

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

Maternal and Child Health Bureau  
Office of Epidemiology, Policy, and Evaluation

***Developing Integrated Maternal and Child Health Information Systems:  
Promoting the Use of Health Information Technology***

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**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2012

**Application Due Date: April 2, 2012**

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Deadline extensions are not granted for lack of registration.  
Registration may take up to one month to complete.*

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

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# I. Funding Opportunity Description

## 1. Purpose

This announcement solicits applications for the Developing Integrated Maternal and Child Health Information Systems Promoting the Use of Health Information Technology. One of the primary goals of the Office of Epidemiology, Policy, and Evaluation (OEPE) is to provide leadership in building and enhancing maternal and child health (MCH) data capacity at the local, State, and national levels. OEPE is placing emphasis on the area of electronic health information exchange thereby supporting one of the President's major healthcare objectives: To increase the use of electronic health information technology and exchange as a means of controlling costs and reducing dangerous medical errors. In addition, this project will support the five broad goals of the Maternal and Child Health Bureau (MCHB): 1) provide national leadership for MCH, 2) promote an environment that supports MCH, 3) eliminate health barriers and disparities, 4) improve the health infrastructure and systems of care, and 5) assure quality of care. The OEPE has developed two separate but related projects that are intended to further the goal of electronic health information exchange while supporting the maternal and child health promotion goals of MCHB.

**NOTE:** Applicants may apply for **one**, but not both of the projects. Applicants must specify whether they are applying for Project 1 or Project 2 in the Application Format section (i.e., the section titled: ix. Project Narrative, INTRODUCTION indicated below).

### **Project 1 Description: Developing Functional Requirements for Health Information Exchange between Immunization Information Systems and Health Information Exchange Entities**

The purpose of the current OEPE project is to implement pilot demonstrations of IIS-HIE interoperability and document refinements to previously-defined comprehensive business processes, functional requirements, and interoperability specifications. This funding opportunity is designed to help immunization information systems better respond to future needs for information exchange. Collaboration with the entities that are currently working in the same area (i.e., CDC and AIRA) is imperative to prevent overlap and duplication of efforts and obtain the most comprehensive set of requirements possible. It is intended that this project will incorporate and extend the work that is currently being accomplished.

The importance of functional health information systems in achieving improved health outcomes continues to grow, but the ability to make important connections that would foster more comprehensive and coordinated healthcare are limited. MCHB recognizes the need to establish architecture and reusable tools to build these connections between information systems. Public health has a significant amount of data: data from records of the people receiving clinical preventive services in public health department primary care clinics; lead screening in children; newborn screening; data from birth and death records; early hearing screening; and immunization records. However, the data is incomplete without private provider data and is less than optimally functional without being available at the point of care. Immunization registries contain population-based clinical information, which can and should be provided to clinicians for preventive health service. Health Information Exchanges (HIEs) provide a mechanism to

connect private clinicians to public health-managed, population-based immunization information systems. Since most States have immunization registries, immunization information systems are primed for integration with HIEs.

Authorization of funds by the Health Information Technology for Economic and Clinical Health (HITECH) Act are intended to stimulate an increase in the use of interoperable Electronic Health Record (EHR) systems and in the formation of HIE entities. HIEs are emerging and are expected to grow with the appropriation of HITECH funding, especially through the State HIE Cooperative Agreement program. Concurrent with this activity, Immunization Information Systems (IISs) are evolving and preparing to engage with other health information exchange entities. As of December 2009, 77 percent of all children greater than six years of age in the United States had two or more immunizations recorded in an IIS. We are at a point in time where HIEs and IISs could work together to add value to each other, to build on one another's strengths, and to better and more cost-effectively achieve their shared goals.

The National Center for Immunization and Respiratory Diseases (NCIRD) has awarded funds to provide support for the enhanced interoperability of EHRs with IISs, focusing specifically on the exchange of vaccination records and reducing the duplicate data entry burden on providers. Direct funding to State and local CDC Immunization Program grantees with IISs is being used to plan, enhance, adopt, and apply Office of the National Coordinator for Health Information Technology (ONC)-endorsed health information technology standards for direct health care system interoperability. The goal of CDC's NCIRD funding is to improve the completeness of immunization histories available to clinicians and public health, improve the timeliness of immunization data submission to an IIS, improve the quality of IIS coverage assessments, and the data available to other public health systems (e.g. vaccine preventable disease surveillance units), and reduce extra immunizations.

In addition, the American Immunization Registry Association (AIRA), in partnership with the CDC's National Immunization Program, began working in 2005 on an initiative directed at the analysis and improvement of IIS operations. The goal of the AIRA effort has been to produce an IIS best practice guidebook for operationalizing IIS functionality. Topic chapters contain a mixture of descriptive textual references, visual schematics, and associated business rules. Chapters are added or revised over time and as resources have permitted. IIS stakeholders were asked to suggest topics and subject matter experts (SMEs) that could serve as potential participants in formulating these guidelines. AIRA has defined a limited set of functional standards at this time: moved or gone elsewhere status of patients, vaccination level de-duplication in IIS, data quality assurance, and reminder/recall guidelines.

## **Project 2 Description: Developing Electronic Vital Records**

The purpose of Project 2 is to assist States that have not yet implemented a web-based electronic birth records system, those who are in the process of implementing a web-based electronic birth records system or those who have a web-based system but who do not have a 2003 standard birth certificate. The timely collection and transmittal of birth records is a necessary component of an integrated child information system. Applicants that propose system conversion must include implementation of the 2003 Standard Birth Certificates, incorporating the standards recommended by the National Association of Public Health Statistics and Information Systems and the National Center for Health Statistics of the CDC. Further, States should address the

issue of how the birth registry system would integrate with other State-based data systems, such as newborn hearing screening, blood spot screening, and immunizations.

The United States operates a decentralized vital statistics system, a primary source of data used to track the health status of the U.S. population; to plan, implement, and evaluate health and social services for children and families; and to set health policy at the national, State, and local levels. Data on access to prenatal care, maternal risk factors, infant mortality, disparities in health status, changes in the rankings of causes of death, and other pregnancy and natality indicators are necessary for improving health and health services delivery. The national vital statistics system provides comparable Federal, State, and local data to public health officials and programs on an ongoing basis that enables population-based analysis and comparisons to be undertaken by age, race, ethnicity, and sex. This allows for the analysis of disparities in the incidence and conditions of preterm birth, low birth weight or small-for-gestational age conditions by race and age at the local, State, and national levels, identification of abnormal newborn conditions (i.e., congenital heart disease, cleft lip/palate, Down syndrome, spina bifida, etc.), and assessment of the maternal risk factors and morbidity.

Many current State vital statistics systems are based on outmoded vital registration practices and systems, causing concern about data quality, timeliness, and the lack of real-time linkage capabilities. The vital registration system requires more complete automation at the level of primary data collection and changes in the relationships among the providers of source records, the State registration offices, and the National Center for Health Statistics (NCHS). The National Association of Public Health Statistics and Information Systems, NCHS, and the Social Security Administration have developed a partnership to improve the responsiveness of State vital registration and statistics systems. Their objective is to improve the timeliness, quality, and sustainability of these systems by adopting national, consensus-based standards and guidelines. It will be necessary to go beyond modifying existing registration systems. State processes and systems must dovetail with local data providers' processes and systems. Stand-alone systems and paper-based processes can no longer be considered adequate.

## **2. Background**

This program is authorized by the Social Security Act, Title V, §501(a)(2), as amended; (42 U.S.C. 701(a)(2)). Created in 1999, the Office of Data, Epidemiology, and Program Evaluation (OEPE--formerly Office of Data and Information Management) provides national leadership in the identification and analysis of data needs and the utilization and implementation of a data strategy and program focusing on the promotion of health and prevention of disease among: a) women of reproductive age, and b) infants, children, adolescents and their families. Special emphasis is placed on the development and implementation of family centered, comprehensive, care-coordinated, community-based and culturally competent systems of care for such populations.

### **Mission**

OEPE's mission is to advance the scientific knowledge base in maternal and child health by conducting, promoting, and sponsoring data utilization and analysis which fosters improved maternal and child health outcomes by reducing health disparities, and improving the health care system in general and the programs of MCHB, in particular. OEPE is further committed to building the capacity of State and local health departments to use data effectively. OEPE

supports the use of scientific data and methods to effectively guide programs and policies for the improvement of maternal and child health in the United States. The office strives to collaborate with the Divisions of HRSA, other Federal entities, academic institutions and other public/private organizations dedicated to improving maternal and child health through research and/or data capacity building particularly at the State and local level.

### **Data Capacity Building Grant Program**

OEPE awarded Data Utilization and Enhancement Grants/Cooperative Agreements (DUE) (FY 2001-2002) to States to build linkages between data sets, such as birth and Medicaid files, to provide detailed information for addressing State maternal and child health issues. Federal support for these efforts were continued with awards (**Promoting Integration of State Health Information Systems and Newborn Screening Service Systems for Monitoring and Ensuring Quality Services to Newborns and Children With or at Risk for Heritable Disorders** FY 2003-2005) funded jointly by the Genetic Services Branch and OEPE. These grants provided support to States as they developed Innovative Models to improve their data capacity. Twenty-five State public health programs received grants to improve integration of newborn screening and genetic services systems with other maternal and child health data systems such as immunization and vital records registries.

The results were translated into a description of essential functions that such systems support, system requirements, and measures for evaluation. Because policy makers and funders require demonstration that the expense involved in integrating systems is worthwhile, an assessment instrument was developed to estimate anticipated costs and outcomes of integrating vital records, immunization registries, newborn dried blood spot screening, newborn hearing screening, and other MCH-related information systems. The business case addresses the costs and benefits of these systems, taking into account three stakeholder perspectives: health care providers, parents, and public health programs. Stakeholders may use the results of the business case to articulate the value of integrated child health information systems and support planning and decision-making, including decisions of whether to buy or develop an integrated information system and when and how to implement.

In August 2007, MCHB awarded a two-year grant to make State-level health information more available to children, their families, and their health care providers. The funds were used to evaluate the benefits of integrated child health information systems and prepare the foundation for linkages between the Indiana State Department of Health and the Indiana Health Information Exchange for development of a child health profile or electronic health record. The focus of that funding cycle was to build a public-private partnership between an integrated child health information system and a State-level regional health information exchange to provide a framework for an expanded health information system that would be accessible to families and private health care providers.

The activities in the Indiana project included performing: 1) a business case analysis to demonstrate the benefit of integrating the immunization registry with other integrated databases (newborn screening, lead, and vital records) in the State, 2) a process-based assessment to fully understand how both the Indiana State Department of Health integrated child health information system and the Indiana Health Information Exchange perform their business operations, 3) an assessment of each organization's technology requirements for mutual interoperability based on ONC's standards, and 3) a plan for the public health integrated child health information system

and the State-level regional health information exchange to develop a child health profile (electronic health record) through an interoperable exchange of health information while assuring that privacy and security of the records are protected.

These previous efforts of the OEPE involved building the “next generation” of State MCH data systems through development of data linkages, data integration, and health information technology capacity. While information technology has proliferated and advanced dramatically in the last 10 years, the application of information technology to health care policy and delivery has not been well coordinated either among public health agencies or between the public and private health sectors. The integration of child health information across public health agencies and private providers is integral to the concept of a community-based child health profile that can be employed to facilitate healthcare interventions that are targeted to individuals in a private health care setting but also be utilized to guide population-based community level interventions by public health departments. HRSA/MCHB envisions that by coordinating programs and integrating information systems with the support of recent innovations in technology, information will be captured in a timely manner to support decision making at the point of health care service delivery and as well as support public program needs, particularly with the most vulnerable populations.

Public-private partnerships for the purpose of electronic health information exchange are increasingly being fostered by the ONC to achieve the purpose of realizing an effective, interoperable nationwide health information system that supports the health and well-being of the nation. Sound and well-planned regional networks of linked information systems will facilitate assessment and prompt provision of appropriate services to ensure an optimal healthy start for all children and improve the health and well-being of children overall. The integration and coordination of multiple public programs with private health information technology systems should make possible the development of comprehensive maternal and child health interventions facilitated by accessible electronic health records (that incorporate vital records, newborn screening, lead screening, and immunization data) and health information exchanges (HIEs). Such information will allow the development of risk profiles and assessments, coordinated care plans, prevention programs, outreach and education targeting high risk mothers and infants and children who should benefit from the coordinated efforts of public and private community health care systems. This process should result in a decrease of morbidity, mortality, disability, and health care costs while increasing the quality of care.

## **II. Award Information**

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

Funding will be provided in the form of **one (1) cooperative agreement for Project 1 and one (1) cooperative agreement for Project 2**. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project. This means that substantial MCHB scientific and/or programmatic involvement with the awardees is anticipated during the performance of this project.

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, HRSA **Program responsibilities shall include** the following:

- 1) participation, as appropriate, in meetings conducted during the period of the cooperative agreement;
- 2) ongoing review of activities and procedures to be established and implemented for accomplishing the proposed project;
- 3) review of project information prior to dissemination;
- 4) assistance with the establishment of contacts with Federal and State agencies, MCHB grant projects, and other community-based contacts that may be relevant to the project's mission and referrals to these agencies;
- 5) assistance in the establishment of State, Federal, and community partnerships, collaboration, and cooperation that may be necessary for carrying out the project; and
- 6) provision of information resources.

**Requirements and obligations of the cooperative agreement recipients for both Project 1 and Project 2 shall include the following:**

- 1) ongoing review of activities and procedures to be established and implemented for accomplishing the scope of work;
- 2) ongoing communication and collaboration with the Federal granting agency, i.e. Federal project officer;
- 3) ensuring the Federal project officer reviews and approves project information prior to dissemination;
- 4) working with the Federal project officer to review information on project activities; and
- 5) establishing contacts that may be relevant to the project's mission such as Federal and State agencies, and other MCHB grant projects that may be relevant to the project's mission.

## **2. Summary of Funding**

### **Project 1: Developing Functional Requirements for Health Information Exchange between Immunization Information Systems (IIS) and Health Information Exchange Entities**

This program will provide funding during Federal fiscal year 2012. Approximately \$300,000 is expected to be available to fund one (1) awardee. Applicants may apply for a ceiling amount of up to \$300,000. The project period is one (1) year.

### **Project 2: Developing Electronic Vital Records**

This program will provide funding during Federal fiscal year 2012. Approximately \$150,000 is expected to be available to fund one (1) awardee. Applicants may apply for a ceiling amount of up to \$150,000. The project period is one (1) year.

### **III. Eligibility Information**

#### **1. Eligible Applicants**

##### **Project 1 - Developing Functional Requirements for Health Information Exchange between Immunization Information Systems (IIS) and Health Information Exchange Entities:**

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

Applicants must have significant experience with: 1) issues in public health informatics e.g., related to integrated child health information systems in the public health domain, health information exchanges, electronic health records, developing requirements for effective and efficient public health information systems particularly immunization information systems, and national standards for interoperability and information exchange in health information technology, 2) acting as community facilitators, developing coalitions to provide consensus for implementing projects based on health information exchange and using a collaborative requirements development methodological approach to build organizational partnerships, 3) analyzing work flow, business functions and processes, and developing functional requirements for health information technology systems and 4) evaluating the performance of health information systems, 5) working collaboratively with the Centers for Disease Control and Prevention and the American Immunization Registry Association in the area of immunization registry business processes/work flow and functional requirements, 6) defining a consensus-driven (via a collaborative requirements methodology) set of business processes and discrete activities that form the logical work flow necessary to complete each of the business processes as well as the functional requirements shared by all IISs. Applicants that fail to show such experience will not be competitive.

**Project 2 - Developing Electronic Vital Records:** Any of the 50 United States or territories that 1) has not yet implemented or is in the process of implementing the 2003 Standard Birth Certificate (incorporating the standards recommended by the National Association of Public Health Statistics and Information Systems and the National Center for Health Statistics of the Centers for Disease Control and Prevention), or 2) who proposes to implement a web-based electronic birth registration system (EBRS), or 3) who proposes to upgrade its existing birth system to meet current technology and data standards are eligible to apply for this funding opportunity.

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

##### **Project 1: Developing Functional Requirements for Health Information Exchange between Immunization Information Systems (IIS) and Health Information Exchange Entities**

Cost sharing/Matching is not required for this program.

##### **Project 2: Developing Electronic Vital Records**

Cost sharing/Matching is not required for this program.

### 3. Other

Applications that exceed the ceiling amount (\$300,000 for Project 1 or \$150,000 for Project 2) 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.

NOTE: Multiple applications from an organization are not allowable.

## IV. Application and Submission Information

### 1. Address to Request Application Package

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

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

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

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

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

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

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

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

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

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

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

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

### **Application Format Requirements**

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

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

### **Application Format**

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

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

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

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

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

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

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Tables, Charts, etc.
Attachment 2	Job Descriptions for Key Personnel
Attachment 3	Biographical Sketches of Key Personnel
Attachment 4	Letters of Agreements and/or Descriptions of Proposed/Existing Contracts
Attachment 5	Project Organizational Chart
Attachments 6-12	Other Relevant Documentation (e.g., Letters of Support)

## **Application Format**

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

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

### **DUNS Number**

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

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

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

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

### **iii. Budget**

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

Please complete Sections A, B, E, and F, and then provide a line item budget using Section B Object Class Categories of the SF-424A.

### **Salary Limitation:**

The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay

scale is \$179,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

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

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

#### iv. Budget Justification

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. 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. The budget justification **MUST** be concise. Do NOT use the justification to expand the project narrative.

Include the following in the Budget Justification narrative:

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

Sample:

Name	Position Title	% of FTE	Annual Salary	Amount Requested
J. Smith	Chief Executive Officer	50	\$179,700*	\$89,850

R. Doe	Nurse Practitioner	100	\$75,950	\$75,950
D. Jones	Data/AP Specialist	25	\$33,000	\$8,250

\*Actual annual salary = \$350,000

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

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

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

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

*Contractual:* Applicants are responsible for ensuring that their organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in CCR and provide the recipient with their DUNS number.

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

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

*Indirect Costs:* Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term “facilities and

administration” is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS’s Division of Cost Allocation (DCA). Visit DCA’s website at: <http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them.

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

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in Attachment 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.

**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 projects. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Project Narrative:

- ***INTRODUCTION***

This section should indicate whether the applicant is applying for Project 1 or Project 2 and briefly describe the purpose of the proposed project.

- ***NEEDS ASSESSMENT***

**Project 1 Needs Assessment: Developing Functional Requirements for Health Information Exchange between Immunization Information Systems and Health Information Exchange Entities:**

This section outlines the relevant needs as well as the current capacity within the areas that will be served in the pilot studies. The section should discuss any deficits in the availability of health information exchange between HIEs and IISs and the problems public agencies and private health care providers have in accessing and utilizing the available information resources in that area. Data from relevant needs assessments, as well as other demographic data, should be used and cited whenever possible to support the information provided. This section should help reviewers understand the need that will be served by the proposed project.

**Project 2 Needs Assessment: Developing Electronic Vital Records:** This section outlines the relevant needs of children and families in the State in which the project will be carried out as well as the current capacity within the State to meet those needs. The section should discuss any deficits in the availability of vital records information within the State and the problems public agencies and private health care providers have in accessing and utilizing the available information resources. Data from State needs assessments, as well

as other demographic data, should be used and cited whenever possible to support the information provided. Please include reference to any relevant barriers in the service area that the project hopes to overcome. This section should help reviewers understand the States that will be served by the proposed project.

▪ **METHODOLOGY**

Propose methods that will be used to meet each of the project requirements and expectations in this funding opportunity announcement. The relationship between the proposed methodology and plans for developing a comprehensive functional requirements document to allow IISs to exchange immunization information with HIEs (Project 1) or plans to implement a web-based or updated electronic vital records system (Project 2) should be clearly described.

**Project 1 Methodology Requirements: Developing Functional Requirements for Health Information Exchange between Immunization Information Systems and Health Information Exchange Entities:**

The awardee will plan, develop, and implement a multi-stage pilot/demonstration project:

- 1) The applicant must submit a detailed design for a pilot project to implement comprehensive exchange of immunization information between one to two (1 to 2) IISs and partner HIEs based on a consensus-driven set of business processes and functional requirements shared by all IISs. Components of such a plan should include the following:
  - a. Define the problem by identifying the gap between the current state of immunization information exchange with primary care providers and the optimal state that supports the MCHB vision of bi-directional exchange of comprehensive immunization information (as well as an integrated child health profile) at the point of care in a manner that supports current and future (projected) “Meaningful Use” objectives
  - b. Define the objectives of the pilot project
  - c. Define the anticipated approach for conducting the pilot project
  - d. Define responsibilities of all participants including partners such as AIRA and CDC’s NCIRD
  - e. Describe the coordination planned with the appropriate regional, State and/or local health agencies and/or organizations in the area(s) served by the project
  - f. Describe the incorporation of practice models and systems already in place, or under development
  - g. Describe effective tools and strategies for ongoing staff training activities to be conducted during the course of the pilot implementation(s), showing how adoption of the new process, procedures, and/or associated technology will be implemented
  - h. Define important parameters to consider in choosing where the pilot project(s) will be conducted
- 2) The applicant must submit a detailed plan for supporting and monitoring the pilot project(s):
  - a. Provide the primary point of contact, the person who will provide guidance or assistance to project site(s) when problems arise during the implementation process and how that assistance will be delivered

- b. Define who will be responsible for ensuring that performance indicators are tracked throughout the pilot effort.
- 3) As appropriate, include development of outreach and information sharing/dissemination with efforts to involve patients, families and communities of culturally, linguistically, socio-economically and geographically diverse backgrounds if applicable.

**Project 2 Methodology Requirements: Developing Electronic Vital Records:**

The awardee will plan, develop and implement a multi-stage project to re-engineer birth record processing within a State vital record office. The applicant may propose to develop a new technology, in the form of a web-based electronic birth registration system (EBRS), or to upgrade its existing birth system to meet current technology and data standards. The applicant must include the following objectives in its proposal to develop or upgrade its EBRS:

- 1) The applicant must submit a plan to develop, document and implement updated business practices within its State vital records organization to become more efficient and effective, and which utilize the proposed technology to improve business process.
- 2) The applicant must include in the plan full compliance of its proposed technology with national, consensus-based standards and guidelines, as recommended by the CDC National Center for Health Statistics (NCHS) and the National Association for Public Health Statistics and Information Systems (NAPHSIS).
  - a. The proposed technology must comply with the 2003 U.S. Standard Certificate of Live Birth.
  - b. The proposed technology will include efficient methods for capturing data, standards-based data collection instruments, coding specifications, query guidelines, standardized definitions, and Health-Level-7–based standardized messaging or any applicable standards set out by the National Committee on Vital and Health Statistics.
- 3) The applicant must submit a plan that will provide for the EBRS to be integrated with other health information systems, such as those for immunizations, newborn screening, and newborn hearing screening, and with future EHR systems.
- 4) The applicant may use this funding in coordination with other sources of funding in the development of the proposed new or upgraded technology.

▪ *WORK PLAN*

**Project 1 and Project 2 Work Plan Requirements:**

- 1) The applicant must use a time line that includes each activity or steps to be taken to achieve each of the activities proposed during the entire project period in the Methodology section and identifies responsible staff:
  - a. Describe a schedule of implementation
  - b. Identify responsible personnel for each step in the implementation process

- *RESOLUTION OF CHALLENGES*

**Project 1 and Project 2 Resolution of Challenges Requirements:**

- 1) The applicant must define risks and mitigation strategies:
  - a. Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan
  - b. Describe approaches that will be used to resolve such challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY*

**Project 1 Evaluation and Technical Support Capacity Requirements: Developing Functional Requirements for Health Information Exchange between Immunization Information Systems and Health Information Exchange Entities**

- 1) Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.
- 2) The applicant must submit a detailed plan for evaluating pilot results:
  - a. Define the data collection strategy and how applicant will receive feedback on what worked well and what didn't work well
  - b. Define how results will be analyzed to determine what factors contributed to success or partial success and what factors led to less-than-successful implementation
- 3) The applicant must submit a detailed plan for how the evaluation results will be used:
  - a. Define the mechanism for updating and refining the business processes and functional requirements for exchange of comprehensive immunization information and a child health profile with an HIE
  - b. Identify next steps for how the results of the pilot project will be disseminated

**Project 2 Evaluation and Technical Support Capacity Requirements: Developing Electronic Vital Records**

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

- *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 *Developing Integrated Maternal and Child Health Information Systems: Promoting the Use of Health Information Technology 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 4, Project Budget and Expenditures by Types of Services (Note: Place funds under Infrastructure Building Services)
- Form 6, Abstract
- Form 7, Discretionary Grant Project Summary Data
- Performance Measure 7, The degree to which MCHB-funded programs ensure family, youth, and consumer participation in program and policy activities
- Performance Measure 10, The degree to which MCHB-funded programs have incorporated cultural and linguistic competence elements into their policies, guidelines, contracts and training
- Performance Measure 24, The degree to which MCHB-funded initiatives contribute to infrastructure development through core public health assessment, policy development and assurance functions
- Performance Measure 26, 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
- Performance Measure 27, 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

- Performance Measure 31, The degree to which grantees have assisted States and communities in planning and implementing comprehensive, coordinated care for MCH populations
- Performance Measure 33, The degree to which MCHB-funded initiatives work to promote sustainability of their programs or initiatives beyond the life of MCHB funding
- Products, Publications and Submissions Data 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: Tables, Charts, 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.

*Attachment 5: Project Organizational Chart*

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

*Attachments 6 – 12: Other Relevant Documents*

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

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

### 3. Submission Dates and Times

#### Application Due Date

The due date for applications under this funding opportunity announcement is *April 2, 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

Developing Integrated Maternal and Child Health Information Systems: Promoting the Use of Health Information Technology is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

### 5. Funding Restrictions

**Project 1 - Developing Functional Requirements for Health Information Exchange between Immunization Information Systems and Health Information Exchange Entities:** Applicants responding to this announcement may request funding for a project period of one (1) year, at no more than \$300,000. Funds under this announcement may not be used for the following purposes: inpatient services, patient co-payments, research, to provide cash payments to or on behalf of affected individuals, or to purchase land.

**Project 2 - Developing Electronic Vital Records:** Applicants responding to this announcement may request funding for a project period of one (1) year, at no more than \$150,000. Funds under this announcement may not be used for the following purposes: inpatient services, patient co-payments, research, to provide cash payments to or on behalf of affected individual, or to purchase land.

**Salary Limitation:** The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a

rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$179,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

Per Division F, Title V, Section 503 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011 (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself. (b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government. (c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

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

## **6. Other Submission Requirements**

As stated in Section IV.1, except in very rare cases HRSA will no longer accept applications in paper form. Applicants submitting for this funding opportunity are **required** to submit **electronically** through Grants.gov. To submit an application electronically, please use the APPLY FOR GRANTS section at <http://www.grants.gov>. When using Grants.gov you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

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

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

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

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

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

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

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

## **V. Application Review Information**

### **1. Review Criteria**

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

Review Criteria are used to review and rank applications.

**Project 1: Developing Functional Requirements for Health Information Exchange between Immunization Information Systems and Health Information Exchange Entities** has six (6) review criteria:

**Criterion 1: Need (5 points)**

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

- The extent to which there is adequate documentation of the characteristics of current Immunization Information Systems, relevant needs, and current capacities as they relate to the immunization registries in the US.
- The extent to which the application documents an understanding of the need for exchange of immunization data with other maternal and child health information systems in State Public Health Departments and State or regional HIEs and existing gaps in meeting those needs.

**Criterion 2: Response (40 points)**

The extent to which the proposed project responds to the “Purpose” included in the program description, the clarity of the proposed goals and objectives and their relationship to the identified project. The extent to which the applicant effectively documents its plan for meeting the Principal Requirements for which funds are requested.

- The extent to which there are adequate descriptions of the level of health information exchange among the IIS(s), State Public Health Department(s), and State or regional HIE(s) in the pilot site(s) and the current status of roles, responsibilities, and relationships as well as gaps in the availability of a comprehensive set of business process and functional requirements for information exchange between the HIE(s) and IIS(s) to occur.
- The extent to which the objectives and approach are clearly defined, the schedule is detailed and reasonable for the time period of the award, the training activities are feasible for IIS(s) and HIE(s) to complete. The extent to which the application discusses the educational needs of consumers and health professionals and any innovative strategies to meet those needs.
- The extent to which there is a definition and discussion of the roles and responsibilities and the steps to be taken to assure the participation, coordination, and collaboration of key stakeholders as subject matter experts with the appropriate knowledge, experience, and expertise to plan and implement the projected exchange of health information between an IIS and HIE. The extent to which there is sufficient documentation of existing or developing partnerships and planned coordination with all of the entities listed under Principal Requirements for Project 1.
- The extent to which there is data on the effectiveness of practice models and systems already in place, or under development. The extent to which the activities and strategies proposed take into account any existing projects or industry-specific (IIS) activities among IISs in State Public Health Departments and State or regional HIEs

that would make them candidate sites for the pilot project. The extent to which there is clear delineation of the parameters to consider in choosing pilot sites.

- The extent to which a detailed and feasible timeline for the steps to be taken during the project period is included along with the personnel who will be responsible for implementing each task.
- The extent to which privacy, confidentiality, and security issues as well as Federal standards are addressed.
- The extent to which there is a description of special challenges to be overcome, as well as risks and mitigation strategies for overcoming them.

**Criterion 3: Evaluative Measures (20 points)**

The extent to which the application responds to the funding opportunity announcement for project evaluation

- The extent to which the application acknowledges the need for evaluation and a willingness to comply with reporting requirements of the program.
- The extent to which ongoing project monitoring activities and personnel are defined and how project success (i.e., comprehensive immunization data exchange between pilot IISs and HIEs) will be measured.
- The extent to which there is a description of the steps to be taken to facilitate continuous quality monitoring of the project, including the effectiveness of partnerships and communication. The extent to which the application describes the personnel responsible for monitoring and evaluation and the organizational capability and an approach to participating in evaluative activities. The extent to which evaluative data collection is defined and how feedback will be obtained, analyzed, and utilized.
- The extent to which mechanisms are defined for updating and refining business processes and functional requirements for comprehensive immunization information exchange with HIEs based on the evaluative process.

**Criterion 4: Impact (10 points)**

The extent to which project results may be national in scope and/or degree to which the project activities are replicable, and/or the sustainability of the project beyond the Federal funding.

- The extent to which there is a plan for effective dissemination of materials, data, and best practices developed by the project. The extent to which the finalized requirements document will be made available to State IISs who are ultimately intended to benefit from the work of this project. The extent to which the work will be presented to the State IISs so that they will fully appreciate exactly what the document has to offer them in terms of time and money saved on requirements development for their own State systems.

- The extent to which there is a description of effective collaborations to date with existing integrated child health information systems, IISs, and regional health information exchanges that have potential interregional and national significance and thus extend the potential impact of the proposed project.
- The extent to which there is a discussion of potential areas for new or continued collaboration with these entities.

**Criterion 5: Resources/Capabilities (15 points)**

The extent to which project personnel are qualified by training and/or experience to carry out the project activities as well as the capabilities of the applicant organization and partners, and quality and availability of facilities.

- The extent to which there is sufficient involvement of patients and families in the development, implementation, and evaluation of the project goals, objectives, and activities.
- The extent to which there is sufficient organizational and personnel experience related to integrated State (public health) child health information systems in the public health domain; newborn metabolic/hearing screening databases; immunization registries; vital records; regional health information exchanges; electronic health records; using a collaborative requirements development methodology to develop requirements for effective and efficient public health information systems and national standards for interoperability in health information technology; acting as community facilitators; developing coalitions to provide consensus for implementing projects based on health information exchange and using a collaborative approach to build organizational partnerships; analyzing work flow, business functions and processes, and functional requirements; and evaluating the performance of integrated health information systems; defining a consensus-driven (via a collaborative requirements methodology) set of business processes and discrete activities that form the logical work flow necessary to complete each of the business processes as well as the functional requirements shared by all IISs.

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

The reasonableness of the proposed budget in relation to the objectives, the complexity of the activities, and the anticipated results. Funding should be adequate to support required travel, collaboration with key partners/stakeholders, and the organizational structures and processes necessary for the applicant to serve as a facilitator, coalition builder, and evaluator of information exchanges among State Child Health Information Systems within Public Health Departments, State or regional HIEs, and IISs.

**Project 2: Developing Electronic Vital Records** also has six (6) review criteria:

**Criterion 1: Need (10 points)**

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

- The extent to which there is adequate documentation of the characteristics of the State to be served as they relate to the vital birth record needs of the area.
- The extent to which the application documents an understanding of vital birth registration needs of the State to be served and existing gaps in meeting those needs.

**Criterion 2: Response (40 points)**

The extent to which the proposed project responds to the “Purpose” included in the program description, the clarity of the proposed goals and objectives and their relationship to the identified project. The extent to which the applicant effectively documents its plan for meeting the Principal Requirements.

- The extent to which there is an adequate description of the current status of the vital birth registration system and the role, responsibilities, business processes and relationships among entities/individuals with which the registration system interacts.
- The extent to which there is a discussion of the steps to be taken to update the vital registration system according to national consensus-based standards and guidelines as indicated in Project 2 Methodology Requirements will be implemented.
- The extent to which there are data on the effectiveness of practice models and systems already in place, or under development.
- The extent to which the activities and strategies proposed take into account any existing State plans for implementing re-engineered systems using the 2003 version of the U.S. standard certificates of live birth, death, and fetal death.
- The extent to which a detailed and feasible timeline for the steps to be taken during the project period is included along with the personnel who will be responsible for implementing each task.
- The extent to which there is a description of special challenges to be overcome, as well as strategies for overcoming them.

**Criterion 3: Evaluative Measures (10 points)**

The extent to which the application responds to the funding opportunity announcement for project evaluation.

- The extent to which the application acknowledges the need for evaluation and a willingness to comply with reporting requirements of the program.

- The extent to which the application describes organizational capability and an approach to participating in evaluative activities, including the collection of data.
- The extent to which there is a description of the steps to be taken to facilitate continuous quality monitoring of the project, including the effectiveness of partnerships and communication.

**Criterion 4: Impact (10 points)**

The extent to which project results may be national in scope and/or degree to which the project activities are replicable, and/or the sustainability of the project beyond the Federal funding.

- The extent to which there is a description of effective collaborations to date with existing integrated child health information systems such as immunization registries, newborn screening programs, or lead poisoning databases that have potential interregional and national significance and thus extend the potential impact of the proposed project.

**Criterion 5: Resources/Capabilities (20 points)**

The extent to which project personnel are qualified by training and/or experience to carry out the project activities as well as the capabilities of the applicant organization and partners, and quality and availability of facilities.

- The extent to which there is sufficient involvement of subject matter experts in the planning and implementation of national consensus-based standards and guidelines for vital birth records recommended by the National Association of Public Health Statistics and the National Center for Health Statistics of the Centers for Disease Control and Prevention.
- The extent to which there is an advisory body in place. The extent to which the applicant describes the composition of this body, as well as its structure, mission, and goals.

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

The reasonableness of the proposed budget in relation to the objectives, the complexity of the activities, and the anticipated results. Funding should be adequate to support required travel, collaboration with key partners, and the organizational structures and processes necessary for the applicant to implement the conversion of a paper-based birth record system to an electronic system of birth records.

## **2. Review and Selection Process**

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

criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

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

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

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

## **VI. Award Administration Information**

### **1. Award Notices**

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

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

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

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

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

### **Trafficking in Persons**

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.html>. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity to obtain a copy of the Term.

### **Smoke-Free Workplace**

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

### **Cultural and Linguistic Competence**

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

### **Healthy People 2020**

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

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

The National HIV/AIDS Strategy (NHAS) has three primary goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities. The NHAS states that more must be done to ensure that new prevention methods are identified and

that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of early entrance into care for people living with HIV to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention, care and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

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

### **Health IT**

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

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

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

## **3. Reporting**

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

### **a. Audit Requirements**

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

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

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

### **c. Status Reports**

1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required within 90 days of the end of each budget period. The report is an accounting of expenditures

under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.

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

3) **Performance Report(s).** The Health Resources and Services Administration (HRSA) has modified its reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by the Maternal and Child Health Bureau (MCHB) to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for States have also been established under the Block Grant provisions of Title V of the Social Security Act, the MCHB's authorizing legislation. Performance measures for other MCHB-funded grant programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect.

### **1. Performance Measures and Program Data**

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

### **2. Performance Reporting**

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

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

### **3. Project Period End Performance Reporting**

Successful applicants receiving grant funding will be required, within 90 days from the end of the project period, to electronically complete the program specific data forms that appear in the appendices of this funding opportunity announcement. The

requirement includes providing expenditure data for the final year of the project period, the project abstract and grant summary data as well as final indicators/scores for the performance measures.

**d. Transparency Act Reporting Requirements**

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

## VII. Agency Contacts

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

Mary Worrell  
Grants Management Specialist  
Government and Special Focus Branch  
HRSA Division of Grants Management Operations, OFAM  
Parklawn Building, Room 11A-02  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-5181  
Fax: (301) 594-4073  
Email: [mworrell@hrsa.gov](mailto:mworrell@hrsa.gov)

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

Mary Kay Kenney  
Health Statistician  
Office of Epidemiology, Policy, and Evaluation  
HRSA Maternal and Child Health Bureau  
Parklawn Building, Room 18-41  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-0755  
Fax: (301) 443-9354  
Email: [mkenney@hrsa.gov](mailto:mkenney@hrsa.gov)

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For

assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding Federal holidays at:

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

## VIII. Other Information

Health Resources and Services Administration's Maternal and Child Health Bureau, at <http://www.mchb.hrsa.gov>, strives to meet the needs of the U.S. maternal and child population, in particular those who are low-income, uninsured, vulnerable and have special needs.

National Center for Cultural Competence, at <http://nccc.georgetown.edu>, maintains information related to families, systems and programs perspectives and implementation of cultural competence; resources and materials; and a Spanish Portal to health information in Spanish.

National Center for Medical Home Implementation for CSHCN, at <http://www.medicalhomeinfo.org>, provides information and resources on the medical home.

National standards to protect the privacy of personal health information can be accessed at <http://www.hhs.gov/ocr/hipaa/>.

Sickle Cell Disease and Newborn Screening Program, at <http://www.sicklecelldisease.net>, aims to enhance the follow-up component of State sickle cell disease (SCD) screening programs and support community-based efforts to provide SCD related education, SCD carrier counseling, and support services.

Title V Information System (Title V IS), at <https://perfdata.hrsa.gov/MCHB/TVISReports/default.aspx> electronically captures data from annual Title V Block Grant applications and reports submitted by all 59 States, territories, and jurisdictions and provides information on key measures of maternal and child health in the United States. The National Newborn Screening and Genetics Resource Center offers newborn screening and genetic service resources. Visit the website, <http://genes-r-us.uthscsa.edu> or call (512) 454-6419.

The **HRSA MCHB Genetic Services Branch** provides a newborn screening brochure and additional information for parents and health professionals. Visit the website at <http://mchb.hrsa.gov/programs/geneticservices/index.html>

The project, **Community Centered Family Health History**, focuses on utilizing family traditions and oral history for health promotion and was developed with a diverse group of partners including disease advocacy, community, and health organizations. Visit the website at <http://www.geneticalliance.org>.

The HRSA Information Center offers a wealth of maternal and child health publications and resources. Visit the website at <http://www.ask.hrsa.gov> or call toll-free (888) ASK-HRSA (275-4772).

The March of Dimes Perinatal Data Center provides free access to U.S., State, county, and city maternal and infant health data, and allows users to create maps and graphs for specific maternal and infant health indicators. Visit the website at <http://www.marchofdimes.com/catalog/category.aspx?categoryid=159&code=PERINATAL+DATA+CENTER>.

Serving the Family From Birth to the Medical Home: A Report from the Newborn Screening Task Force Convened in Washington DC, May 10-11, 1999, Pediatrics, Volume 106, Number 2, August 2000, Supplement is available upon request from HRSA Information Center by phone: Toll-Free Number: 888-Ask HRSA or on-line at: [http://www.pediatrics.aappublications.org/content/106/Supplement\\_2/389.full.pdf](http://www.pediatrics.aappublications.org/content/106/Supplement_2/389.full.pdf) The Inventory Code Number is: MCHM065.

CDC's Centers of Excellence for Birth Defects Prevention Research:  
<http://www.cdc.gov/ncbddd/bd/research.htm>.

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

A concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at:  
<http://www.hhs.gov/asrt/og/grantinformation/apptips.html>.

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

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

- Form 1, MCHB Project Budget Details
- Form 2, Project Funding Profile
- Form 4, Project Budget and Expenditures by Types of Services (Note: Place funds under Infrastructure Building Services)
- Form 6, Abstract
- Form 7, Discretionary Grant Project Summary Data
- Performance Measure 7, The degree to which MCHB-funded programs ensure family, youth, and consumer participation in program and policy activities
- Performance Measure 10, The degree to which MCHB-funded programs have incorporated cultural and linguistic competence elements into their policies, guidelines, contracts and training
- Performance Measure 24, The degree to which MCHB-funded initiatives contribute to infrastructure development through core public health assessment, policy development and assurance functions
- Performance Measure 26, 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
- Performance Measure 27, 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
- Performance Measure 31, The degree to which grantees have assisted States and communities in planning and implementing comprehensive, coordinated care for MCH populations
- Performance Measure 33, The degree to which MCHB-funded initiatives work to promote sustainability of their programs or initiatives beyond the life of MCHB funding.
- Products, Publications and Submissions Data Form

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

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

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

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

**FORM 2  
 PROJECT FUNDING PROFILE**

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

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

**Instructions:**

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

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

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

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

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

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

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

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

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

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

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

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

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

**Population Based Services** are preventive interventions and personal health services, developed and available for the entire MCH population of the State rather than for individuals in a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunization, Sudden Infant Death Syndrome counseling, oral health, injury prevention, nutrition and outreach/public education. These services are generally available whether the

mother or child receives care in the private or public system, in a rural clinic or an HMO, and whether insured or not.

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

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

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

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

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

**I. PROJECT IDENTIFIER INFORMATION**

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

**II. BUDGET**

1. MCHB Grant Award \$ \_\_\_\_\_  
(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:

- Goal 4:
  - Objective 1:
  - Objective 2:
- Goal 5:
  - Objective 1:
  - Objective 2:

3. Activities planned to meet project goals
  
4. Specify the primary *Healthy People 2010* objectives(s) (up to three) which this project addresses:
  - a.
  - b.
  - c.
  
5. Coordination (List the State, local health agencies or other organizations involved in the project and their roles)
  
6. Evaluation (briefly describe the methods which will be used to determine whether process and outcome objectives are met)

**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)							Total	ETHNICITY			
	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than One Race	Unrecorded		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+ years												
<b>TOTALS</b>												

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

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

Answer all that apply.

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

## **INSTRUCTIONS FOR THE COMPLETION OF FORM 7 PROJECT SUMMARY**

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

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

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

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

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

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

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

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

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

Answer all that apply.

**07 PERFORMANCE MEASURE**

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

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

**Level: Grantee**

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

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**GOAL**

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

**MEASURE**

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

**DEFINITION**

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

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

**DATA SOURCE(S) AND ISSUES**

Attached data collection form is to be completed by grantees.

**SIGNIFICANCE**

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

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

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

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

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

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

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

**NOTES/COMMENTS:**

**10 PERFORMANCE MEASURE**

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

**Level: Grantee**

**Category: Cultural Competence**

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

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**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://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlid=11>)

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

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

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

Related to the following HP2010 Objectives:

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

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

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

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

**DATA SOURCE(S) AND ISSUES**

Attached data collection form is to be completed by grantees.

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

**SIGNIFICANCE**

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

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

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

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

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

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

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

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

**NOTES/COMMENTS:**

**24 PERFORMANCE MEASURE**

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

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

---

**GOAL**

To develop infrastructure that supports comprehensive and integrated services.

**MEASURE**

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

**DEFINITION**

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

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

**DATA SOURCE(S) AND ISSUES**

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

**SIGNIFICANCE**

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

Build analytic capacity for assessment, planning,

and evaluation.

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

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

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

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

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

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

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

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

0 = Grantee does not provide or contribute to the provision of this activity.  
 1 = Grantee sometimes provides or contributes to the provision of this activity.  
 2 = Grantee regularly provides or contributes to the provision of this activity

Total the numbers in the boxes (possible 0–20 score): \_\_\_\_\_

**NOTES/COMMENTS:**

**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.

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**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
<b>Mechanisms in Place to Ensure Quality in Design of Training and TA Activities</b>				
				<b>1. Build on Existing Information Resources and Expertise, and Ensure Up-to-Date Content.</b> 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).
				<b>2. Link to Other MCH Grantees Training and TA Activities.</b> 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).
				<b>3. Obtain Input from the Target Audience to Ensure Relevancy</b>

0	1	2	3	Element
				<b>to their Needs.</b> 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. <b>Ensure Cultural and Linguistic Appropriateness.</b> The grantee employs mechanisms to ensure that training and TA materials, methods, and content are culturally and linguistically appropriate.
<b>Mechanisms in Place to Promote Grantee's Training and Technical Assistance Services</b>				
				5. <b>Conduct Outreach and Promotion to Ensure Target Audience is Aware of TA and Training Services.</b> 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.)
<b>Mechanisms in Place to Evaluate Training and TA Activities and Use the Data for Quality Improvement</b>				
				6. <b>Collect Satisfaction Data.</b> The grantee routinely uses mechanisms, such as evaluation forms, to collect satisfaction data from recipients of training or TA.
				7. <b>Collect Outcome Data.</b> 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. <b>Use Feedback for Quality Improvement.</b> 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:**

**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
<b>Mechanisms in Place to Ensure Quality in Design of Training and TA Activities</b>				
				<b>1. Build on Existing Information Resources and Expertise, and Ensure Up-to-Date Content.</b> 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).
				<b>2. Link to Other MCH Grantees Training and TA Activities.</b> 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).
				<b>3. Obtain Input from the Target Audience to Ensure Relevancy</b>

0	1	2	3	Element
				<b>to their Needs.</b> 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. <b>Ensure Cultural and Linguistic Appropriateness.</b> The grantee employs mechanisms to ensure that training and TA materials, methods, and content are culturally and linguistically appropriate.
<b>Mechanisms in Place to Promote Grantee's Training and Technical Assistance Services</b>				
				5. <b>Conduct Outreach and Promotion to Ensure Target Audience is Aware of TA and Training Services.</b> 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.)
<b>Mechanisms in Place to Evaluate Training and TA Activities and Use the Data for Quality Improvement</b>				
				6. <b>Collect Satisfaction Data.</b> The grantee routinely uses mechanisms, such as evaluation forms, to collect satisfaction data from recipients of training or TA.
				7. <b>Collect Outcome Data.</b> 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. <b>Use Feedback for Quality Improvement.</b> 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.

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**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
<b>Mechanisms in Place to Ensure Quality in Design of Informational Resources</b>				
				<p>1. <b>Obtain input from the target audience or other experts to ensure relevance.</b> 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. <b>Obtain input from the target audience or other experts to ensure cultural and linguistic appropriateness.</b> 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. <b>Build on Existing Information Resources and Expertise, and Ensure Up-to-Date Content.</b> 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>
<b>Mechanisms in Place to Track Dissemination and Use of Resources or Products</b>				
				<p>4. <b>The grantee has a system to track, monitor, and analyze the dissemination and reach of products.</b> 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. <b>The grantee has a system in place to track, monitor, and analyze the use of products.</b> 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
<b>Mechanisms in Place to Promote Grantee's Information Resources</b>				

**31 PERFORMANCE MEASURE**

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

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

Level: Grantee

Category: Infrastructure

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

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**GOAL**

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

**MEASURE**

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

**DEFINITION**

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

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

**DATA SOURCE(S) AND ISSUES**

Attached data collection forms to be completed by grantees.

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

**SIGNIFICANCE**

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

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

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

Indicate the population and age group served:

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

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

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

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

**NOTES/COMMENTS:**

**33 PERFORMANCE MEASURE**

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

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

**Level: Grantee**

**Category: Infrastructure**

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**GOAL**

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

**MEASURE**

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

**DEFINITION**

Attached is a checklist of nine actions or strategies that build toward program sustainability. Please check the degree to which each of the elements is being planned or carried out by your program, using the three-point scale. The maximum total score for this measure would be 45 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:**

## 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: \_\_\_\_\_