

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

Maternal and Child Health Bureau  
Maternal and Child Health Training Program

***Combating Autism Act Initiative:  
National Interdisciplinary Training Resource Center***

**Announcement Type:** New and Competing Continuation

**Announcement Number:** HRSA-12-155

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

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2012

**Application Due Date: May 18, 2012**

**FOA Modified on 4/10/12: Updated “Funding Restrictions” section**

*Ensure your Grants.gov registration and passwords are current immediately!*

*Deadline extensions are not granted for lack of registration.*

*Registration may take up to one month to complete.*

**Release Date: March 30, 2012**

**Issuance Date: March 30, 2012**

Robyn Schulhof, MA  
Division of Research, Training, and Education  
Maternal and Child Health Bureau  
5600 Fishers Lane, Room 18A-55  
Rockville, MD 20857  
E-Mail: [rschulhof@hrsa.gov](mailto:rschulhof@hrsa.gov)  
Telephone: (301) 443-0258  
Fax: (301) 443-4842

Authority: Public Health Service Act, §399BB(e)(2), (codified at 42 U.S.C. 280i-1(e)(2)) and the Combating Autism Act of 2006 (P.L. 109-416), as amended by the Combating Autism Reauthorization Act of 2011 (P.L. 112-32).

## Table of Contents

<b>I. FUNDING OPPORTUNITY DESCRIPTION</b> .....	<b>1</b>
1. PURPOSE .....	1
2. BACKGROUND.....	2
<b>II. AWARD INFORMATION</b> .....	<b>5</b>
1. TYPE OF AWARD .....	5
2. SUMMARY OF FUNDING .....	8
<b>III. ELIGIBILITY INFORMATION</b> .....	<b>8</b>
1. ELIGIBLE APPLICANTS .....	8
2. COST SHARING/MATCHING.....	8
3. OTHER.....	8
<b>IV. APPLICATION AND SUBMISSION INFORMATION</b> .....	<b>8</b>
1. ADDRESS TO REQUEST APPLICATION PACKAGE .....	8
2. CONTENT AND FORM OF APPLICATION SUBMISSION .....	10
i. <i>Application Face Page</i> .....	14
ii. <i>Table of Contents</i> .....	14
iii. <i>Budget</i> .....	14
iv. <i>Budget Justification</i> .....	15
v. <i>Staffing Plan and Personnel Requirements</i> .....	17
vi. <i>Assurances</i> .....	18
vii. <i>Certifications</i> .....	18
viii. <i>Project Abstract</i> .....	18
ix. <i>Project Narrative</i> .....	19
x. <i>Program Specific Forms</i> .....	24
xi. <i>Attachments</i> .....	25
3. SUBMISSION DATES AND TIMES .....	26
4. INTERGOVERNMENTAL REVIEW .....	27
5. FUNDING RESTRICTIONS .....	27
6. OTHER SUBMISSION REQUIREMENTS.....	28
<b>V. APPLICATION REVIEW INFORMATION</b> .....	<b>29</b>
1. REVIEW CRITERIA .....	29
2. REVIEW AND SELECTION PROCESS .....	32
3. ANTICIPATED ANNOUNCEMENT AND AWARD DATES.....	32
<b>VI. AWARD ADMINISTRATION INFORMATION</b> .....	<b>32</b>
1. AWARD NOTICES.....	32
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS .....	33
3. REPORTING.....	34
<b>VII. AGENCY CONTACTS</b> .....	<b>36</b>
<b>VIII. TIPS FOR WRITING A STRONG APPLICATION</b> .....	<b>37</b>
<b>APPENDIX A: MCHB ADMINISTRATIVE FORMS AND PERFORMANCE MEASURES</b> .....	<b>38</b>

# I. Funding Opportunity Description

## 1. Purpose

This announcement solicits applications for the *National Interdisciplinary Training Resource Center*. The purpose of the Combating Autism Act Initiative (CAAI) National Interdisciplinary Training Resource Center (called the Resource Center for this funding opportunity announcement) is to improve the health of infants, children, and adolescents who have, or are at risk for developing, autism spectrum disorders (ASD) and other developmental disabilities (DD), including children with hearing loss, by providing technical assistance to the network of interdisciplinary training programs in neurodevelopmental and related disabilities programs (similar to the programs developed under §501(a)(2) of the Social Security Act) in States that do not have such a program (such as the Leadership Education in Neurodevelopmental and Other Related Disabilities (LEND), the Developmental-Behavioral Pediatrics (DBP) programs, and others). The goal of these programs is to better train professionals to utilize valid and reliable screening tools to diagnose or rule out and provide evidence-based interventions for children with ASD and other developmental disabilities. The Resource Center will assist training grantees in accomplishing these activities and ensure coordination of CAAI projects.

Support is available to fund the Resource Center from the Division of Research, Training and Education (DRTE), part of the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services (HHS). We are aware that preparation of this application will involve a considerable commitment of time and energy. **Please read this funding opportunity announcement carefully before completing the application.**

The goal of the CAAI projects is to enable all children to reach their full potential by developing a system of services that includes screening children early for possible ASD and other DD; conducting early, interdisciplinary, evaluations to confirm or rule out ASD and other DD; and, if a diagnosis is confirmed, providing evidence-based, early interventions. In order for interdisciplinary training grantees to effectively achieve CAAI goals, the National Interdisciplinary Training Resource Center plays a crucial role in providing technical assistance and training resources; helping training programs to develop and share training models and innovations; building and sustaining partnerships with CAAI partners and service systems already serving children with ASD and other DD, such as Title V programs, Part C programs, Autism Treatment Network, Learn the Signs Act Early programs, etc.; assisting grantees in translating research into evidenced-based practice; and utilizing existing and developing new data systems to capture and report on project outcomes.

**The Combating Autism Act Initiative National Interdisciplinary Training Resource Center** will conduct activities such as:

- **Provide technical assistance** and training resources to the MCHB-funded network of interdisciplinary and/or CAAI-funded training programs including Leadership Education in Neurodevelopmental and Related Disabilities (LEND), Developmental Behavioral Pediatrics (DBP), Leadership Education in Adolescent Health (LEAH), Pediatric Pulmonary Care Centers (PPC) and Schools of Public Health. Such technical assistance and resource provision, upon consultation with MCHB, may include the following activities:

- **Identify and disseminate to grantees strategies and resources** (such as guidelines, promising research, quality improvement efforts, and practice models, etc.) 1) to improve the training of individuals to diagnose or rule out ASD and other DD and provide evidence-based interventions and 2) to improve interdisciplinary practice amongst all MCHB-funded training grants.
- **Conduct data analysis and management** activities that support training grantee capacity and infrastructure to collect, analyze and utilize training and performance data. Participate in efforts with other CAAI training program grantees to analyze performance indicators and to monitor the progress and to assess the impact of these program investments.
- **Assist MCH Training grantees** in preparation for site visits by MCHB and other organizations, as appropriate.
  - In collaboration with Federal CAAI staff and CAAI partners, **advance systems development strategies** to improve health services and systems for children with autism spectrum disorders and other developmental disabilities, and their families, and for children with hearing loss.
  - Promote **family involvement** in CAAI network activities and particularly in the LEND network.
- Support MCHB efforts to **promote diversity** within the training programs.

## 2. Background

This program is authorized by the Public Health Service Act, §399BB(e)(2), (codified at 42 U.S.C. 280i-1(e)(2)) and the Combating Autism Act of 2006 (P.L. 109–416), as amended by the Combating Autism Reauthorization Act of 2011 (P.L. 112–32)

### **Current Status of Autism Spectrum Disorders and Other Developmental Disabilities**

In the United States, approximately 13% of children under the age of 18 have been diagnosed with a developmental disability (<http://www.cdc.gov/ncbddd/dd/ddsurv.htm>). CDC's most recent surveillance data collected by the Autism and Developmental Disabilities Monitoring Network (ADDM) shows that approximately 1 in 110 children have an Autism Spectrum Disorder (ASD), which means an estimated prevalence of 1% (<http://www.cdc.gov/ncbddd/autism/addm.html>). Recent studies show that boys are more likely than girls to be affected by ASD, and whites are more likely to be diagnosed than African American or Hispanic children. On average, children are not diagnosed until between the ages of 3 ½ and 5 years, a delay which decreases the effectiveness of early intervention treatments. Misdiagnosis is also common, especially among racial and ethnic minority groups. For the 2010 Interagency Autism Coordinating Committee (IACC) Summary of Advances in ASD Research, please view: <http://iacc.hhs.gov/summary-advances/2010/>.

According to a report from the Services Subcommittee of the Interagency Autism Coordinating Committee (IACC), the increased number of children and adults diagnosed with ASD is a growing and urgent concern for families, service providers, and policy-makers, as the nation's existing health, education, and social service systems struggle to respond to the service needs of this population in a comprehensive manner. Though a number of effective services and funding options for individuals with ASD exist, they tend to be scattered, fragmented, and poorly coordinated. There have been no widely accepted or implemented service guidelines for ASD but work is under way to develop guidelines. There also are significant gaps in knowledge about ASD among the professionals serving these individuals. Even where services are available, public and private financing are often inadequate to meet the needs of most individuals with ASD and their families.

The success and well being of individuals with ASD and their families are affected by, and in large part, depend on communities and their resources. No one agency, department, or intervention alone can guarantee achievement of desired outcomes for the individuals and families it serves. An effective community-based system of services operates across service sectors. It facilitates the integration of services in several dimensions, including organization, delivery, and financing. A community-based system of services refers to the framework within which a variety of programs work together to meet the many, varied needs of the individuals it serves. Development of community-based systems of services requires that their governance, planning, and management involve key community stakeholders. It is equally critical that linkages be forged between Federal and State agencies, and between public sector and private sector to promote, support, and advocate for systems development at the community level. To organize community services in a family centered way, stakeholders must engage in capacity building, including the enhancement of leadership and collaboration skills among key community stakeholders.

Hearing loss has been found to be more common in the population of children with autism than it is in the general population. Audiologists with the expertise and the equipment to test particularly young children and to work with their families are in short supply according to surveys of State coordinators of newborn hearing screening programs. In an effort to remedy this, funds were awarded beginning in 2009 to existing graduate-level pediatric audiology programs in LEND projects to strengthen the focus on young infants and children. This will also be a component of the required technical assistance of this cooperative agreement.

### **Combating Autism Act of 2006**

Authorized in December 2006 and initially appropriated in December 2007, the Combating Autism Act of 2006, P.L. 109–416 (as amended by the Combating Autism Reauthorization Act of 2011, P.L. 112–32), is an initiative to promote autism and related developmental disability education, early detection, and intervention. Specifically, these activities are to:

- 1) Increase awareness;
- 2) Reduce barriers to screening and diagnosis;
- 3) Promote evidence-based interventions for individuals with ASDs or other developmental disabilities;
- 4) Promote guideline development for interventions; and
- 5) Train professionals to utilize valid screening tools, to diagnose and to provide evidence-based interventions through an interdisciplinary approach (as defined in programs developed under section 501(a)(2) of the Social Security Act) that will also focus on specific issues for children who are not receiving an early diagnosis and subsequent interventions.

In response to the Combating Autism Act of 2006, the Maternal and Child Health Bureau has initiated programs in four areas:

- 1) Combating Autism Training Programs
  - Expansions and new Leadership Education in Neurodevelopmental Disabilities (LEND) training programs;
  - Expansions to Developmental Behavioral Pediatrics (DBP) training programs; and
  - A CAAI National Interdisciplinary Resource Center cooperative agreement.

- 2) Combating Autism Research Programs
  - Two autism intervention research networks that focus on intervention research, guideline development and information dissemination—one network focused on physical health interventions, and the other network focused on behavioral health interventions;
  - R40 Extramural MCH Research and Secondary Data Analysis Studies grants have been awarded in the area of family support, service, transition, and intervention; and
  - A Developmental Behavioral Pediatrics research network that focuses on the translation of multidisciplinary pediatric research to practice and fosters a new generation of developmental behavioral pediatric researchers.
- 3) Combating Autism Demonstration and Policy Programs
  - State Autism Demonstration grants are implementing State Autism plans and creating models for how to develop systems of services for children with autism and other developmental disabilities.
  - A State Public Health Coordinating Center coordinates with the State Autism Demonstration grants and develops and implements a strategy for defining, supporting, and monitoring the role of State public health in assuring that children and youth with autism receive early and timely identification, diagnosis, and intervention.
- 4) Combating Autism National Evaluation
  - Information and analysis from this evaluation will contribute to the HHS Secretary’s Report to Congress on progress related to ASD and other developmental disabilities as required in the “Combating Autism Act.” (To reference the 2006-2009 summary or full report, visit: <http://iacc.hhs.gov/reports/reports-to-congress/FY2006-2009/caa-report-summary-highlights.shtml>)

**Maternal and Child Health Bureau and Title V of the Social Security Act:** In 1935, Congress enacted Title V of the Social Security Act authorizing the Maternal and Child Health Services Programs. This remarkable legislation has provided a foundation and structure for assuring the health of mothers and children in our nation for over 75 years. Title V was designed to improve health and assure access to high quality health services for present and future generations of mothers, infants, children and adolescents, including those with disabilities and chronic illnesses, with special attention to those of low income or with limited availability of health services.

Today, Title V is administered by the Maternal and Child Health Bureau (MCHB) which is a part of the Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services (HHS). Under Title V of the Social Security Act, the Maternal and Child Health Services Block Grant program has three components—Formula Block Grants to States, Special Projects of Regional and National Significance (SPRANS) and Community Integrated Service Systems (CISS) grants. Using these authorities, the MCHB has forged partnerships with States, the academic community, health professionals, advocates, communities and families to better serve the needs of our nation’s children.

The mission of MCHB is to provide national leadership, in partnership with key stakeholders, to improve the physical and mental health, safety and well-being of the maternal and child health (MCH) population which includes all of the nation’s women, infants, children, adolescents, and their families, including fathers and children with special health care needs.

### **The Maternal and Child Health Training Program (MCHTP)**

The National Interdisciplinary Training Resource Center, a component of MCHB/HRSA's Combating Autism Act Initiative, is monitored by the Division of MCH Workforce Development, MCHB, HRSA. The division provides leadership and direction in educating and training our nation's future leaders in maternal and child health.

## **MCH Training Program Goals**

MCHTP's vision for the 21<sup>st</sup> century is that all children, youth, and families will live and thrive in healthy communities served by a quality workforce that helps assure their health and well being. To achieve this vision, the MCHTP is in the process of revising its strategic plan for 2012-2020, which should be finalized in 2012. The goals drafted for this strategic plan to date are:

- Goal 1: Engage, develop, and support accountable MCH leaders.
- Goal 2: Generate, translate, and integrate new knowledge, emerging technologies and promising strategies into innovations in MCH training, policy and practice.
- Goal 3: Prepare and empower MCH leaders to promote health equity, wellness, and reduce disparities in health and healthcare.
- Goal 4: Increase outreach, visibility, and utilization of the expertise and products of the MCH community.
- Goal 5: Promote the health of MCH populations through collaboration, where MCH professionals strategically engage and invest in Title V programs and stakeholders to promote the health of MCH populations through science and service.
- Goal 6: Promote systems of ongoing assessment and continuous improvement that demonstrate the value (quality, efficiency, and outcomes) of MCH professional development in shaping professionals who are well equipped to enhance the health of the population over the life course.

The MCHTP achieves these goals by supporting:

- *Trainees* who show promise to become leaders in the MCH field in the areas of teaching, research, clinical practice, and/or administration and policymaking.
- *Faculty* in public and private nonprofit institutions of higher learning who mentor trainees and students in exemplary MCH public health practice, advance the field through research and dissemination of findings, develop curricula particular to MCH and public health, and provide technical assistance to the field.
- *Continuing education and technical assistance* to those already practicing in the MCH field to keep them abreast of the latest research and practice.

## **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.

### ***HRSA/MCHB Responsibilities***

Under the cooperative agreement, MCHB will support the awardee's activities by working with the awardee in a non-directive, partnership role, but will not assume direction, prime responsibility, or a dominant role in the activity.

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, MCHB responsibilities will include the following:

- Making available the services of experienced HRSA/MCHB personnel as participants in the planning and development of all aspects of the project;
- Ongoing review of proposed activities and procedures for accomplishing the goals of the cooperative agreement;
- Participation, as appropriate, in meetings and conferences conducted during the period of the cooperative agreement;
- Review of project information prior to dissemination;
- Assistance and referral in the establishment and facilitation of effective collaborative relationships with MCHB grantees, including CAAI partners, and other entities that may be relevant to the project;
- Provision of information resources; and
- Participation in the dissemination of project activities and products.

### ***Recipient's Responsibilities***

In addition to the requirements and obligations of the awardee defined in the ***Background*** section of this funding opportunity announcement (above), the recipient responsibilities include the following:

- 1) Technical assistance to LEND and DBP grantees and other CAAI partners:
  - Assess technical assistance (TA) needs and develop resources, trainings, and other methods to address needs;
  - Foster opportunities for collaboration among LEND, DBP and other training grantees, including organizing grantee meetings, discipline specific meetings and topical work group meetings; and
  - Disseminate research findings and results and evaluate the success of dissemination methods.
- 2) Produce and Disseminate Resources to grantees and national stakeholders, including families.

Following is a list of specific activities:

  - Literature reviews, including reviews of grantee resources, products and presentations to examine the gaps and opportunities in the health and other service systems for children with ASD and other DD and their families;
  - Develop implementation strategies addressing gaps in knowledge such as a potential lack of access to services for underserved populations, such as culturally and linguistically diverse populations; and
  - Identify and disseminate innovative practice models which link primary care providers to specialists and subspecialists in order to provide a seamless service system for families.
  - Disseminate findings on transition issues to providers in the field including family practice physicians, nurses, and other relevant stakeholders.

3) Data Management and Analysis:

- Utilize a data management system, such as the National Information Reporting System (NIRS), to collect and report on data specific to training activities;
- Assess information gathered from annual reports and site visits to monitor trends and needs in data system development, technical assistance needs, and refinement of key indicators to assess progress, and
- Coordinate data collection and analysis activities with the MCHB staff and contractors to ensure timely grantee performance reporting with the DGIS.

4) Program Coordination:

- In collaboration with Federal MCHB partners, provide organizational support for program site visits each year to current LEND, DBP and selected other CAAI grantees. These site visits are designed to provide technical assistance to the grantees and to assist them to move forward more quickly with their grant objectives by identifying areas in need of improvement and suggesting appropriate resources;
- The Resource Center will recruit peer reviewers, consumers and families to participate in site visits;
- Coordinate efforts with CAAI partners, including LEND and DBP training programs, Autism Intervention Research Networks, State Autism demonstration grants, State Demonstration Grant Resource Center, Title V programs in the States, families, and actively participate in Autism evaluation efforts;
- Organize and facilitate, with the State Demonstration Resource Center, annual grantee meetings of the CAAI partners;
- Organize and facilitate meetings/collaborations that include other training programs in the portfolio;
- Coordinate with other HRSA investments, such as Community Health Centers; and
- Participate in National Evaluation efforts for CAAI, and facilitate data collection when requested.

5) Systems Development Strategies:

- Participate in national organization and consensus-building meetings;
- Develop and sustain strategic partnerships with key Federal agencies, national organizations, and private initiatives which are making critical contributions in this area;
- Conduct program development activities such as providing technical expertise and logistical support for regional autism/developmental disabilities meetings. These regional meetings are intended to build ongoing mechanisms to link State programs, family services, academic programs, private initiatives, and consumer organizations to promote ASD and other developmental disability early diagnosis and early access to services. These efforts are designed to confront the critical need for access to education, information and services; and
- Participate in developing quality improvement efforts.

6) Identify itself as a national membership organization able to demonstrate that it represents the Leadership Education in Neurodevelopmental Disabilities (LEND) training programs, with access to the NIRS data system and familiarity with the DGIS performance reporting system.

## **2. Summary of Funding**

This program will provide funding during Federal fiscal years 2012–2016. Approximately \$777,141 is expected to be available annually to fund one (1) awardee. Applicants may apply for a ceiling amount of up to \$777,141 per year. The project period is five (5) years. Funding beyond the first year is dependent on the availability of appropriated funds for the Resource Center 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**

Only public or nonprofit agencies, including institutions of higher education, are eligible to apply for this cooperative agreement.

Applicants must have significant experience and expertise in the following areas:

- interdisciplinary training;
- provision of technical assistance to grantees, such as LEND grantees;
- substantial knowledge of developmental disabilities such as autism.

Applications that fail to show such experience will not be considered.

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

Cost Sharing/Matching is not required for this program.

### **3. Other**

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

Any application that fails to satisfy the deadline requirements referenced in *Section IV.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 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 number. 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 Research and Related (SF-424 R&R). 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 SF-424 R&R 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 R&R – 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
SF-424 R&R Cover Page	Form	Pages 1 & 2.	Not counted in the page limit.
Pre-application	Attachment	Can be uploaded on page 2 of SF-424 R&R - Box 20.	Not Applicable to HRSA; Do not use.
SF-424 R&R Senior/Key Person Profile	Form	Supports 8 structured profiles (PD + 7 additional)	Not counted in the page limit.
Senior Key Personnel Biographical Sketches	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form or another text format. One per each senior/key person. The PD/PI biographical sketch should be the first biographical sketch. Up to 8 allowed.	Counted in the page limit.
Senior Key Personnel Current and Pending Support	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form.	Not Applicable to HRSA; Do not use.
Additional Senior/Key Person Profiles	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form. Single document with all additional profiles.	Not counted in the page limit.
Additional Senior Key Personnel Biographical Sketches	Attachment	Can be uploaded in the Senior/Key Person Profile form. Single document with all additional sketches.	Counted in the page limit.
Additional Senior Key Personnel Current and Pending Support	Attachment	Can be uploaded in the Senior/Key Person Profile form.	Not Applicable to HRSA; Do not use.
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 SF-424 R&R Performance Site Location(s) form. Single document with all additional site location(s).	Not counted in the page limit.

<b>Application Section</b>	<b>Form Type</b>	<b>Instruction</b>	<b>HRSA/Program Guidelines</b>
Other Project Information	Form	Allows additional information and attachments.	Not counted in the page limit.
Project Summary/Abstract	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 6.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions.
Project Narrative	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 7.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424 R&R Budget Period (1-5) - Section A – B	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
Additional Senior Key Persons	Attachment	SF-424 R&R Budget Period (1-5) - Section A - B, End of Section A. One for each budget period.	Not counted in the page limit.
SF-424 R&R Budget Period (1-5) - Section C – E	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
Additional Equipment	Attachment	SF-424 R&R Budget Period (1-5) - Section C – E, End of Section C. One for each budget period.	Not counted in the page limit.
SF-424 R&R Budget Period (1-5) - Section F – K	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
SF-424 R&R Cumulative Budget	Form	Total cumulative budget.	Not counted in the page limit.
Budget Justification	Attachment	Can be uploaded in SF-424 R&R Budget Period (1-5) - Section F - J form, Box K. Only one consolidated budget justification for the project period.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions..
SF-424 R&R Subaward Budget	Form	Supports up to 10 budget attachments. This form only contains the attachment list.	Not counted in the page limit.
Subaward Budget Attachment 1-10	Attachment	Can be uploaded in SF-424 R&R Subaward Budget form, Box 1 through 10. Extract the form from the SF-424 R&R Subaward Budget form and use it for each consortium/contractual/subaward budget as required by the program funding opportunity announcement. Supports up to 10.	Filename should be the name of the organization and unique. Counted in the page limit.
SF-424B Assurances for Non-Construction Programs	Form	Assurances for the SF-424 R&R package.	Not counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Bibliography & References	Attachment	Can be uploaded in Other Project Information form, Box 9.	Optional. Counted in the page limit.
Facilities & Other Resources	Attachment	Can be uploaded in Other Project Information form, Box 10.	Optional. Counted in the page limit.
Equipment	Attachment	Can be uploaded in Other Project Information form, Box 11.	Optional. Counted in the page limit.
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit.
Other Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list.	Not counted in the page limit.
Attachment 1-15	Attachment	Can be uploaded in Other Attachments form 1-15.	Refer to the attachment table provided below for <b>specific</b> sequence. Counted in the page limit.
Other Attachments	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 12. Supports multiple.	Not Applicable to HRSA; Do not use.

-  **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 one attachment, ensure that you place a table of contents cover page specific to the attachment. 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	Chart/Table of Partners. All items specified in Section IV.2.xi. must be identified in this section.
Attachment 2	Project Organizational Chart
Attachment 3	Position Descriptions of Key Personnel
Attachment 4	Summary Progress Report (ACCOMPLISHMENT SUMMARY - FOR COMPETING CONTINUATIONS ONLY). These pages in the progress report WILL be counted in the 80 page limit.
Attachments 5-15	Other relevant documents, such as budgets and budget justifications for subcontracts, etc.

## **Application Format**

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

Complete Standard Form 424 Research and Related (SF-424 R&R) provided with the application package. Prepare according to instructions provided in the form itself. 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 form SF-424 R&R – item 5 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**

Please complete the Research & Related Budget form included with the application kit (Sections A – J and the Cumulative Budget) for each budget period. Upload the Budget Justification Narrative for the entire project period (all budget periods) in Section K of the Research & Related Budget Form. Following completion of Budget Period 1, you must click on the “NEXT PERIOD” button on the final page to allow for completion of Budget Period 2. You will repeat this instruction to complete Budget Periods 3, 4, and 5.

The Cumulative Budget is automatically generated and provides the total budget information for the five-year award request. Errors found in the Cumulative Budget must be corrected within the incorrect field(s) in Budget Period 1, 2, 3, 4 or 5; corrections cannot be made to the Cumulative Budget itself.

Awards are subject to adjustment after program and peer review. If this occurs, program components and/or activities will be negotiated to reflect the final award.

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

**Budget for Multi-Year Award**

This announcement is inviting applications for project periods up to five (5) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be for up to five (5) years. Submission and HRSA approval of your Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the five-year

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

Include the following in the Budget Justification narrative:

*Personnel Costs:* Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percentage of full-time equivalency, and annual salary. 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 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.

#### **Biographical Sketch Instructions**

Provide a biographical sketch for senior key professionals contributing to the project. The information must be current, indicating the position which the individual fills and including sufficient detail to assess the individual's qualifications for the position as specified in the program announcement and position description. Each biographical sketch must be limited to one (1) page or less, including recent selected publications. Include all degrees and certificates. When listing publications under Professional Experience, list authors in the same order as they appear on the paper, the full title of the article, and the complete reference as it is usually cited in a journal. The sketches should be arranged in alphabetical order, after the project director's sketch and attached to SF 424 Senior/Key Person profile form or in another text format. The biographical sketch must include:

**Name** (Last, first, middle initial),

**Title on the Cooperative Agreement**

**Education**, and,

**Professional Experience**, beginning with the current position, then in reverse chronological order, a list of relevant previous employment and experience. Also, a list, in

reverse chronological order, of relevant publications, or most representative, must be provided. Please provide information on one (1) page or less.

**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. Any organization or individual that is indebted to the United States, and has a judgment lien filed against it for a debt to the United States, is ineligible to receive a Federal grant. By signing the SF-424 R&R, the applicant is certifying that they are not delinquent on Federal debt in accordance with OMB Circular A-129. (Examples of relevant debt include delinquent payroll or other taxes, audit disallowances, guaranteed and direct student loans, benefits that were overpaid, etc.). If an applicant is delinquent on Federal debt, they should attach an explanation that includes proof that satisfactory arrangements have been made with the Agency to which the debt is owed. This explanation should be uploaded as **Attachment 5 (Other relevant documents)**.

**viii. Project Abstract**

Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served.

Please place the following at the top of the abstract:

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

Abstract content:

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

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

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

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

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

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

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

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

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

The project narrative should be structured in seven (7) sections described below (Purpose/Need, Methodology/Response, Evaluative Measures, Impact, Resources/Capabilities, Support Requested and Specific Program Criteria). Attachments may be used to provide supporting documentation, but **substantive information corresponding to review criteria must be contained within the program narrative**. The reviewers are required to evaluate a proposal based only upon the information provided in the application. Any other information may not be considered in the review. **The project narrative should be responsive to the Review Criteria for this application guidance (See Section V. Review Criteria).**

Use the following section headers for the Program Narrative:

#### **A. PURPOSE/NEED**

Briefly describe the background of the present proposal, critically evaluating the national need/demand for technical assistance in the area of interdisciplinary leadership training in autism spectrum disorders and other developmental disabilities, including children with hearing loss. Specifically identify problem(s) to be addressed and gaps which the project is intended to fill. (If available, a summary of needs assessment findings should be included.) State concisely the importance of the project by relating the specific objectives to the potential of the project to meet the purposes of the program described in the funding opportunity announcement.

#### **B. METHODOLOGY/RESPONSE**

Propose methods that will be used to meet each of the previously-described program requirements and expectations in this funding opportunity announcement.

State the overall goal(s) of the project and list the specific objectives that respond to the stated need/purpose for this project. The objectives must be **measurable** with specific **outcomes** for each project year which are attainable in the stated **time frame**. These outcomes are the criteria for evaluation of the program.

The applicant should discuss how they will assess needs and provide technical assistance to LEND, DBP and other interdisciplinary programs supported by the MCH Training program; assist MCHB in the coordination of efforts between training investments, research intervention networks and State demonstration grants; collect and analyze relevant program data; assist in the development and implementation of performance measures; conduct annual CAAI grantee meeting and LEND grantee meetings, including discipline specific meetings; and assist in developing joint CDC/HRSA regional autism meetings; participate in the National Evaluation efforts; and collaborate with Combating Autism Act Partners (LEND, DBP, Autism Intervention Research Centers, and State Demonstration grants, As specified in the Combating Autism Act of 2006, the ultimate goal of this technical assistance resource center is to assist training grantees to "train professionals to utilize valid and **reliable** screening tools to diagnose **or rule out** and to provide evidence-based interventions for children with autism spectrum disorders and other developmental disabilities. An understanding of the service systems serving children with ASD/DD should be discussed and described in detail.

### **Collaboration**

Describe the proposed project's existing and planned methods of collaboration and coordination with other relevant agencies, organizations, key public and private providers, family members, consumer groups, insurers, professional membership organizations, and other partnerships relevant to the proposed project.

The applicant is expected to forge partnerships with educators, clinicians, researchers, advocates, families, State public health programs and other organizations/agencies critical to improving the health and well-being of individuals with ASD and other developmental disabilities and creating systems of care. Establishment of strong partnerships between educators, researchers and practitioners is essential to assure that new interventions, evidence-based guidelines, tools, and systems management approaches can be applied in the health care system. Establishment of strong partnerships with the public, families and the advocacy community is also essential to translate vital research findings to assure better access and quality services for individuals with ASD and other developmental disabilities.

### **Data Management and Analysis**

As required through the Government Performance and Results Act (GPRA) and through specific accountability criteria outlined in the Combating Autism Act, data collection and analysis for the interdisciplinary training programs funded under this initiative is vitally important. In order for the CAAI Interdisciplinary training grantees to accomplish their program goals, they need to have access to system data, and have the ability to analyze data and use it for quality improvement efforts. The applicant should enhance the management information and quality improvement capabilities of interdisciplinary training grantees by utilizing a data system to collect relevant data on LEND and DBP and other interdisciplinary trainees, continuing education recipients, products, special projects, performance measures and collaborative efforts with other MCH related entities. This should include a data management system, such as NIRS and support for grantee reporting requirements within the DGIS system. This is to enable the applicant to adequately track former trainees and to

measure their leadership development and outcomes. The applicant should also describe suggested methods for improving the response rate of former trainees, including training program alumni at five and ten years post graduation.

### **Planning**

Site visits are critical to the success of CAAI grantee programs. The applicant should describe its capacity for engaging expert consultants to serve with MCHB staff on site visits and for coordinating logistics between MCHB and grantees.

### **Emerging Issues**

The applicant should describe methods for the exchange and sharing of exemplary practices among the programs using Internet-based technologies, in person meetings, and print materials, depending on the preferences of users and resource limitations.

## **C. EVALUATIVE MEASURES**

Evaluation and self-assessment are critically important for quality improvement and assessing the value-added contribution of MCHB/HRSA investments. Consequently, all discretionary award projects, including training projects, are expected to incorporate a carefully designed and well-planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the stated goals. Wherever possible, the measurement of progress toward goals should focus on systems, health and performance outcome indicators, rather than solely on intermediate process measures. The evaluation protocol should be based on a clear rationale relating to the identified needs of the target population with project goals, award activities, and evaluation measures. A project lacking a complete and well-conceived evaluation protocol may not be funded. A formal plan for evaluating the Resource Center must address how the major goals and objectives of the project will be achieved.

If there is any possibility that an applicant's evaluation may involve human subjects research as described in 45 CFR part 46, the applicant must comply with the regulations for the protection of human subjects as applicable.

Monitoring and evaluation activities should be ongoing and, to the extent feasible, should be structured to elicit information which is quantifiable and which permits objective rather than subjective judgments. Explain what data will be collected, the methods for collection and the manner in which data will be analyzed and reported. Data analysis and reporting must facilitate evaluation of the project outcomes.

The applicant should describe who on the project will be responsible for refining and collecting, and analyzing data for the evaluation and how the applicant will make changes to the program based on evaluation findings. The applicant should present a plan for collecting the data elements described in Appendix A: MCHB Administrative Forms and Performance Measures.

## **D. IMPACT**

The applicant should document the extent and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are shared with other stakeholders.

### **Development and Dissemination of Educational Resources**

Describe a plan to disseminate critical information developed by the Resource Center and CAAI partners on new curricular materials, teaching models, and other educational resources; evidence-based practice; research findings; guidelines developed; and validated tools to network members, other national organizations, health professionals and the public, especially families impacted by ASD and other developmental disabilities. Electronic and print format materials should describe the work activities and accomplishments of the LEND network and DBP programs, including ways that these training programs deal with issues such as health disparities, cultural competency, novel recruiting practices to increase diversity in faculty and staff, family involvement in training experiences, and innovative curricula, training practices, research outreach and continuing education efforts. Collaborative projects should also be highlighted.

## **E. RESOURCES/CAPABILITIES**

In this section of the narrative, the applicant should provide a description of the organizational plan for management of the project, including an explanation of the roles and responsibilities of project personnel, project collaborators, and consultants. The applicant should describe experience and expertise in directing the activities of a national resource center, particularly providing technical assistance to interdisciplinary training grantees as it relates to successful implementation of interdisciplinary training projects related to ASD and other DD. The applicant must demonstrate a proven track record of providing services in this area. In addition, an implementation schedule should be provided for each activity described in previous sections. The material should be presented in a succinct manner, with a brief listing of specific milestones and expected outcomes.

Include a brief, specific description of the available resources (staff, space, equipment, etc.) that are available and will be used to carry out the program. Include biographical sketches of staff on SF 424 R&R Senior Key Personnel form. The project director must have demonstrated leadership and expertise in children with neurodevelopmental disabilities. The project director must be the person having direct, functional responsibility for the program for which support is directed. Additionally, supported project staff should have documented experience in working with or on behalf of children with ASD and other DD, infants with hearing loss and their families. Sufficient expertise to provide content expertise and technical assistance in these areas must be documented.

Describe briefly the administrative and organizational structure within which the program will function, including relationships with other departments, institutions, organizations or agencies relevant to the program. Charts outlining these relationships must be included as an attachment or in the narrative.

Describe briefly the physical setting(s) in which the program will take place.

## F. SUPPORT REQUESTED

Describe briefly what additional resources are needed to accomplish the stated goals and objectives, i.e., what is requested through project support and why. See also IV.2.iii and iv for assistance in preparing the budget and budget justification.

**Position descriptions** for key staff must be included in Attachment 3. At a minimum, job descriptions should spell out specifically **administrative direction** (from whom it is received and to whom it is provided), **functional relationships** (to whom and in what ways the position relates for training and/or service functions, including professional supervision), **duties and responsibilities** (what is done and how), and the **minimum qualifications** (the minimum requirements of education, training, and experience necessary for accomplishment of the job). Position descriptions should include the qualifications necessary to meet the functional requirements of the position, not the particular capabilities or qualifications of a given individual. A position description should **not exceed one (1) page in length**, but can be as short as one (1) paragraph in length due to page limitations.

The following principles are vital when describing the need for additional resources:

- All budgets must provide satisfactory details to fully explain and justify the resources needed to accomplish the project objectives. This justification must provide explicit qualitative and quantitative documentation of required resources, productivity, and expected outcomes.
- Programs must fully justify their requests by describing and identifying goals, objectives, activities, and outcomes that will be achieved by the program during the project period. It must be documented that the program plays a significant role in regional and/or national matters.

## E. SPECIFIC PROGRAM CRITERIA

Throughout the application the applicant should document a working knowledge of and intent to address areas of special concern to the Maternal and Child Health Bureau (MCHB), such as:

### 1) Underserved Populations

HRSA's Maternal and Child Health Bureau places special emphasis on improving service delivery to women, children and adolescents from communities with limited access to comprehensive care. This same special emphasis applies to improving service delivery to children with special health care needs, including those with autism spectrum disorders or other developmental disabilities. Applicants are strongly encouraged to work collaboratively with State Title V agencies and other MCH training programs to maximize access to MCH services, with special emphasis on autism spectrum disorders and other developmental disabilities.

The Bureau's intent is to ensure that project interventions are responsive to the cultural and linguistic needs of special populations, that services are accessible to consumers, and that the broadest possible representation of culturally distinct and historically under-represented groups is supported through programs and projects sponsored by the MCHB. In order to assure access and cultural competence and ethnic diversity, it is expected that projects will

involve individuals from populations to be served in the planning and implementation of the project.

## **2) Coordination:**

Under this announcement, applicants are expected to coordinate with specific entities such as the following:

- a. State demonstration grants that will model systems of services for children with autism spectrum disorders and other developmental disabilities;
- b. research grants that will promote research into additional valid and reliable tools for shortening the time required to confirm or rule out a diagnosis of autism spectrum disorders or other developmental disabilities and detecting these conditions at an earlier age;
- c. research grants that will determine the evidence-based practices for interventions for individuals with autism spectrum disorders or other developmental disabilities,
- d. organizations that develop guidelines for these interventions; and
- e. organizations that disseminate information related to the research and guidelines to both families and health professionals (Combating Autism Act of 2006, Sec. 399BB(e)(1)(C)(3)(f)).

Please indicate here the sections (and page numbers) in the program narrative where you have addressed the areas of special concern to MCHB: Underserved Populations and Coordination.

## **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 National Interdisciplinary Training Resource Center and Submission of Administrative Data*

To prepare successful applicants of their reporting requirements, the administrative forms and performance measures are presented in Appendix A 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
- Form 6, Abstract
- Form 7, Discretionary Grant Project Summary Data
- Performance Measure 07, 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 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
- Program Performance Measure 59, The degree to which a training program collaborates with State Title V agencies, other MCH or MCH-related programs
- Training Data Form (Faculty/Staff, Technical Assistance/Collaboration, Continuing Education)
- 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: Chart/Table of Partners*

Please provide a chart of partners for which you have letters of collaboration between the proposed program and collaborating departments, institutions, organizations or agencies. The chart must provide the following information: Institution, Person as appropriate, Responsibilities/Activities agreed to be provided, Date, type of commitment (e.g., in kind, dollars, staff, equipment), and how the letters can be accessed. Please provide a point of contact in your application, or provide a web link, in order for the letters to be accessed.

##### *Attachment 2: Project Organizational Chart*

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

##### *Attachment 3: Descriptions for Key Personnel*

Keep each to one page or less in length. Include the role, responsibilities, and qualifications of proposed project staff.

##### *Attachment 4: 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 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 5: Other Relevant Documents*

Include here any other documents that are relevant to the application. Examples could include budgets/justifications for subcontracts, etc.

### **3. Submission Dates and Times**

#### **Application Due Date**

The due date for applications under this funding opportunity announcement is *May 18, 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 Combating Autism Act National Interdisciplinary Training Resource Center is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

**5. Funding Restrictions**

Applicants responding to this announcement may request funding for a project period of up to five (5) years, at no more than \$777,141 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.

**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. The *Combating Autism Act National Interdisciplinary Training Resource Center* has seven (7) review criteria:

#### *Criterion 1: NEED (10 points)*

The extent to which the application demonstrates the problem and associated contributing factors to the problem. This correlates mainly to the Purpose/Need part of the narrative.

- *To what extent does the Project Purpose adequately document the critical needs that the Resource Center will address?*
- *To what extent does the applicant document expert knowledge of the health and related issues for the targeted population, i.e., individuals with autism spectrum disorders and other developmental disabilities?*

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

The extent to which the proposed project responds to the Methodology/Response section included in the program description, and demonstrates the strength of the proposed goals and objectives. The applicant should describe the extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

#### ***Experience and Expertise:***

- *To what extent does the applicant demonstrate a thorough knowledge of the service systems which currently serve children with ASD and other developmental disabilities, as well as a familiarity with LEND, DBP and other MCHB-funded interdisciplinary training grantees?*
- *To what extent does the applicant have expertise and a proven track record in providing technical assistance to the LEND network, and support to interdisciplinary grantees?*
- *To what extent does the applicant demonstrate an overall approach to being a resource center that is thoughtful, logical and innovative?*
- *To what extent is there evidence of planned collaboration with CAAI-funded projects, and with other organizations related to services to children with ASD and other DD?*

*Examples:*

- *Children with hearing loss; consumers; MCH or other appropriate agencies (education, developmental disabilities, child care, social services, early intervention, financing agencies, public policy groups, professional associations, etc.)*
- *To what extent has the applicant demonstrated an expertise in arranging for the services of consultants and setting up technical assistance site visits (e.g., coordinating schedules; arranging details, both substantive and logistical; ensuring that needed background materials are prepared and delivered in a timely manner)?*
- *To what extent is there evidence that the applicant is capable of disseminating information pertaining to the project to their members and other national organizations?*

***Organizational Components:***

- *To what extent are the organizational and administrative structures adequate to address the program as outlined in the narrative and progress report, if provided?*
- *To what extent does the application demonstrate that affiliation agreements or letters of support/collaboration have been obtained to show support for the project?*

***Criterion 3: EVALUATIVE MEASURES (10 points)***

The strength and effectiveness of the method proposed to monitor and evaluate the project results. This mainly correlates to the Evaluative Measures section of the narrative.

To what extent:

- *Is the evaluation plan conceptually sound?*
- *Are the goals clear, concise and appropriate?*
- *Are the objectives time-framed and measurable?*
- *Are activities appropriate and do they flow logically from the goals and objectives?*
- *Has the applicant presented a plan for tracking and reporting on the accomplishments of former trainees?*
- *Does the applicant describe who on the project will be responsible for refining, collecting, and analyzing data for the program evaluation?*
- *Is it clear how the applicant will make changes to the program based on evaluation findings?*
- *Does the applicant present a plan for collecting the data elements described in Appendix A, MCHB Administrative Forms and Performance Measures?*

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

The feasibility and effectiveness of plans for dissemination of project results, and the extent to which project results may be national in scope, and the degree to which the project activities are replicable, and the sustainability of the program beyond the Federal funding. This correlates mainly with the Impact section of the narrative.

- *To what extent does the proposal have an effective dissemination plan to share project results?*
- *To what extent will the program activities be shared with other stakeholders?*
- *To what extent does the Summary Progress Report (when applicable-- competing continuations only) demonstrate the Resource Center's national impact in providing technical assistance?*

*Criterion 5: RESOURCES/CAPABILITIES (20 points)*

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. For competing continuations, past performance will also be considered. This correlates mainly with the Resources/Capabilities section of the narrative.

- *To what extent are the project director and project personnel qualified by training and/or experience to implement the projects? Does the applicant document that project personnel have expertise in ASD and other DD?*
- *To what extent does the applicant organization describe its capacity for fulfilling the activities as outlined in the application?*
- *To what extent are the described physical resources adequate to perform the grant activities?*
- *To what extent does the applicant have the existing resources to support the types of methods described in the proposal?*
- *To what extent does the applicant document experience in providing technical assistance to interdisciplinary graduate training programs in MCH Leadership Education in Neurodevelopmental and Related Disabilities (LEND)?*
- *To what extent are the organizational and administrative structures adequate to address the proposed project?*
- *To what extent is the setting of the project appropriate to achieve project objectives?*
- *To what extent have formal affiliation agreements been established?*
- *To what extent does the applicant document that they represent the Leadership Education in Neurodevelopmental Disabilities (LEND) training programs and other programs in the training portfolio?*

*Criterion 6: SUPPORT REQUESTED (15 points)*

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

- *The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.*
- *The extent to which key personnel have adequate time devoted to the project to achieve project objectives.*
- *Are the costs outlined in the budget and required resources sections reasonable given the scope of work?*
- *Are the budget line items well described and justified in the budget justification?*
- *Are key personnel devoting adequate time to the project to achieve project objectives?*
- *Are there innovative national efforts, with special emphasis on autism spectrum disorders or other developmental disabilities, described in the budget?*

*Criterion 7: SPECIFIC PROGRAM CRITERIA (5 points)*

Through this application has the applicant documented a working knowledge of and intent to address areas of special concern to the Maternal and Child Health Bureau, such as:

**Underserved populations—**

- *To what extent will the Resource Center serve the needs of underserved populations, with special emphasis on children and youth with autism spectrum disorders or other developmental disabilities, including children with hearing loss?*

### **Coordination—**

- *Does the project describe knowledge of and plans to link with other training programs and Resource Centers, to maximize access to MCH training for their trainees?*
- *In the area of autism spectrum disorders, does the project describe knowledge of and plans to link with specific entities in the States and other Federal agencies, in research, and in policy/advocacy?*

## **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 Section V. 1. Review Criteria 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/hhsgrantspolicy.pdf>. 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 no later than January 30th, following the end of each budget period. The report is an accounting of expenditures under the project that year. It must be submitted electronically through EHB. More specific information will be included in the Notice of Award.

2) **Progress Report(s).** The awardee must submit a progress report to HRSA on an annual basis. This report has two parts. The first part demonstrates awardee 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>.

**4) Performance Report(s)**

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

**1. Performance Measures and Program Data**

To prepare applicants for these reporting requirements, the designated performance measures for this program and other program data collection are presented in Appendix A 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 Appendix A of this funding opportunity announcement. This requirement entails the provision of budget breakdowns in the financial forms based on the grant award amount, the project abstract and other grant summary data as well as providing objectives for the performance measures.

Performance reporting is conducted for each grant year of the project period. 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 Appendix A 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:

Brad Barney, Grants Management Specialist  
Attn: HRSA-12-155  
HRSA Division of Grants Management Operations, OFAM  
Parklawn Building, Room 11A-02  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-6916  
Email: [BB Barney@hrsa.gov](mailto:BB Barney@hrsa.gov)

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

Robyn Schulhof, Senior Public Health Analyst  
Attn: HRSA-12-155  
MCHB, HRSA  
Parklawn Building, Room 18A-55  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-0258  
Email: [RSchulhof@hrsa.gov](mailto:RSchulhof@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>

Applicants may need assistance when working online to submit the remainder of their information electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting the remaining information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Call Center  
Telephone: (877) 464-4772  
TTY: (877) 897-9910  
Fax: (301) 998-7377  
E-mail: [CallCenter@HRSA.GOV](mailto:CallCenter@HRSA.GOV)

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

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

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

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

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

### Forms:

- Form 1, MCHB Project Budget Details
- Form 2, Project Funding Profile
- Form 4, Project Budget and Expenditures by Types of Services
- Form 6, MCH Abstract
- Form 7, Discretionary Grant Project Summary Data

### Performance Measures:

- Performance Measure 07, 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 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
- Program Performance Measure 59, The degree to which a training program collaborates with State Title V agencies, other MCH or MCH-related programs

### Data Forms:

- Training Data Form (Faculty/Staff, Technical Assistance/Collaboration, Continuing Education)
- 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 educational services. These services are especially required for the low income, disadvantaged, geographically or culturally isolated, and those with special and complicated health needs. For many of these individuals, the enabling services are essential - for without them access is not possible. Enabling services most commonly provided by agencies for CSHCN include transportation, care coordination, translation services, home visiting, and family outreach. Family support activities include parent support groups, family training workshops, advocacy, nutrition and social work.

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

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

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

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

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

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

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

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

**I. PROJECT IDENTIFIER INFORMATION**

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

**II. BUDGET**

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

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

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

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

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



B. Continuing Grants ONLY

1. Experience to Date (For continuing projects ONLY):

2. Website URL and annual number of hits

V. **KEY WORDS**

VI. **ANNOTATION**

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

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

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

- Project Title: Displays the title for the project.  
Project Number: Displays the number assigned to the project (e.g., the grant number)  
E-mail address: Displays the electronic mail address of the project director

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

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

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

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

- A. New Projects only are to complete the following items:
1. A brief description of the project and the problem it addresses, such as preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children; and services for Children with Special Health Care Needs.
  2. Provide up to 5 goals of the project, in priority order. Examples are: To reduce the barriers to the delivery of care for pregnant women, to reduce the infant mortality rate for minorities and “services or system development for children with special healthcare needs.” MCHB will capture annually every project’s top goals in an information system for comparison, tracking, and reporting purposes; you must list at least 1 and no more than 5 goals. For each goal, list the two most important objectives. The objective must be specific (i.e., decrease incidence by 10%) and time limited (by 2005).
  3. Displays the primary Healthy people 2010 goal(s) that the project addresses.
  4. Describe the programs and activities used to attain the goals and objectives, and comment on innovation, cost, and other characteristics of the methodology, proposed or are being implemented. Lists with numbered items can be used in this section.
  5. Describe the coordination planned and carried out, in the space provided, if applicable, with appropriate State and/or local health and other agencies in areas(s) served by the project.
  6. Briefly describe the evaluation methods that will be used to assess the success of the project in attaining its goals and objectives.
- B. For continuing projects ONLY:
1. Provide a brief description of the major activities and accomplishments over the past year (not to exceed 200 words).
  2. Provide website and number of hits annually, if applicable.

### **Section V – Key Words**

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

### **Section VI – Annotation**

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

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

**1. Project Service Focus**

- Urban/Central City     Suburban     Metropolitan Area (city & suburbs)  
 Rural                     Frontier     Border (US-Mexico)

**2. Project Scope**

- Local                     Multi-county     State-wide  
 Regional                 National

**3. Grantee Organization Type**

- State Agency  
 Community Government Agency  
 School District  
 University/Institution Of Higher Learning (Non-Hospital Based)  
 Academic Medical Center  
 Community-Based Non-Governmental Organization (Health Care)  
 Community-Based Non-Governmental Organization (Non-Health Care)  
 Professional Membership Organization (Individuals Constitute Its Membership)  
 National Organization (Other Organizations Constitute Its Membership)  
 National Organization (Non-Membership Based)  
 Independent Research/Planning/Policy Organization  
 Other \_\_\_\_\_

**4. Project Infrastructure Focus (from MCH Pyramid) if applicable**

- Guidelines/Standards Development And Maintenance  
 Policies And Programs Study And Analysis  
 Synthesis Of Data And Information  
 Translation Of Data And Information For Different Audiences  
 Dissemination Of Information And Resources  
 Quality Assurance  
 Technical Assistance  
 Training  
 Systems Development  
 Other

**5. Demographic Characteristics of Project Participants**

Indicate the service level:

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Answer all that apply.

a. Characteristics of Primary Intended Audience(s)

Policy Makers/Public Servants

Consumers

Providers/Professionals

b. Number of Requests Received/Answered: \_\_\_\_\_/\_\_\_\_\_

c. Number of Continuing Education credits provided: \_\_\_\_\_

d. Number of Individuals/Participants Reached: \_\_\_\_\_

e. Number of Organizations Assisted: \_\_\_\_\_

f. Major Type of TA or Training Provided:

continuing education courses,

workshops,

on-site assistance,

distance learning classes

other

## INSTRUCTIONS FOR THE COMPLETION OF FORM 7 PROJECT SUMMARY

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

Select all that apply

### **Section 2 – Project Scope**

Choose the one that best applies to your project.

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

Choose the one that best applies to your organization.

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

If applicable, choose all that apply.

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

Indicate the service level for the grant program. Multiple selections may be made. 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**

---

**GOAL**

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

**MEASURE**

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

**DEFINITION**

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

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

**DATA SOURCE(S) AND ISSUES**

Attached data collection form is to be completed by grantees.

**SIGNIFICANCE**

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

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

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

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

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

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

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

**NOTES/COMMENTS:**

**10 PERFORMANCE MEASURE**

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

**Level: Grantee**

**Category: Cultural Competence**

---

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

**GOAL**

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

**MEASURE**

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

**DEFINITION**

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

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

**26 PERFORMANCE MEASURE**

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

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

---

**GOAL**

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

**MEASURE**

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

**DEFINITION**

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

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

**DATA SOURCE(S) AND ISSUES**

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

**SIGNIFICANCE**

National Resource Centers, Policy Centers, leadership training institutes and other MCHB

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

**DATA COLLECTION FORM FOR DETAIL SHEET #26**

**PART A**

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

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

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

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

**PART B**

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

0	1	2	3	Element
<b>Mechanisms in Place to Ensure Quality in Design of Training and TA Activities</b>				
				<p><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).</p>
				<p><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).</p>

0	1	2	3	Element
				3. <b>Obtain Input from the Target Audience to Ensure Relevancy 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.

---

**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>				
				<p>6. <b>Conduct Culturally Appropriate Outreach and Promotion to Ensure Target Audience is Aware of Information Resources</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 resources are available.            [Examples of outreach methods include promotion of services through list serves, exhibits at meetings, and targeted outreach to representatives of individual organizations or MCHB grantees.]</p>
<b>Use of Evaluation Data for Quality Improvement</b>				
				<p>7. <b>Use of Feedback for Quality Improvement.</b> The degree to which the grantee has used the results of satisfaction and other feedback mechanisms to improve the content, reach, and effectiveness of their products/information resources.</p>

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

Total the numbers in the boxes (possible 0–21 score): \_\_\_\_\_

**NOTES/COMMENTS:**

**59 PERFORMANCE MEASURE**

The degree to which a training program collaborates with State Title V agencies, other MCH or MCH-related programs.

---

**GOAL**

To assure that a training program has collaborative interactions related to training, technical assistance, continuing education, and other capacity-building services with relevant national, state and local programs, agencies and organizations.

**MEASURE**

The degree to which a training program collaborates with State Title V agencies, other MCH or MCH-related programs and other professional organizations.

**DEFINITION**

Attached is a list of the 6 elements that describe activities carried out by training programs for or in collaboration with State Title V and other agencies on a scale of 0 to 1. If a value of '1' is selected, provide the number of activities for the element. The total score for this measure will be determined by the sum of those elements noted as '1.'

**HEALTHY PEOPLE 2010 OBJECTIVE**

1-7. Increase the proportion of schools of medicine, schools of nursing, and other health professional training schools whose basic curriculum for health care providers includes the core competencies in health promotion and disease prevention.  
7-2. Increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent health problems...  
7-11. Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs.  
23-8, 23-10. Increase the proportion of Federal, Tribal, State, and local agencies that incorporate specific competencies and provide continuing education to develop competency in the essential public health services.

**DATA SOURCES AND ISSUES**

The training program completes the attached table which describes the categories of collaborative activity.

## **SIGNIFICANCE**

As a SPRANS, a training program enhances the Title V State block grants that support the MCHB goal to promote comprehensive, coordinated, family-centered, and culturally-sensitive systems of health care that serve the diverse needs of all families within their own communities. Interactive collaboration between a training program and Federal, Tribal, State and local agencies dedicated to improving the health of MCH populations will increase active involvement of many disciplines across public and private sectors and increase the likelihood of success in meeting the goals of relevant stakeholders.

This measure will document a training program's abilities to:

- 1) collaborate with State Title V and other agencies (at a systems level) to support achievement of the MCHB Strategic Goals and CSHCN Healthy People 2010 action plan;
- 2) make the needs of MCH populations more visible to decision-makers and can help states achieve best practice standards for their systems of care;
- 3) reinforce the importance of the value added to LEND program dollars in supporting faculty leaders to work at all levels of systems change; and
- 4) internally use this data to assure a full scope of these program elements in all regions.

**DATA COLLECTION FORM FOR DETAIL SHEET PM #59**

Indicate the degree to which your training program collaborates with State Title V (MCH) agencies and other MCH or MCH-related programs using the following values:

- 0= The training program does not collaborate on this element.
- 1=The training program does collaborate on this element.

If your program does collaborate, provide the total number of activities for the element.

Element	0	1	Total Number of Activities
1. <b><u>Service</u></b> Examples might include: Clinics run by the training program and/ or in collaboration with other agencies			
2. <b><u>Training</u></b> Examples might include: Training in <i>Bright Futures...</i> ; Workshops related to adolescent health practice; and Community-based practices. It would not include clinical supervision of long-term trainees.			
3. <b><u>Continuing Education</u></b> Examples might include: Conferences; Distance learning; and Computer-based educational experiences. It would not include formal classes or seminars for long-term trainees.			
4. <b><u>Technical Assistance</u></b> Examples might include: Conducting needs assessments with State programs; policy development; grant writing assistance; identifying best-practices; and leading collaborative groups. It would not include conducting needs assessments of consumers of the training program services.			
5. <b><u>Product Development</u></b> Examples might include: Collaborative development of journal articles and training or informational videos.			
6. <b><u>Research</u></b> Examples might include: Collaborative submission of research grants, research teams that include Title V or other MCH-program staff and the training program's faculty.			

**Total Score (possible 0-6 score)** \_\_\_\_\_  
**Total Number of Collaborative Activities** \_\_\_\_\_

**MCH TRAINING AND EDUCATION PROGRAMS DATA FORM**

**Faculty and Staff Information**

List all personnel (faculty, staff, and others) contributing<sup>1</sup> to your training project, including those listed in the budget form and budget narrative and others that your program considers to have a central and ongoing role in the leadership training program whether they are supported or not supported by the grant.

Personnel (Do not list trainees)

Name	Ethnicity (Hispanic or Not Hispanic)	Race (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, More than One Race, Unrecorded)	Gender (Male or Female)	Discipline	Year Hired in MCH Leadership Training Program	Former MCHB Trainee? (Yes/No)
<b>Faculty</b>						
<b>Staff</b>						
<b>Other</b>						

<sup>1</sup> A 'central' role refers to those that regularly participate in on-going training activities such as acting as a preceptors; teaching core courses; and participating in other core leadership training activities that would be documented in the progress reports.

**Trainee Information (Long-term Trainees Only)**

Definition: Long-term trainees (those with greater than or equal to 300 contact hours within the training program) benefiting from the training grant (both supported and non-supported trainees).

Total Number of long-term trainees participating in the training program\* \_\_\_\_\_

Name

Ethnicity

Race

Gender

Address (For supported trainees ONLY)

City

State

Country

Discipline(s) upon Entrance to the Program

Degree(s)

Position at Admission (position title and setting)

Degree Program in which enrolled

Received financial MCH support?  Yes  No Amount: \$\_\_\_\_\_

Type:  Undergraduate  Pre-doctoral  Post-doctoral

Part-time student  Full-time student

Epidemiology training grants ONLY

Length of time receiving support: \_\_\_\_\_

Research Topic or Title\_\_\_\_\_

\*All trainees participating in the program, whether receiving MCH stipend support or not.

**Former Trainee Information (Long-term trainees and former trainees of the Pipeline and Certificate Programs)**

The following information is to be provided for each long-term trainee who completed the Training Program 5 years prior to the current reporting year.

Definition of Former Trainee = Grant supported trainees who completed the program 5 years ago

Project does not have any trainees who have completed the Training Program 5 years prior to current reporting year.

Name	Year Graduated	Degree(s) Earned with MCH support (if applicable)	Was University able to contact the trainee?	City of Residence	State of Residence	Country of Residence	Current Employment Setting ( <i>see pick list below*</i> )	Working in Public Health organization or agency (including Title V)? (Yes/No)	Working in MCH? (Yes/No)	Working with underserved populations or vulnerable groups**? (Yes/No)	Met criteria for Leadership in PM 08? (Yes/No)

\* Employment pick list

- Student
- Schools or school system includes EI programs, elementary and secondary
- Post-secondary setting
- Government agency
- Clinical health care setting (includes hospitals, health centers and clinics)
- Private sector
- Other (specify)

\*\* The term “underserved” refers to “Medically Underserved Areas and Medically Underserved Populations with shortages of primary medical care, dental or mental health providers. Populations may be defined by geographic (a county or service area) or demographic (low income, Medicaid-eligible populations, cultural and/or linguistic access barriers to primary medical care services) factors. The term "vulnerable groups," refers to social groups with increased relative risk (i.e. exposure to risk factors) or susceptibility to health-related problems. This vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life.

Vulnerable Groups refers to social groups with increased relative risk (i.e. exposure to risk factors) or susceptibility to health-related problems. This vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life. (i.e, Immigrant Populations

OMB # 0915-0298  
EXPIRATION DATE: 10/31/2012

Tribal Populations, Migrant Populations, Uninsured Populations, Individuals Who Have Experienced Family Violence, Homeless, Foster Care, HIV/AIDS, etc)  
*Source: Center for Vulnerable Populations Research. UCLA. <http://www.nursing.ucla.edu/orgs/cvpr/who-are-vulnerable.html>*

**MCH TRAINING PROGRAM GRADUATE FOLLOW-UP QUESTIONS**

**Contact / Background Information**

\*Name (first, middle, last): \_\_\_\_\_  
Previous Name (if used while enrolled in the training program): \_\_\_\_\_  
\*Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip  
Phone: \_\_\_\_\_  
Primary Email: \_\_\_\_\_

**Permanent Contact Information** (someone at a different address who will know how to contact you in the future, e.g., parents)

\*Name of Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
\*Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip  
Phone: \_\_\_\_\_

**What year did you graduate/complete the MCH Training Program?** \_\_\_\_\_

**Degree(s) earned while participating in the MCH Training Program** \_\_\_\_\_ (a pick list will be provided-same as the one provided in the EHB faculty information form)

**Ethnicity:** (choose one)

*Hispanic* is an ethnic category for people whose origins are in the Spanish-speaking countries of Latin America or who identify with a Spanish-speaking culture. Individuals who are Hispanic may be of any race.

- Hispanic**
- Not Hispanic**

**Race:** (choose one)

**American Indian and Alaskan Native** refer to people having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. Tribe: \_\_\_\_\_

**Asian** refers to people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g. Asian Indian).

**Black or African American** refers to people having origins in any of the Black racial groups of Africa.

**Native Hawaiian and Other Pacific Islander** refers to people having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White** refers to people having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**More than One Race** includes individuals who identify with more than one racial designation.

**Unrecorded** is included for individuals who do not indicate their racial category.

**Survey**

Please answer all of the following questions as thoroughly as possible. When you have filled out the entire survey, return it to your Center/Program.

**1. What best describes your current employment setting:**

- Student
- Schools or school system (includes EI programs, elementary and secondary)
- Post-secondary setting
- Government agency
- Clinical health care setting (includes hospitals, health centers and clinics)
- Private sector
- Other: please specify: \_\_\_\_\_

**2. Do you currently work in a public health organization or agency (including Title V)? Y/N**

**3. Does your current work relate to Maternal and Child Health (MCH) populations ((i.e. women, infants and children, adolescents, and their families including fathers and children and youth with special health care needs,)?**

- yes
- no

**4. Does your current work relate to underserved or vulnerable<sup>2</sup> populations (i.e, Immigrant Populations Tribal Populations, Migrant Populations, Uninsured Populations, Individuals Who Have Experienced Family Violence, Homeless, Foster Care, HIV/AIDS, health disparities, etc)**

- yes
- no

**5. Have you done any of the following activities since completing your training program?**

- a. Participated on any of the following as a group leader, initiator, key contributor or in a position of influence/authority: committees of state, national or local organizations; task forces; community boards; advocacy groups; research societies; professional societies; etc.
- b. Served in a clinical position of influence (e.g. director, senior therapist, team leader, etc.)
- c. Provided consultation or technical assistance in MCH areas
- d. Taught/mentored in my discipline or other MCH related field
- e. Conducted research or quality improvement on MCH issues

---

<sup>2</sup> The term "underserved" refers to "Medically Underserved Areas and Medically Underserved Populations with shortages of primary medical care, dental or mental health providers. Populations may be defined by geographic (a county or service area) or demographic (low income, Medicaid-eligible populations, cultural and/or linguistic access barriers to primary medical care services) factors. The term "vulnerable groups," refers to social groups with increased relative risk (i.e. exposure to risk factors) or susceptibility to health-related problems. This vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life.

Vulnerable Groups refers to social groups with increased relative risk (i.e. exposure to risk factors) or susceptibility to health-related problems. This vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life. (i.e, Immigrant Populations Tribal Populations, Migrant Populations, Uninsured Populations, Individuals Who Have Experienced Family Violence, Homeless, Foster Care, HIV/AIDS, etc) *Source: Center for Vulnerable Populations Research. UCLA.*  
<http://www.nursing.ucla.edu/orgs/cvpr/who-are-vulnerable.html>

- f. Disseminated information on MCH Issues (e.g., Peer reviewed publications, key presentations, training manuals, issue briefs, best practices documents, standards of care)
- g. Served as a reviewer (e.g., for a journal, conference abstracts, grant, quality assurance process) (ac, c)
- h. Procured grant and other funding in MCH areas
- i. Conducted strategic planning or program evaluation
- j. Participated in public policy development activities (e.g., Participated in community engagement or coalition building efforts, written policy or guidelines, influenced MCH related legislation (provided testimony, educated legislators, etc))
- k. None

**6. If you checked any of the activities above, in which of the following settings or capacities would you say these activities occurred? (check all that apply)**

- a. Academic
- b. Clinical
- c. Public Health
- d. Public Policy & Advocacy

**(end of survey)**

**Confidentiality Statement**

Thank you for agreeing to provide information that will enable your training program to track your training experience and follow up with you after the completion of your training. Your input is critical to our own improvement efforts and our compliance with Federal reporting requirements. Please know that your participation in providing information is entirely voluntary. The information you provide will only be used for monitoring and improvement of the training program. Please also be assured that we take the confidentiality of your personal information very seriously. We very much appreciate your time and assistance in helping to document outcomes of the Training Program. We look forward to learning about your academic and professional development.

**Medium Term Trainees**

DEFINITION: Medium term trainees are trainees with 40 - 299 contact hours in the current reporting year.

**Medium-term Trainees with 40-149 contact hours during the past 12-month grant period**

**Total Number** \_\_\_\_\_

**Disciplines (check all that apply):**

- Audiology
- Dentistry-Pediatric
- Dentistry – Other
- Education/Special Education
- Family/Parent/Youth Advocacy
- Genetics/Genetic Counseling
- Health Administration
- Medicine-General
- Medicine-Adolescent Medicine
- Medicine-Developmental-Behavioral Pediatrics
- Medicine-Neurodevelopmental Disabilities
- Medicine-Pediatrics
- Medicine-Pediatric Pulmonology
- Medicine – Other
- Nursing-General
- Nursing-Family/Pediatric Nurse Practitioner
- Nursing-Midwife
- Nursing – Other
- Nutrition
- Occupational Therapy
- Parent
- Physical Therapy
- Psychiatry
- Psychology
- Public Health
- Respiratory Therapy
- Social Work
- Speech-Language Pathology
- Other (Specify)

**Medium Term Trainees with 150-299 contact hours**

The totals for gender, ethnicity, race and discipline must equal the total number of medium term trainees with 150-299 contact hours

**Total Number** \_\_\_\_\_

**Gender** Male \_\_\_\_\_ Female \_\_\_\_\_

*(number not percent)*

**Ethnicity** Hispanic: \_\_\_\_\_ Not Hispanic \_\_\_\_\_

*(number not percent)*

**Race** American Indian or Alaska Native: \_\_\_\_\_  
 Asian: \_\_\_\_\_  
 Black or African American: \_\_\_\_\_  
 Native Hawaiian or Other Pacific Islander: \_\_\_\_\_  
 White: \_\_\_\_\_  
 More than One Race: \_\_\_\_\_  
 Unrecorded: \_\_\_\_\_

*(number not percent)*

**Discipline**

<u>Number</u>	<u>Discipline</u>
_____	Audiology
_____	Dentistry-Pediatric
_____	Dentistry – Other
_____	Education/Special Education
_____	Family/Parent/Youth Advocacy
_____	Genetics/Genetic Counseling
_____	Health Administration
_____	Medicine-General
_____	Medicine-Adolescent Medicine
_____	Medicine-Developmental-Behavioral Pediatrics
_____	Medicine-Neurodevelopmental Disabilities
_____	Medicine-Pediatrics
_____	Medicine-Pediatric Pulmonology
_____	Medicine – Other
_____	Nursing-General
_____	Nursing-Family/Pediatric Nurse Practitioner
_____	Nursing-Midwife
_____	Nursing – Other
_____	Nutrition
_____	Occupational Therapy
_____	Parent
_____	Physical Therapy
_____	Psychiatry
_____	Psychology
_____	Public Health
_____	Respiratory Therapy
_____	Social Work
_____	Speech-Language Pathology
_____	Other (Specify)_____

**TOTAL Number of Medium term Trainees:** \_\_\_\_\_

**Short Term Trainees**

DEFINITION: Short-term trainees are trainees with less than 40 contact hours in the current reporting year.  
(Continuing Education participants are not counted in this category)

Total number of short term trainees during the past 12-month grant period \_\_\_\_\_

Indicate disciplines (check all that apply)

- Audiology
- Dentistry-Pediatric
- Dentistry – Other
- Education/Special Education
- Family/Parent/Youth Advocacy
- Genetics/Genetic Counseling
- Health Administration
- Medicine-General
- Medicine-Adolescent Medicine
- Medicine-Developmental-Behavioral Pediatrics
- Medicine-Neurodevelopmental Disabilities
- Medicine-Pediatrics
- Medicine-Pediatric Pulmonology
- Medicine – Other
- Nursing-General
- Nursing-Family/Pediatric Nurse Practitioner
- Nursing-Midwife
- Nursing – Other
- Nutrition
- Occupational Therapy
- Parent
- Physical Therapy
- Psychiatry
- Psychology
- Public Health
- Respiratory Therapy
- Social Work
- Speech-Language Pathology
- Other (Specify)

**Technical Assistance/Collaboration Form**

DEFINITION: Technical Assistance/Collaboration refers to mutual problem solving and collaboration on a range of issues, which may include program development, clinical services, collaboration, program evaluation, needs assessment, and policy & guidelines formulation. It may include administrative services, site visitation and review/advisory functions. Collaborative partners might include State or local health agencies, and education or social service agencies. Faculty may serve on advisory boards to develop &/or review policies at the local, State, regional, national or international levels. The technical assistance (TA) effort may be a one-time or on-going activity of brief or extended frequency. The intent of the measure is to illustrate the reach of the training program beyond trainees.

Provide the following summary information on the ALL TA provided

Total Number of Technical Assistance/Collaboration Activities	TA Activities by Type of Recipient	Number of TA Activities by Target Audience
_____	<input type="checkbox"/> Other Divisions/ Departments in a University <input type="checkbox"/> Title V (MCH Programs) <input type="checkbox"/> State Health Dept. <input type="checkbox"/> Health Insurance/ Organization <input type="checkbox"/> Education <input type="checkbox"/> Medicaid agency <input type="checkbox"/> Social Service Agency <input type="checkbox"/> Mental Health Agency <input type="checkbox"/> Juvenile Justice or other Legal Entity <input type="checkbox"/> State Adolescent Health <input type="checkbox"/> Developmental Disability Agency <input type="checkbox"/> Early Intervention <input type="checkbox"/> Other Govt. Agencies <input type="checkbox"/> Mixed Agencies <input type="checkbox"/> Professional Organizations/Associations <input type="checkbox"/> Family and/or Consumer Group <input type="checkbox"/> Foundations <input type="checkbox"/> Clinical Programs/ Hospitals <input type="checkbox"/> Other Please Specify	Local _____ Within State _____ Another State _____ Regional _____ National _____ International _____

**B.** Provide information below on the **5-10 most significant** technical assistance/collaborative activities in the past year. In the notes, briefly state why these were the most significant TA events.

Title	Topic of Technical Assistance/Collaboration <i>Select one from list A and all that apply from List B.</i>		Recipient of TA/Collaborator	Intensity of TA	Primary Target Audience
	List A (select one)  A. Clinical care related (including medical home) B. Cultural Competence Related C. Data, Research, Evaluation Methods (Knowledge Translation) D. Family Involvement E. Interdisciplinary Teaming F. Healthcare Workforce Leadership G. Policy H. Prevention I. Systems Development/Improvement	List B (select all that apply)  1. Women’s/Reproductive/Perinatal Health 2. Early Childhood Health/Development (birth to school age) 3. School Age Children 4. Adolescent 5. CSHCN/Developmental Disabilities 6. Autism 7. Emergency Preparedness 8. Health Information Technology 9. Mental Health 10. Nutrition 11. Oral Health 12. Patient Safety 13. Respiratory Disease 14. Vulnerable Populations* 15. Racial and Ethnic Diversity or Disparities 16. Other	a. Other Divisions/ Departments in a University b. Title V (MCH Programs) c. State Health Dept. d. Health Insurance/ Organization e. Education f. Medicaid agency g. Social Service Agency h. Mental Health Agency i. Juvenile Justice or other Legal Entity j. State Adolescent Health k. Developmental Disability Agency l. Early Intervention m. Other Govt. Agencies n. Mixed Agencies o. Professional Organizations/Associations p. Family and/or Consumer Group q. Foundations r. Clinical Programs/ Hospitals s. Other (specify)	1. One time brief (single contact) 2. One time extended (multi-day contact provided one time) 3. On-going infrequent (3 or less contacts per year) 4. On-going frequent (more than 3 contacts per year)	1. Local 2. Within State 3. Another State 4. Regional 5. National 6. International
1	Example	G- Policy	E - Education	2	2

"Vulnerable groups," refers to social groups with increased relative risk (i.e. exposure to risk factors) or susceptibility to health-related problems. This vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life.

**C.** In the past year have you provided technical assistance on emerging issues that are not represented in the topic list above? YES/ NO.

If yes, specify the topic(s): \_\_\_\_\_

**Continuing Education Form**

Continuing Education is defined as continuing education programs or trainings that serve to enhance the knowledge and/or maintain the credentials and licensure of professional providers. Training may also serve to enhance the knowledge base of community outreach workers, families, and other members who directly serve the community.

**A.** Provide information related to the total number of CE activities provided through your training program last year.

Total Number of CE Participants \_\_\_\_\_  
Total Number of CE Sessions/Activities \_\_\_\_\_

Number of CE Sessions/Activities by Primary Target Audience  
Number of **Local** CE Activities \_\_\_\_\_  
Number of **State** CE Activities \_\_\_\_\_  
Number of CE Activities in **Another State** \_\_\_\_\_  
Number of **Regional** CE Activities \_\_\_\_\_  
Number of **National** CE Activities \_\_\_\_\_  
Number of **International** CE Activities \_\_\_\_\_

Number of CE Sessions/Activities for which Credits are Provided \_\_\_\_\_

For **up to 10** of the most significant CE activities in the past project year, list the title, topics, methods, number of participants, duration and whether CE units were provided. In the field notes, briefly state why these were the most significant CE events (e.g., most participants reached; key topic addressed, new collaboration opportunity, emerging issues, diversity of participants (other than healthcare workers etc))

Title	Topic: List A select one	Topic: List B: <i>select all that apply</i>	Primary Target Audience	Method*	Number of Participants	Continuing Education Credits Provided? (Yes/No)
	A. Clinical Care-Related (including medical home) B. Cultural Competence-Related C. Data, Research, Evaluation Methods (Knowledge Translation) D. Family Involvement E. Interdisciplinary Teaming F. Healthcare Workforce Leadership G. Policy H. Prevention I. Systems Development/Improvement	1. Women’s Reproductive/ Perinatal Health 2. Early Childhood Health/ Development (birth to school age) 3. School Age Children 4. Adolescent 5. CSHCN/Developmental Disabilities 6. Autism 7. Emergency Preparedness 8. Health Information Technology 9. Mental Health 10. Nutrition 11. Oral Health 12. Patient Safety 13. Respiratory Disease 14. Vulnerable Populations* 15. Racial and Ethnic Diversity or Disparities 16. Other (specify)	1. Local 2. State 3. Another state 4. Regional 5. National 6. International	A. In-person B. Distance C. Mixed		
1.						
2.						
3.						

\* "Vulnerable groups" refers to social groups with increased relative risk (i.e. exposure to risk factors) or susceptibility to health-related problems. This vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life. Center for Vulnerable Populations Research. UCLA. <http://www.nursing.ucla.edu/orgs/cvpr/who-are-vulnerable.html>

C. In the past year have you provided continuing education on emerging issues that are not represented in the topic list above?  
YES/ NO. If yes, specify the topic(s): \_\_\_\_\_

**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 (Three may be entered)	

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

