

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

Office of Planning, Analysis and Evaluation (OPAE)

*National Forum for State and Territorial Chief Executives  
(National Forum)*

**Announcement Type:** New and Competing Continuation  
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**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2012

Letter of Intent Due Date: February 10, 2012

**Application Due Date: March 7, 2012**

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

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Authority: Section 301 of the Public Health Service Act, as amended

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# I. Funding Opportunity Description

## 1. Purpose

The Health Resources and Services Administration (HRSA) announces the availability of fiscal year 2012 funds for the National Forum for State and Territorial Chief Executives (hereinafter referred to as the National Forum) which serves as a national health policy body for the states<sup>1</sup> and territories (American Samoa, Commonwealth of the Northern Mariana Islands, Guam, Commonwealth of Puerto Rico, and the U.S. Virgin Islands). Such a forum facilitates communication among policy makers on current and emerging strategies to address common priorities, public policy and governance issues affecting states and territories, and enables HRSA and the Department of Health and Human Services (DHHS) to better leverage limited resources by improving planning and program design to complement other public and private sector initiatives serving the needs of the same populations, and to implement new programs based on legislative requirements.

The purpose of the National Forum is to convene high level decision makers representing the many state, federal, health and human services providers, and private sector interests around issues of importance to state and territory governors and their senior policy advisors. Through this project, the National Forum will work with their constituencies to address cross-cutting publicly funded health program integration and health access issues identified by the governors and their representatives. The overall goals of the National Forum program are to: (1) seek alignment of HRSA's Affordable Care Act (ACA) funded programs with State/territorial programs; (2) promote the integration of primary care and public health; (3) strengthen the health workforce, and; (4) reduce health disparities and improve health equity.

The National Forum will assist governors and key policy staff to develop and implement innovative solutions to governance and policy challenges in their jurisdictions. Examples of activities include the following:

- Promote promising and/or evidence-based practices that explore ways to strengthen primary care training programs and delivery systems through the practice of interdisciplinary teams;
- Support states' efforts to improve their health services delivery systems with innovative workforce strategies that promote effective use of health care providers and that address health workforce supply and practice and educational and training capacities;
- Support and drive the integration of public health principles into the primary care delivery system. Through public health services and training:
  - Improve the quality of care;
  - Reduce health disparities;
  - Promote evidence-based and promising practices to achieve health equity; and
  - Identify and address other emerging issues in the states and territories.

As such, the National Forum will be expected to: partner with, and seek alignment of projects with state and local government entities and programs that contribute towards the National Forum's purpose and goals, leverage and promote partnerships across different regions,

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<sup>1</sup> §2(f) of the Public Health Service Act defines "state" to include, in addition to the several States, only the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, and the Trust Territory of the Pacific Islands.

disciplines, funding sources, and sectors to support cohesiveness with regional and national health and human services initiatives.

*Core Functions and Examples of Funded Activities for the National Forum for State and Territorial Chief Executives*

**1) Facilitate communication with states' and territories' policy makers on current and emerging strategies addressing common priorities**

- Provide a forum for high-ranking state and territorial decision makers to discuss public policy and governance issues affecting states to better leverage limited resources to strengthen and promote integration of public health and primary care systems.
- Promote public and private sector strategies and best practices that improve access to quality health care and services, assure an adequate supply and effective use of the health workforce through a range of innovative strategies to improve the health status of individuals and populations.
- Improve planning and program design to complement other public and private sector initiatives.
- Provide recommendations to enhance the effectiveness of HRSA programs and initiatives to address the needs of the underserved and targeted populations, including the alignment of HRSA's programs with State programs as a result of ACA implementation.
- Collaborate with the National Organizations of State and Local Officials (NOSLO) cooperative agreement recipients to develop and promote public and private sector strategies and best practices that improve access to quality health care and services.

**2) Encourage integration of public health practice, primary care delivery systems and public health infrastructures**

- Work with governors and high-ranking state and territorial decision makers to address crosscutting publicly funded health program integration and health access issues, including utilizing promising practices for integration of services and programs to support an improved health care system.
- Promote and enhance the sharing of information and human expertise to strengthen existing primary care and public health programs through effective collaborations with other governmental and nongovernmental entities and provide support to address gaps in services and resources.
- Identify cross-cutting publicly funded health programs serving similar populations (e.g., Children's Health Insurance Program [CHIP], Medicaid, Title V Maternal Child Health Block Grant Program and MCH discretionary programs, Ryan White HIV/AIDS Program, Health Center Program, Rural Health programs, Health Professions grant programs, etc.) to promote effective implementation of these programs in states and territories.
- Work with governors and high-ranking state and territorial decision makers to improve state health workforce data and information.
- Support best practice applications of information technology systems in health care settings, building upon integrated health infrastructures that use data to address public health and workforce issues.
- Convene workshops, summits or Policy Academies to address emerging issues to support the efforts of governors and their staffs to improve the health of the

underserved, uninsured, and targeted populations to more effectively address their access to care, health care infrastructure capacities, health workforce needs and capacities, and the quality of care received in the context of ACA implementation.

### **3) Support health and human services policy development/analysis capacity for states and territories**

- Address issues concerning the intended and unintended impact of changes on Medicaid and Children's Health Insurance Program (CHIP) policies on the viability of safety net providers and the populations they serve.
- Identify best practices of cost containment strategies in health care to assist the jurisdictions to leverage their financial resources and promote partnerships across different regions, disciplines, funding sources, and sectors.
- Provide state-specific technical assistance on policy development for governors and their health policy staff on issues such as implementing ACA provisions as they relate to HRSA programs in their jurisdictions, including providing access to care, health workforce preparedness, Medicaid expansion, primary care, care coordination, home visiting programs, health insurance exchanges, and other aspects of the ACA.
- Develop and maintain an information clearinghouse for use by governors and their staff on issues that relate to health care access for underserved and vulnerable populations by reducing health disparities to strengthen the public health infrastructure and safety net systems in the states and territories.
- Improve/enhance a website that will provide easy access to analytic research, case studies (including the best practices of states) and other resources for governors' offices on a variety of health care issues including health workforce preparedness and health IT development issues to plan for ACA implementation.
- Work with governors and high-ranking state and territorial decision makers to assess best practices in effective and efficient deployment of health care workforce.
- Develop and distribute issue briefs, articles, reports, or other documents relating to health care access, unmet population needs, health workforce capacity, the uses of existing data systems within states to address health care needs, and the complexity of private sector initiatives for use by governors and their staff.
- Prepare issue briefs or convene regional or national meetings of state and territorial executive branch employees and others, as appropriate, for discussion of public and private sector strategies and best practices addressing the unmet needs of the uninsured and under-insured populations.
- Serve as a mechanism to implement agency and departmental initiatives, such as oral health, mental health, rural health, homelessness, ACA implementation, and healthcare workforce shortages in states and territories.
- Provide consultation as key policy stakeholders from states and territories in implementing a strategic approach for coordinating resources to support the integration of public health with effective, sustainable and accountable primary care services systems.
- Provide technical assistance to strengthen the ability of primary care systems to improve the quality of care delivered by health care providers.

HRSA strives to create an initiative where success is measurable and significant, the results are reproducible, the efforts are sustainable, and the approach cost effective.

## 2. Background

This program is authorized by Section 301 of the Public Health Service Act, as amended.

HRSA is the principal federal agency charged with increasing access to health care for those who are underserved. HRSA's programmatic portfolio includes a range of programs or initiatives designed to increase access to care, improve quality, and safeguard the health and well-being of the Nation's most vulnerable populations.

HRSA's mission is to improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs. This project will provide assistance to the National Forum to carry out initiatives that support states' and territories' efforts to promote the integration of primary care and public health to reduce health disparities in quality of care across populations and communities; strengthen the health workforce through the alignment and distribution of health care providers; improve health equity through effective forms of collaboration with partners within and beyond the health sector; and expand the capacity of the health care safety net and providers through effective implementation of the ACA.

## II. Award Information

### 1. Type of Award

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

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

- 1) Planning, development, administration, and evaluation of this project, including development of proposed work plan for activities, including policy analysis, performance measures, and other special projects funded under this agreement.
- 2) Review and approval of the work plan.
- 3) Review and facilitate distribution of reports, issue briefs, publications funded in part, or in whole, under the cooperative agreement.
- 4) Site visits to ensure compliance with program goals and successful implementation of funded activities and services.
- 5) Participation in appropriate meetings, committees, conference calls, and working groups related to the cooperative agreement and its projects.

**Requirements and obligations of the cooperative agreement recipient include:**

- 1) In collaboration with HRSA's Office of Planning, Analysis and Evaluation (OPAE)-- planning, development, administration, and evaluation of this project, including development of policy analysis, performance measures, and other special projects funded under this agreement.
- 2) Participation in face-to-face meetings and conference calls with the federal Project Officer conducted during the period of the cooperative agreement.
- 3) Attend and participate in appropriate meetings (e.g., state, national, committee)

- 4) Collaboration with the HRSA Program Office on ongoing review of project activities, procedures and budget items, information/publication prior to dissemination and evaluation of contractors responsible for substantive project activities (recipient retains selection authority).

## **2. Summary of Funding**

This program will provide funding for federal fiscal years 2012–2014. Approximately \$460,000 is expected to be available annually to fund one (1) awardee. Applicants may apply for a ceiling amount of up to \$460,000 per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for “National Forum for State and Territorial Chief Executives” in subsequent fiscal years, awardee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

## **III. Eligibility Information**

### **1. Eligible Applicants**

Nonprofit, bi-partisan or nonpartisan organization that represents governors and their staff of a broad cross section of states, the Commonwealths of the Northern Mariana Islands and Puerto Rico, the U.S. flag territories of American Samoa, Guam, the U.S. Virgin Islands, and the District of Columbia are eligible to apply.

Applicants must have significant, documented experience with issues affecting the delivery of health care in these jurisdictions. Such experience includes publications, development of policy briefs on key state health issues, conducting health policy forums or meetings for state decision-makers, experts from government, private sector and academia. Applications that fail to show such experience will not be accepted for objective review and will be returned to the applicant.

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

Cost sharing/matching is not a requirement for this funding opportunity.

### **3. Other**

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

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

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

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

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

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

### **Application Format Requirements**

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

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

### **Application Format**

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

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

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

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

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

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

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Tables, Charts, etc. (to give further details about the proposal if relevant)
Attachment 2	Staffing Plan, including Job Descriptions for Key Personnel
Attachment 3	Biographical Sketches of Key Personnel (Program Director and any key employed personnel who will be assigned to the project)
Attachment 4	Letters of Agreement and/or Description(s) of Proposed/Existing Contracts, if relevant
Attachment 5	Project Organizational Chart demonstrating evidence of a formal organization network structure, including a roster of officers of the organization, their titles, and their roles in the organization; the mission of the organization and examples of formal operating policies that address the organization's ability to work with federal and state/territorial governments.
Attachment 6	Summary Progress Report for Competing Continuations
Attachments 7-15	Other Relevant Documents, including letters of support. Letters of support must be dated.

## **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 93.528.

### **DUNS Number**

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

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

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

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

### **iii. Budget**

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

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

Section A. In Section B, use column (1) to provide category amounts for Year 1 and use columns (2) through (3) for subsequent budget years.

**Salary Limitation:**

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

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

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

**iv. Budget Justification**

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

**Budget for Multi-Year Award**

This announcement is inviting applications for project periods up to three (3) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be for up to three (3) years. Submission and HRSA approval of your Progress Report(s) and any

other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the three-year project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.

Include the following in the Budget Justification narrative:

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

Sample:

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

\*Actual annual salary = \$350,000

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

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

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

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

*Contractual:* Applicants are responsible for ensuring that their organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a

clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in the Central Contractor Registration (CCR) and provide the recipient with their DUNS number.

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

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

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

**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

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

### **ix. *Project Narrative***

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

Use the following section headers for the Narrative:

- ***INTRODUCTION***                    ***[Relates to Criterion 1: Need]***  
This section should briefly describe the purpose of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.
- ***NEEDS ASSESSMENT***        ***[Relates to Criterion 1: Need; Criterion 4: Impact]***  
This section outlines the needs of the states' and territorial entities. The target population and its unmet health and health systems needs must be described and documented in this section. Data should be used and cited whenever possible to support the information provided. Please discuss any relevant barriers in the service area that the project hopes to overcome. Include information about local/federal programs and other relevant issues that will help/hinder you in reaching the goals of this award. This section should help reviewers understand the constituency and the community that will be served by the proposed project.
- ***METHODOLOGY***            ***[Relates to Criterion 2: Response]***  
This section provides a description of activities to be undertaken by the National Forum to facilitate communication on current and emerging strategies addressing common priorities; encourage integration of public health practice, primary care delivery systems and public health infrastructures; and support health and human services policy development/analyses capacity for states and territories, as described in Section 1. Describe how activities and their impact will be evaluated and how progress will be monitored towards meeting project objectives. Discuss how the applicant organization will ensure the sustainability of the successful activities or initiatives undertaken through this program.

▪ **WORK PLAN** [Relates to Criterion 2: Response; Criterion 4: Impact; Criterion 6: Support Requested]

Describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period. The work plan should prioritize the activities to be accomplished including the rationalization for the prioritized activities. The work plan is a matrix that carefully integrates goals, objectives, activities, outcomes, and how the outcomes will be measured. The matrix outlines the individual(s) responsible for carrying out each activity and includes a project timeline and should provide an accompanying narrative that describes how the goals and activities outlined in the matrix will be accomplished. Project objectives must be specific, measurable, and achievable.

Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities. This section provides a format for applicants to demonstrate the clarity, feasibility, and scope of proposed goals and measurable objectives. The work plan's goals and objectives should be aligned with, and appropriate for, the needs assessment, proposed budget, and organizational capacity.

**There are two components to this section:** **a.** Work Plan Matrix, which depicts the relationship between program goals/core functions, objectives, activities, responsible person(s), timelines, and measures of success; and **b.** Work Plan Narrative, which expands upon the work plan matrix to provide details of program implementation. These documents should be structured according to the core functions described in the Section I Purpose, pp. 1-4.

a. **WORK PLAN MATRIX**

Applicant must submit a 36-month work plan matrix for the budget period that is broken down by each of the core functions. This work plan matrix must provide a justification for funds being requested. It is strongly recommended that the applicant use a landscaped orientation to format the work plan matrix. The work plan matrix should be structured as follows:

- Goals/Core functions;
- Objectives;
- Activities;
- Identification of deliverables and performance indicators (as applicable/available);
- Responsible individual(s);
- Total cost associated with each objective; and
- Due date(s).

b. **WORK PLAN NARRATIVE**

This section should expand upon the work plan matrix. Specifically, it should:

- Describe how the project will be implemented.
- Provide evidence of how the work plan addresses the needs identified in the Need section.
- Address all core functions within the program expectations relative to the identified needs.

- Discuss challenges that are likely to be encountered in designing and implementing the activities described in the proposed work plan and approaches that will be used to resolve such challenges.
  - If relevant, indicate how the applicant will collaborate and partner with other HRSA supported providers of T/TA (i.e., NOSLO Cooperative Agreement recipients, BPHC National Cooperative Agreement recipients, Primary Care Offices/Associations, etc.) in an effort to maximize the effectiveness and impact of the proposed activities.
- ***RESOLUTION OF CHALLENGES [Relates to Criterion 2: Response]***  
Discuss challenges that are likely to be encountered in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges.
  - ***EVALUATION AND TECHNICAL SUPPORT CAPACITY [Relates to Criterion 3: Evaluative Measures; Criterion 4: Impact; Criterion 5: Resources/Capabilities]***  
This section describes the applicant organization's current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, with different cultural groups (e.g., race, ethnicity, language) and explain how the data will be used to inform program development and service delivery. Create an evaluation strategy tied explicitly to the project objectives and the proposed performance outcomes for the targeted audience. Specify what data will be collected, the method for collecting the data, the manner in which data will be reported, analyzed, and disseminated, and what personnel will be involved in these activities. Describe the extent to which project results may be national in scope and/or the degree to which the project activities are replicable, and/or sustainable beyond the Federal funding.
  - ***ORGANIZATIONAL INFORMATION [Relates to Criterion 5: Resources/Capabilities]***  
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 that address the organization's ability to work with federal and state/territorial governments (Attachment 5). 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. 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. Applicant must provide documentation describing the formal organization network structure including a roster of officers of the organization, their titles, and their roles in the organization; the mission of the organization and examples of formal operating policies that address the organization's ability to work with Federal and state/territorial governments.

*Attachment 6: Summary Progress Report*

**ACCOMPLISHMENT SUMMARY (FOR COMPETING CONTINUATIONS ONLY)**

A well planned accomplishment summary can be of great value by providing a record of accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program specific accomplishments. The accomplishments of competing continuation applicants are carefully considered during the review process; therefore, applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. Because the Accomplishment Summary is considered when applications are reviewed and scored, **competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do.** The Accomplishment Summary will be evaluated as part of Review Criterion 4: IMPACT.

The accomplishment summary should be a brief presentation of the accomplishments, in relation to the objectives of the training program during the current project period. The report should include:

- (1) The period covered (dates).
- (2) Specific Objectives - Briefly summarize the specific objectives of the project as actually funded. Because of peer review recommendations and/or budgetary modifications made by the awarding unit, these objectives may differ in scope from those stated in the competing application.

- (3) **Results**- Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

*Attachments 7: 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**

#### **Notification of Intent to Apply**

An applicant is eligible to apply even if no letter of intent is submitted. The letter should identify the applicant organization and its intent to apply, and briefly describe the proposal to be submitted. Receipt of Letters of Intent will *not* be acknowledged.

This letter should be sent by *February 10, 2012*, by email to [HRSADSO@hrsa.gov](mailto:HRSADSO@hrsa.gov).

#### **Application Due Date**

The due date for applications under this funding opportunity announcement is *March 7, 2012 at 8:00 P.M. ET*. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by your organization's Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

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

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

#### **Late applications:**

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

#### 4. Intergovernmental Review

The National Forum for State and Territorial Chief Executives is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

#### 5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than \$460,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this announcement may not be used for building acquisition or construction of facilities, payment of bad debts, entertainment, fundraising and/or support for lobbying/advocacy efforts.

**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 II, 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 II, 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. The *National Forum for State and Territorial Chief Executives* has six (6) review criteria:

#### **Criterion 1: NEED (5 points)**

The extent to which the application demonstrates the problem and associated contributing factors to the problem. This section will be scored on the extent to which the application describes the needs and unmet needs of the states and five US territories and the associated contributing factors to them as outlined in the Needs Assessment.

#### **Criterion 2: RESPONSE (25 points)**

This section will be scored on the extent to which the proposed project responds to the “Purpose” in Section 1 and clearly articulates the resolution of the challenges that are likely to be encountered in designing and implementing the activities described in the work plan.

- The clarity of the proposed goals and objectives and their relationship to the identified project appears realistic and feasible, and relates to the stated purposes of this program. The extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives.
- The extent to which the application provides a 36-month work plan matrix with sufficient and appropriate detail. Specifically, the work plan matrix uses time-framed, measurable terms to describe: (1) project objectives and key activities for each proposed core function; and (2) deliverables, performance indicators, and responsible entity (person, committees, etc.) for each activity.
- The extent to which the application provides a work plan narrative that clearly describes how the project will be implemented; demonstrates that the activities proposed are consistent with the stated target audience; adequately discusses challenges that are likely to be encountered in designing and implementing the activities and approaches that will be used to resolve such challenges.

#### **Criterion 3: EVALUATIVE MEASURES (15 points)**

The effectiveness of the method proposed to monitor and evaluate the project results. Each application will be reviewed on the extent to which the proposal: (1) includes a clear, practical,

and viable work plan including timeframes and proposed outcomes; and (2) clearly links project activities to the project objectives and outcomes.

**Criterion 4: IMPACT (25 points)**

This criterion will be evaluated on an assessment of the information provided in the program narrative sections to address the broad range of activities which will be accomplished under this project. Activities described clearly contribute to the accomplishment and sustainability of each objective.

- The extent to which the application identifies performance indicators (i.e., qualitative/quantitative indicators) or benchmarks to be achieved through the proposed project.
- How the applicant describes how its progress will be measured, monitored, and evaluated by demonstrating the ability to assess and document: (1) to what extent the objectives have been met; and (2) to what extent the accomplishments can be attributed to the project.
- The extent and effectiveness of plans for dissemination of project results and/or the extent to which project results may be national in scope and/or the degree to which the project activities are replicable, and/or the sustainability of the program beyond the Federal funding.
- The extent to which the application sufficiently demonstrates that the activities will have a measurable impact on the stated need.

**Criterion 5: RESOURCES/CAPABILITIES (25 points)**

This criterion will be scored on the extent to which project personnel are qualified by training and/or experience to implement and carry out the proposed projects; and the organizational structure demonstrates an ability to conduct proposed activities.

- The extent to which the applicant demonstrates the presence of an effective infrastructure and capacity (i.e., systems, leadership, resources, staff) to carry out the proposed activities. Project personnel demonstrate appropriate qualification-based training and/or experience to implement and carry out the proposed activities.
- The degree to which the applicant describes an appropriate and adequate organizational structure for governance and oversight, implementing and conducting project activities, developing and sustaining relationships between the project and other key constituencies whose assistance is necessary to plan, implement, and achieve project goals and outcome objectives. Organizational documentation is provided as part of Attachment 5 requirements. This criterion will be evaluated on material provided in the Organizational Information section of the program narrative.
- The extent to which the applicant demonstrates how past performance/accomplishments and the lessons learned over the past two to three years will be used to coordinate and complement the proposed activities.
- The extent to which the application adequately describes the key partnerships and working relationships with organizations across the nation that share similar missions and/or commitments to the underserved.
- The extent to which the application provides evidence of an adequate strategy to regularly solicit input and respond to the unique needs of the targeted audiences across the nation.

**Criterion 6: SUPPORT REQUESTED (5 points)**

A fiscal plan assuring effective use of funds and resources to carry out the project is provided. The proposed budget for all three years of the project period is reasonable and reflects effective use of funds to carry out the proposed activities. A detailed justification for the overarching goal

and line item must be provided for the entire project period. This criterion will be evaluated on material provided in the Budget and Budget Justification sections of the application.

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

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

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

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

It is anticipated that awards will be announced prior to the start date of April 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 April 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 is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>. Additional cultural competency and health literacy tools, resources and definitions are available online at <http://www.hrsa.gov/culturalcompetence> and <http://www.hrsa.gov/healthliteracy>.

### **Healthy People 2020**

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

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

The National HIV/AIDS Strategy (NHAS) has three primary goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities. The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of early entrance into care for people living with HIV to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention, care and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

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

## **Health IT**

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

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

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

## **3. Reporting**

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

### **a. Audit Requirements**

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

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

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

c. **Status Reports**

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

2) **Progress Report(s).** The awardee must submit a progress report to HRSA on a quarterly basis that quantifies the project activities and collaborative activities. The purpose is to report progress and results of activities performed and services provided by the National Forum within the scope of the cooperative agreement. At a minimum, the report should include a brief status update on work plan activities, as well as a list of publications completed during the quarter, and a brief narrative highlighting successes and challenges. Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds. This report has two parts. The first part demonstrates awardee's progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project. Further information will be provided in the award notice.

3) **Final Report.** A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the awardee achieved the mission, goal and strategies outlined in the program; awardee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the awardee'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>.

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:

John Gazdik, Grants Management Specialist  
Attn.: G.S.F.B.

HRSA Division of Grants Management Operations, OFAM  
Parklawn Building, Room 11A-13  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-6962  
Fax: (301) 443-6343  
Email : [jgazdik@hrsa.gov](mailto:jgazdik@hrsa.gov)

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

Lynnette S. Araki  
Senior Health Program Analyst, Office of Planning, Analysis and Evaluation  
Attn: National Forum for State and Territorial Chief Executives  
Office of Planning, Analysis and Evaluation, HRSA  
Parklawn Building, Room 10-49  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-6204  
Fax: (301) 4433-2286  
Email: [Laraki@hrsa.gov](mailto:Laraki@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. 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>.