIVE FUNDS	\$ _____
(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: _____	\$ _____
7. TOTAL COLLABORATIVE FEDERAL FUNDS	\$ _____

**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>								
1 <u>MCHB Grant Award Amount</u> <i>Line 1, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2 <u>Unobligated Balance</u> <i>Line 2, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3 <u>Matching Funds (If required)</u> <i>Line 3, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4 <u>Other Project Funds</u> <i>Line 4, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
5 <u>Total Project Funds</u> <i>Line 5, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
6 <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 Grant 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 3
BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED
For Projects Providing Direct Health Care, Enabling, or Population-based Services

Target Population(s)	FY _____		FY _____	
	\$ Budgeted	\$ Expended	\$ Budgeted	\$ Expended
Pregnant Women (All Ages)				
Infants (Age 0 to 1 year)				
Children and Youth (Age 1 year to 25 years)				
CSHCN Infants (Age 0 to 1 year)				
CSHCN Children and Youth (Age 1 year to 25 years)				
Non-pregnant Women (Age 25 and over)				
Other				
TOTAL				

**INSTRUCTIONS FOR COMPLETION OF FORM 3
BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED**

For Projects Providing Direct Health Care, Enabling, or Population-based Services

If the project provides direct health care 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.

All ages are to be read from x to y, not including y. For example, infants are those from birth to 1, and children and youth are from age 1 to 25.

Enter the budgeted amounts for the appropriate fiscal year, for each targeted population group. Note that the Total for each budgeted column is to be the same as that appearing in the corresponding budgeted column in Form 2, Line 5.

Enter the expended amounts for the appropriate fiscal year that has been completed for each target population group. Note that the Total for the expended column is to be the same as that appearing in the corresponding expended column in Form 2, Line 5.

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

**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 5
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED)
By Type of Individual and Source of Primary Insurance Coverage
For Projects Providing Direct Health Care, Enabling or Population-based Services

Reporting Year _____

Table 1

Pregnant Women Served	(a) Number Served	(b) Total Served	(c) Title XIX %	(d) Title XXI %	(e) Private/Other %	(f) None %	(g) Unknown %
Pregnant Women (All Ages)							
10-14							
15-19							
20-24							
25-34							
35-44							
45 +							

Table 2

Infants, Children and Youth Served	(a) Number Served	(b) Total Served	(c) Title XIX %	(d) Title XXI %	(e) Private/Other %	(f) None %	(g) Unknown %
Infants <1							
Children and Youth 1 to 25 years							
12-24 months							
25 months-4 years							
5-9							
10-14							
15-19							
20-24							

Table 3

CSHCN Infants, Children and Youth Served	(a) Number Served	(b) Total Served	(c) Title XIX %	(d) Title XXI %	(e) Private/Other %	(f) None %	(g) Unknown %
Infants <1 yr							
Children and Youth 1 to 25 years							
12-24 months							
25 months-4 years							
5-9							
10-14							

15-19							
20-24							

Table 4

Women Served	(a) Number Served	(b) Total Served	(c) Title XIX %	(d) Title XXI %	(e) Private/Other %	(f) None %	Unknown % (g)
Women 25+							
25-29							
30-34							
35-44							
45-54							
55-64							
65+							

Table 5

Other	(a) Number Served	(b) Total Served	(c) Title XIX %	(d) Title XXI %	(e) Private/Other %	(f) None %	Unknown % (g)
Men 25+							

TOTAL SERVED: _____

INSTRUCTIONS FOR THE COMPLETION OF FORM 5

NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) By Type of Individual and Source of Primary Insurance Coverage For Projects Providing Direct Health Care, Enabling or Population-based Services

Enter data into all required (unshaded) data cells. If an actual number is not available, make an estimate. Please explain all estimates, in a note.

Note that ages are expressed as either x to y, (i.e., 1 to 25, meaning from age 1 up to age 25, but not including 25) or x – y (i.e., 1 – 4 meaning age 1 through age 4). Also, symbols are used to indicate directions. For example, <1 means less than 1, or from birth up to, but not including age 1. On the other hand, 45+ means age 45 and over.

1. At the top of the Form, the Line Reporting Year displays the year for which the data applies.
2. In Column (a), enter the unduplicated count of individuals who received a direct service from the project regardless of the primary source of insurance coverage. These services would generally be included in the top three levels of the MCH pyramid (the fourth, or base level, would generally not contain direct services) and would include individuals served by total dollars reported on Form 3, Line 5.
3. In Column (b), the total number of the individuals served is summed from Column (a).
4. In the remaining columns, report the percentage of those individuals receiving direct health care, enabling or population-based services, who have as their primary source of coverage:
 - Column (c): Title XIX (includes Medicaid expansion under Title XXI)
 - Column (d): Title XXI
 - Column (e): Private or other coverage
 - Column (f): None
 - Column (g): Unknown

These may be estimates. If individuals are covered by more than one source of insurance, they should be listed under the column of their primary source.

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
(Line 1, Form 2) | \$ _____ |
| 2. Unobligated Balance
(Line 2, Form 2) | \$ _____ |
| 3. Matching Funds (if applicable)
(Line 3, Form 2) | \$ _____ |
| 4. Other Project Funds
(Line 4, Form 2) | \$ _____ |
| 5. Total Project Funds
(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

5. Demographic Characteristics of Project Participants

Indicate the service level:

<input type="checkbox"/> Direct Health Care Services	<input type="checkbox"/> Population-Based Services
<input type="checkbox"/> Enabling Services	<input type="checkbox"/> Infrastructure Building Services

	RACE (Indicate all that apply)							ETHNICITY				
	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than One Race	Unrecorded	Total	Hispanic or Latino	Not Hispanic or Latino	Unrecorded	Total
Pregnant Women (All Ages)												
Infants <1 year												
Children and Youth 1 to 25 years												
CSHCN Infants <1 year												
CSHCN Children and Youth 1 to 25 years												
Women 25+ years												
Men 25+												
TOTALS												

6. Clients' Primary Language(s)

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.

03 PERFORMANCE MEASURE

The percentage of MCHB-funded projects submitting and publishing findings in peer-reviewed journals.

Goal 1: Provide National Leadership for MCHB (Strengthen the MCH knowledge base and support scholarship within the MCH community)

Level: Grantee

Category: Information Dissemination

GOAL

To increase the number of MCHB-funded research projects that publish in peer-reviewed journals.

MEASURE

The percent of MCHB-funded projects submitting articles and publishing findings in peer-reviewed journals.

DEFINITION

Numerator: Number of projects (current and completed within the past three years) that have submitted articles for review by refereed journals.

Denominator: Total number of current projects and projects that have been completed within the past three years.

And

Numerator: Number of projects (current and completed within the past 3 years) that have published articles in peer reviewed journals

Denominator: Total number of current projects and projects that have been completed within the past three years.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Related to Goal 1: Improve access to comprehensive, high-quality health care services (Objectives 1.1-1.16).

DATA SOURCE(S) AND ISSUES

Attached data collection form will be sent annually to grantees during their funding period and three years after the funding period ends. Some preliminary information may be gathered from mandated project final reports

SIGNIFICANCE

To be useful, the latest evidence-based, scientific knowledge must reach professionals who are delivering services, developing programs and making policy. Peer reviewed journals are considered one of the best methods for distributing new knowledge because of their wide circulation and rigorous standard of review.

DATA COLLECTION FORM FOR DETAIL SHEET #03

Please use the space provided for notes to detail the data source and year of data used.

Number of articles submitted for review by refereed journals but not yet published in this reporting year _____

Number of articles published in peer-reviewed journals this reporting year _____

NOTES/COMMENTS:

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

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

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; cited 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.ncccurrericula.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.

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
Assessment Function Activities			
			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.
Policy Development Function Activities			
			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.
Assurance Function Activities			
			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:

26 PERFORMANCE MEASURE

Goal 1: Provide National Leadership for Maternal and Child Health (Strengthen the MCH knowledge base in the MCH community)
Level: Grantee
Category: Training

The extent of training and technical assistance (TA) provided and the degree to which grantees have mechanisms in place to ensure quality in their training and TA activities.

GOAL

To increase the number of MCHB grantees that are using needs assessments, evaluation tools, and applying the results of the evaluation for quality improvement in their training and technical assistance (TA) efforts.

MEASURE

This measure has two components:
A. The number of individuals who were provided training and TA by types of target audiences.
B. The degree to which grantees have put in place key elements to improve the quality of their short- and long-term training and TA activities designed to promote professional and leadership development for the MCH community.

DEFINITION

The training and TA efforts that fall under this measure are short- and medium-term technical assistance and training, not graduate-level and continuing education training provided by MCHB long-term training programs. The target audiences include various populations in the MCH community, including families and other consumers, professionals and providers, State MCH agencies, community-based organizations, and other MCH stakeholders. The eight elements listed in the attached form contribute to promoting quality in the training and TA provided to the MCH community.
Please check the degree to which each of the eight elements have been planned and implemented. The answer scale is 0–3 for each activity or element and 0–24 total across all elements.

HEALTHY PEOPLE 2010 OBJECTIVE

Related to Goal 2, focus area: 23) Public Health Infrastructure.

DATA SOURCE(S) AND ISSUES

Attached is a data collection form to be completed by grantees.

SIGNIFICANCE

National Resource Centers, Policy Centers, leadership training institutes and other MCHB discretionary grantees provide technical assistance and training to various target audiences, including grantees, health care providers, program beneficiaries, and the public as a way of improving skills, increasing the MCH knowledge base, and thus improving capacity to adequately serve the needs of MCH populations and improve their outcomes. To provide these training and TA services most effectively, MCHB has identified performance recommendations, categorized into three categories: 1) activities to promote quality in the content and format of TA and training activities, and prevent duplication of effort ; 2) outreach and promotion to ensure target audiences are aware of the services available to meet their needs, and 3) routine mechanisms to obtain trainee satisfaction and outcomes data and apply what is learned to improve the design and delivery of these services.

DATA COLLECTION FORM FOR DETAIL SHEET #26

PART A

Numbers of individual recipients of training and technical assistance, by categories of target audiences:

(For each individual training or technical assistance activity, individual recipients or attendees should be, counted only once, in one audience category. Trainees who attended more than one training or received more than one type of TA activity should be counted once for each activity they received).

- 1. Families _____(yes/no) _____# of individuals trained/provided TA
- 2. Other Consumers of Health Services _____(yes/no) _____# of individuals trained/provided TA
- 3. Health Providers/Professionals _____(yes/no) _____# of individuals trained/provided TA
- 4. Education Providers/Professionals _____(yes/no) _____# of individuals trained/provided TA
- 5. State MCH Agency Staff _____(yes/no) _____# of individuals trained/provided TA
- 6. Community-Based/Local Organization Staff _____(yes/no) _____# of individuals trained/provided TA
- 7. Other (specify _____) _____(yes/no) _____# of individuals trained/provided TA
- 8. Unknown _____(yes/no) _____# of individuals trained/provided TA

Total number of individuals trained/provided TA from all audience types _____

PART B

Use the scale described below to indicate the degree to which your grant has incorporated each of the design, evaluation, and continuous quality improvement activities into your training and TA work. Please use the space provided for notes to describe activities related to each element and clarify reasons for the score.

0	1	2	3	Element
Mechanisms in Place to Ensure Quality in Design of Training and TA Activities				
				<p>1. Build on Existing Information Resources and Expertise, and Ensure Up-to-Date Content. As part of the development of training and technical assistance services, the grantee conducts activities (such as reviewing existing bibliographies, information resources, or other materials) to ensure that the information provided in newly developed training curricula and technical assistance materials and services is up to date with standard practice; based on research, evidence, and best practice-based literature or materials in the MCH field; and is aligned with local, State, and/or Federal initiatives. Grantee uses these mechanisms to ensure that information resource content does not duplicate existing training and technical assistance available to the same audience. Also include in the design and development expert review panels (experts may include target audience members).</p>
				<p>2. Link to Other MCH Grantees Training and TA Activities. The training and TA provided by this grantee is linked to the content and timing of training offered by other MCH grantees (e.g., Family-to-Family Health Information Centers, other national resource and training centers, State and local CSHCN/MCH programs).</p>

0	1	2	3	Element
				3. Obtain Input from the Target Audience to Ensure Relevancy to their Needs. The grantee routinely obtains input from the audience targeted for each training or TA activity before finalizing the curriculum or materials. This could include a determination of whether the content and language of the materials are relevant to the audience’s current needs and are understandable. Training and TA should also be relevant with respect to timeliness, ensuring that they reach trainees when needed.
				4. Ensure Cultural and Linguistic Appropriateness. The grantee employs mechanisms to ensure that training and TA materials, methods, and content are culturally and linguistically appropriate.
Mechanisms in Place to Promote Grantee’s Training and Technical Assistance Services				
				5. Conduct Outreach and Promotion to Ensure Target Audience is Aware of TA and Training Services. The grantee routinely uses mechanisms to reach out to MCHB grantees and other target audiences such as provider or family organizations, consumers of MCH services, and the public, to make sure that target audiences know the services are available. (Examples of outreach methods include promotion of services through list serves, exhibits at meetings, and targeted outreach to representatives of individual organizations or MCHB grantees.)
Mechanisms in Place to Evaluate Training and TA Activities and Use the Data for Quality Improvement				
				6. Collect Satisfaction Data. The grantee routinely uses mechanisms, such as evaluation forms, to collect satisfaction data from recipients of training or TA.
				7. Collect Outcome Data. The grantee routinely collects data to assess whether recipients have increased their knowledge, leadership skills, and ability to apply new knowledge and skills to their family, health care practice, or other MCH program situation.
				8. Use Feedback for Quality Improvement. The degree to which the grantee has used the results of assessments or other feedback mechanisms to improve the content, reach and effectiveness of the training or TA activities.

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

Total the numbers in the boxes (maximum possible 0–24): _____

NOTES/COMMENTS:

27 PERFORMANCE MEASURE

Goal 4: Improve the Health Infrastructure and Systems of Care by Improving MCH Knowledge and Available Resources
Level: Grantee
Category: Infrastructure

The degree to which grantees have mechanisms in place to ensure quality in the design, development, and dissemination of new information resources that they produce each year.

GOAL

To improve the dissemination of new knowledge to the MCH field by increasing the quality of informational resources produced, including articles, chapters, books, and other materials produced by grantees, and by addressing the quality in design and development. This includes consumer education materials, conference presentations, and electronically available materials.

MEASURE

The degree to which grantees have mechanisms in place to ensure quality in the design, development, and dissemination of new informational resources they produce each year.

DEFINITION

Publications are articles, books, or chapters published during the year being reported. Products include electronic Web-based resources, video training tapes, CD ROMs, DVD, materials created for consumers (parents, children, and community agencies). Products and publications also include outreach and marketing materials (such as presentations, alerts, and HRSA clearinghouse materials).

Details on these publications and products are reported on a data collection form. These products are summed by category and the total number of all publications and products are reported on a PM tracking form for a reporting year.

This measure can be applicable to any MCHB grantee.

HEALTHY PEOPLE 2010 OBJECTIVE

Related to Goal 1: Improve access to comprehensive, high-quality health care services. Specific objective: 1.3.
Related to Goal 7 – Educational and community-based programs: Increase the quality, availability and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life. Specific objectives: 7.7 through 7.12.
Related Goal 11 – Use communication strategically to improve health. Specific objective: 11.3.
Related to Goal 23 – Public Health Infrastructure:

Ensure that Federal, tribal, State, and local health agencies have the infrastructure to provide essential public health services effectively.
Specific objective: 23.2.

DATA SOURCE(S) AND ISSUES

Data will be collected by grantees throughout the year and reported in their annual reports and via this measure's data collection form.

SIGNIFICANCE

Advancing the field of MCH based on evidence-based, field-tested quality products. Collection of the types of and dissemination of MCH products and publications is crucial for advancing the field. This PM addresses the production and quality of new informational resources created by grantees for families, professionals, other providers, and the public.

DATA COLLECTION FORM FOR DETAIL SHEET #27

Using the 0–3 scale below indicate the degree to which your grant has incorporated each of the design, dissemination, and continuous quality improvement activities into MCH information resources that you have developed within the past year. Please use the space provided for notes to describe activities related to each element and clarify any reasons for the score

0	1	2	3	Element
Mechanisms in Place to Ensure Quality in Design of Informational Resources				
				<p>1. Obtain input from the target audience or other experts to ensure relevance. The grantee conducts activities to ensure the information resource is relevant to the target audience with respect to knowledge, issues, and best practices in the MCH field. [Example: Obtain target audience, user, or expert input in the design of informational resources, the testing or piloting of products with the potential users/audience, and the use of expert reviews of new products.]</p>
				<p>2. Obtain input from the target audience or other experts to ensure cultural and linguistic appropriateness. The grantee specifically employs mechanisms to ensure that resources are culturally and linguistically appropriate to meet the needs and level of the target audience(s).</p>
				<p>3. Build on Existing Information Resources and Expertise, and Ensure Up-to-Date Content. As part of the development of information resources, the grantee conducts activities (such as reviewing existing bibliographies, information resources, or other materials) to ensure that the information provided in newly developed information resources is up to date with standard practice; based on research-, evidence-, and best practice-based literature or materials in the MCH field; and is aligned with local, State, and/or Federal initiatives. Grantee uses these mechanisms to ensure that information resource content does not duplicate existing resources available to the same audience. Also include in the design and development expert review panels (experts may include target audience members).</p>
Mechanisms in Place to Track Dissemination and Use of Resources or Products				
				<p>4. The grantee has a system to track, monitor, and analyze the dissemination and reach of products. The grantee implements a mechanism for tracking and documenting dissemination of products, and uses this information to ensure the target audience(s) is reached. Grantees with a Web site should include mechanisms for tracking newly created resources disseminated through their Web sites and are encouraged to detail Web-related dissemination mechanisms and the use of Web-based products in the Notes section below. Grantee ensures that format is accessible to diverse audiences and conforms to ADA guidelines and to Section 508 of the Rehabilitation Act.</p>
				<p>5. The grantee has a system in place to track, monitor, and analyze the use of products. The grantee routinely collects data from the recipients of its products and resources to assess their satisfaction with products, and whether products are useful, share new and relevant information, and enhance MCH knowledge. [An example of data collection is assessments.]</p>

0	1	2	3	Element
Mechanisms in Place to Promote Grantee's Information Resources				
				<p>6. Conduct Culturally Appropriate Outreach and Promotion to Ensure Target Audience is Aware of Information Resources The grantee routinely uses mechanisms to reach out to MCHB grantees and other target audiences such as provider or family organizations, consumers of MCH services, and the public, to make sure that target audiences know the resources are available. [Examples of outreach methods include promotion of services through list serves, exhibits at meetings, and targeted outreach to representatives of individual organizations or MCHB grantees.]</p>
Use of Evaluation Data for Quality Improvement				
				<p>7. Use of Feedback for Quality Improvement. The degree to which the grantee has used the results of satisfaction and other feedback mechanisms to improve the content, reach, and effectiveness of their products/information resources.</p>

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

Total the numbers in the boxes (possible 0–21 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

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:

37 PERFORMANCE MEASURE

**Goal 4: Improve the Health Infrastructure and Systems of Care
(Work with States and communities to assure that services and systems of care reach targeted populations)
Level: Grantee
Category: CSHN/Youth**

The degree to which grantees have worked to increase the percentage of youth who have received services necessary to transition to all aspects of adult life, including adult health care, work, and independence.

GOAL

To assure that youth with and without special health care needs, including those transitioning from foster care, receive the services necessary to transition to adult health care, work, and independence.

MEASURE

The degree to which grantees have assisted in ensuring that youth receive the services necessary to transition to adult health care, work, and independence.

DEFINITION

Attached is a checklist of 13 elements that demonstrate how a grantee has assisted ensuring appropriate transition for adolescents. 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 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 form to be completed by grantees.
The data collection form represents 13 elements that demonstrate comprehensive transition services for youth.

SIGNIFICANCE

The transition of youth to adulthood has become a priority issue nationwide as evidenced by the President's "New Freedom Initiative: Delivering on the Promise" (March, 2002). Health and health care are cited as two of the major barriers to making successful transitions. Currently SPRANS supported health and related transition services are available in only a few States. No other Federal agency is addressing these issues. Successful preparation for the adult work force is important for all youth and is based on healthy developmental transitions between childhood and adolescence, and between adolescence and adulthood.

DATA COLLECTION FORM FOR DETAIL SHEET #37

Using the scale below, please indicate for each element the degree to which you have assisted in the provision or assurance of comprehensive Healthy and Ready to Work services to adolescents and young adults. Please use the space provided for notes to describe activities related to each element and clarify reasons for score.

0	1	2	3	Elements
Outcome #1: Screening				
				1. Screening mechanisms include developmental and transition skills as a regular part of health services for youth.
Outcome #2: Family Partnerships				
				2. The grantee has created a youth advisory council and mentors youth leaders as they serve on this council.
				3. The grantee assures that youth leaders serve on state and local advisory boards and planning committees.
Outcome #3: Medical Home				
				4. The grantee has identified medical homes for young people which assume responsibility for health care, care coordination, and transition to an adult health care provider.
				5. Pediatric and adult medical care providers are trained to offer information and support in caring for young people with and without complex condition.
Outcome #4: Health Insurance				
				6. Primers on maintaining health insurance after age 18 are developed and distributed to a variety of community settings, including schools, providers, parent resource groups, and others.
				7. A matrix of health care insurance options (public and private) is developed.
				8. The grantee is working with a variety of partners to promote youth-friendly insurance policies, including the extension of dependent coverage to age 26.
Outcome #4: Community-Based Services				
				9. Information on medical aspects of pediatric-onset conditions and community resources for youth is provided in a variety of media, including conferences, newsletters, brochures, and Web sites.
				10. The focus of services is on development of self-care abilities, transportation, housing, access to quality health care and insurance, personal care assistants and job training and supports, independent living training, and assistive technology that is affordable and portable.
				11. The grantee has worked with providers of adult care to provide education in the needs of adolescents as they transition to adulthood, including the need to discuss the shift to adult providers.
Outcome #6: Transition				
				12. The grantee has worked to improve coordinated transition from pediatric to adult primary care providers for adolescents in the State, including the

0	1	2	3	Elements
				provision of health representation at transition planning meetings aimed at education, employment, or independence.
				13. The grantee has worked to provide adolescents with self-advocacy or self-determination training to help them to take responsibility for their own health and health care.

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

Total the numbers in the boxes (possible 0-39 score)_____

NOTES/COMMENTS:

40 PERFORMANCE MEASURE

The degree to which grantees have facilitated access to 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**

GOAL

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

MEASURE

The degree to which grantees have assisted in achieving a medical home for the MCH populations that they serve.

DEFINITION

The family/patient-centered medical home is an approach to providing comprehensive primary care for children, youth, and adults. In 2002 the American Academy of Pediatrics (AAP) described the medical home as a model of delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. The concept was expanded in 2007 and adopted by the American Academy of Pediatrics, American Academy of Family Physicians, American College of Physicians, and the American Osteopathic Association as the Joint Principles of the Patient Centered Medical Home.

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

The family/patient-centered medical home is an approach to providing comprehensive primary care for children, youth, and adults. In 2002 the American Academy of Pediatrics (AAP) described the medical home as a model of delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. The concept was expanded in 2007 and adopted by the American Academy of Pediatrics, American Academy of Family Physicians, American College of Physicians, and the American Osteopathic Association as the Joint Principles of the Patient Centered Medical Home.

SIGNIFICANCE

Medical home is the model for 21st century health

care, with a goal of addressing and integrating high quality health promotion, acute care and chronic condition management in a planned, coordinated and family/patient-centered manner. This model is built upon the documented value of primary care and aims to promote the implementation of family/patient-centered care, care coordination and continuous quality improvement. Universal medical home implementation is a key strategy to promote the health and well-being of all children, youth, and adults and to improve the quality of care for patients facing a fragmented health system.

The medical home model has the potential to promote equitable health care and address racial and ethnic disparities in access to care. Reduction in racial and ethnic differences in receiving health care when adults received care within a medical home has been documented. Research also has shown increased preventative screenings, better managed chronic conditions, and better coordination between primary and specialty care providers.

DATA COLLECTION FORM FOR DETAIL SHEET #40

Using the scale below, indicate the degree to which your grant has facilitated access to medical homes 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 focus: 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
Category A: Facilitating Access to a Medical Home				
				1. The grantee has disseminated/market information about the availability of appropriate medical home sites.
				2. The grantee has facilitated access to sources of financing for medical homes.
				3. The grantee has provided patients and families with direct referral to medical home sites.
Category A Subtotal (possible 0-9):				
Category B: Screening				
				4. The grantee provides tools for consistent screening for risk factors.
				5. The grantee provides tools for consistent screening for developmental delays or chronic conditions.
				6. The grantee develops and promotes policies that support and facilitate systematic screening by providers.
Category B Subtotal (possible 0-9):				
Category C: Identification and Referral				
				7. The grantee ensures that MCH populations with special health care needs and those who are at risk of access and health outcome disparities are identified.
				8. The grantee provides appropriate referrals for early intervention services.
				9. The grantee follows up to ensure that referral appointments are kept.
Category C Subtotal (possible 0-9):				
Category D: Coordination of Services				

0	1	2	3	Element
				10. The grantee has developed tools to support the coordination of primary and specialty services.
				11. The grantee has provided training in effective coordination of services.
				12. The grantee provides monitoring to assure that services are coordinated.
Category D Subtotal (possible 0-9):				

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

Total the numbers in the boxes (possible 0-36 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**

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
Category A: Establishing and Supporting Medical Home Practice Sites				
				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):				
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				
				9. Referral resource guides
				10. Coordination protocols
				11. Screening tools
				12. Web sites

0	1	2	3	Element
				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):				
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				
				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):				
Category D: Partnership-Building Activities				
				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):				
Category E: Mentoring Other States and Communities				
				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
				24. The degree to which the grantee has provided direct consultation to other States on policy or program development for medical home initiatives

0	1	2	3	Element
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: _____