

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

Maternal and Child Health Bureau
Division of Research, Training, and Education

*Affordable Care Act –
Maternal, Infant, and Early Childhood Home Visiting Research Network*

**Announcement Type: New
Announcement Number: HRSA-12-158**

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FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2012

Application Due Date: March 5, 2012

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

**Release Date: January 9, 2012
Issuance Date: January 9, 2012**

Robin Harwood, PhD, or Hae Young Park, MPH
Program Officers, MCH Research Program
Maternal and Child Health Bureau
Email: rharwood@hrsa.gov or hpark@hrsa.gov
Telephone: (301) 443-2207
Fax: (301) 443-4842

Authority: Social Security Act, Title V, §511(h)(3), (42 U.S.C. 711(a)(3)), as amended by the Patient Protection and Affordable Care Act, §2951 (P.L. 111-148)

EXECUTIVE SUMMARY

We are pleased to announce the funding opportunity for the cooperative agreement competition for the MCH Research Program's Maternal, Infant, and Early Childhood Home Visiting Research Network (HVRN), a component of HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. The Home Visiting Research Network is supported and administered by the Maternal and Child Health (MCH) Research Program, located within MCHB's Division of Research, Training, and Education (DRTE) in collaboration with the Administration for Children and Families' (ACF's) Office of Planning, Research and Evaluation. Please read the entire funding opportunity announcement carefully before completing and submitting an application.

The purpose of this cooperative agreement is to support the creation of an interdisciplinary, multicenter research forum for scientific collaboration and infrastructure building related to home visiting research that is designed to improve life outcomes among mothers, infants, and young children. The work of this Network will complement the ongoing research and evaluation activities occurring both within the MIECHV program and in the research field broadly, and will have the following goals:

- Develop a national research agenda designed to improve the implementation and effectiveness of maternal, infant, and early childhood home visiting programs through: (a) research on the components of effective interventions, and (b) research targeted to improving the delivery of home visiting services; this national research agenda will also be used to actively guide the Network's implementation of research studies through both MCHB and external funding sources;
- Advance the methods of studying the implementation and effectiveness of home visiting programs;
- Develop approaches to data sharing that will expedite the translation of research results into knowledge, products, and procedures;
- Disseminate critical information and foster continued education activities on its research findings to inform researchers, professionals, policy makers, other stakeholders in the home visiting field, and the public;
- Provide a research environment that is supportive of the professional development of emerging researchers interested in home visiting through: fostering mentoring relationships between faculty members and emerging researchers; and encouraging active communication, networking, and collaboration among researchers; and

Types of relevant activities conducted by the Network may include but are not limited to:

- Identifying effective approaches and/or testing the effectiveness of approaches to the implementation of evidence-based home visiting programs within communities;
- Identifying gaps in necessary program enhancements and/or testing the efficacy of enhancements to evidence-based home visiting programs, including but not limited to: culturally appropriate adaptations; enhancements to address intimate-partner violence, substance abuse, and parental health and wellbeing; and/or enhancements related to improving the participant outcomes or benchmark domains specified in the Maternal, Infant, and Early Childhood Home Visiting legislation;

- Investigating mechanisms of change within program models or implementation systems in order to identify which program components work under which circumstances for which participants;
- Exploring the capacity of existing home visiting models and service systems to meet the unique developmental needs of pregnant and parenting adolescents;
- Determining effective program features that can improve participant recruitment/retention, including father engagement;
- Developing approaches to screening children and families for variables highlighted as priority risk areas that can be used in conjunction with home visiting models;
- Identifying and evaluating community-based partnerships that enhance a program's responsiveness to community needs;
- Evaluating and recommending coordinated approaches that support healthy development by fostering collaborations across diverse agencies that serve mothers and young children, including but not limited to early childhood education settings, health care providers, and local programs;
- Conducting cost-benefit analyses of home visiting programs; and
- Fostering workforce development, specifically: effective techniques for reflective supervision; effective methods of training and continuing education for home visitors; recruitment and retention of effective home visitors; effective support for home visitor mental health; and other relevant topics.

The activities described above may be supported in various ways, including but not limited to:

- Convening in-person, video, and teleconference meetings of network members and members of the public; and
- Disseminating information through conference presentations, publications, webinars, and websites.

Qualified Applicants: Only public or nonprofit institutions of higher learning and public or private nonprofit agencies engaged in research or in programs relating to maternal and child health and/or services for children with special health care needs may apply for grants contracts or cooperative agreements for research in maternal and child health services or in services for children with special health care needs. Entities directly involved in the operation of home visiting programs are not eligible to apply.

Type of Award: Funding will be provided in the form of a cooperative agreement, in which the HRSA MCHB Program Officer works in partnership with the cooperative agreement recipient. Substantial HHS scientific and/or programmatic involvement with the recipient is anticipated during the performance of the project.

Number of Awards And Funds Available Per Year: One cooperative agreement of \$300,000 in total costs per year for a single project period of up to 3 years. (Subject to certain limitations as further described below.)

Application Due Date: March 5, 2012

Project Period:

Approved project will be funded effective July 1, 2012, and will be awarded a project period of up to three years pending satisfactory awardee performance, the availability of appropriated funds, and a decision that continued funding is in the best interest of the Federal Government.

Program Assistance

Additional information relating to overall program issues or technical assistance may be obtained by contacting:

Robin Harwood, PhD, or Hae Young Park, MPH
Program Officers, MCH Research Program
Maternal and Child Health Bureau
5600 Fishers Lane, Room 18A-55
Rockville, MD 20857
Email: rhawood@hrsa.gov or hpark@hrsa.gov
Telephone: (301) 443-2207

Business, Administrative and Fiscal Inquiries

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

Thais Diaz-Macaluso
Grants Management Specialist
5600 Fishers Lane, Room 11A-02
Rockville, MD 20857
Email: TDiaz-Macaluso@hrsa.gov
Telephone: (301) 443-0682

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I. FUNDING OPPORTUNITY DESCRIPTION

1. Purpose

The purpose of this cooperative agreement is to support the creation of an interdisciplinary, multicenter research forum for scientific collaboration and infrastructure building related to home visiting research that is designed to improve life outcomes among mothers, infants, and young children. The work of this Network will complement the ongoing research and evaluation activities occurring both within the MIECHV program and in the research field broadly, and will have the following goals:

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- Advance the methods of studying the implementation and effectiveness of home visiting programs;
- Develop approaches to data sharing that will expedite the translation of research results into knowledge, products, and procedures;
- Disseminate critical information and foster continued education activities on its research findings to inform researchers, professionals, policy makers, other stakeholders in the home visiting field, and the public;
- Support the professional development of emerging researchers to conduct research on home visiting through: fostering mentoring relationships between faculty members and emerging researchers; and encouraging active communication, networking, and collaboration among researchers; and

Types of relevant activities conducted by the Network may include but are not limited to:

- Identifying effective approaches and/or testing the effectiveness of approaches to the implementation of evidence-based home visiting programs within communities;
- Identifying gaps in necessary program enhancements and/or testing the efficacy of enhancements to evidence-based home visiting programs, including but not limited to: culturally appropriate adaptations; enhancements to address intimate-partner violence, substance abuse, and parental health and wellbeing; and/or enhancements related to improving the participant outcomes or benchmark domains specified in the Maternal, Infant, and Early Childhood Home Visiting legislation;
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- Developing approaches to screening children and families for variables highlighted as priority risk areas that can be used in conjunction with home visiting models;

- Identifying and evaluating community-based partnerships that enhance a program's responsiveness to community needs;
- Evaluating and recommending coordinated approaches that support healthy development by fostering collaborations across diverse agencies that serve mothers and young children, including but not limited to early childhood education settings, health care providers, and local programs;
- Conducting cost-benefit analyses of home visiting programs; and
- Fostering workforce development, specifically: effective techniques for reflective supervision; effective methods of training and continuing education for home visitors; recruitment and retention of effective home visitors; effective support for home visitor mental health; and other relevant topics.

The activities described above may be supported in various ways, including but not limited to:

- Convening in-person, video, and teleconference meetings of network members and members of the public; and
- Disseminating information through conference presentations, publications, webinars, and websites.

Objectives and Function of the Home Visiting Research Network (HVRN)

The HVRN is expected to forge partnerships with maternal and child health, early learning, family development, and child abuse prevention researchers, clinicians, educators, advocates, families, state public health programs, and other organizations/agencies. Establishment of strong partnerships with the stakeholder community is essential in order to translate vital research findings and assure better access, quality, and coordination of services for the recipients of home visiting programs. Specifically, new research is emerging around the benefits of practice-based research networks (PBRN) in the medical community (<http://www.uams.edu/archd/Docs/NIHRoadmapTranslational.pdf>). These networks include partnerships between researchers, families, and practitioners in shaping the research agenda. Applications that utilize this or other models that show evidence of research translation into community and practitioner networks are encouraged.

The applicant for the HVRN will need to demonstrate capacity to perform the following activities under this cooperative agreement:

- 1) Create a well-conceived interdisciplinary, multisite research network infrastructure representing geographically and ethnically diverse points of view, with members who are nationally recognized leaders in the fields of maternal and child home visiting research and related areas of inquiry, including maternal and child health;
- 2) Develop a scientifically-derived research agenda that will be used to actively guide the Network's research activities, including implementation of research studies through both MCHB and external funding sources;
- 3) Collaborate with other research and program entities engaged in the promotion of health and wellbeing among mothers, infants, and young children through home visiting programs;
- 4) Create a website for the purposes of disseminating information regarding Network activities to other researchers, practitioners, new investigators, and the public;

- 5) Foster an environment that provides training and facilitates communication among researchers and practitioners representing the field of home visiting and related areas of inquiry regarding the implementation and effectiveness of home visiting programs;
- 6) Develop a plan to ensure dissemination of Network findings through peer-reviewed publications, webinars, meetings, and other related activities; these activities should not only share research information and Network activities, but should also serve to facilitate the transfer of Network findings in such a way as to impact practice settings, service delivery systems to target families, and relevant policies;
- 7) Collaborate with other activities of the Maternal, Infant, and Early Childhood Home Visiting Program through information-dissemination activities; and
- 8) Provide a research environment that supports the professional development of emerging home visiting researchers through: fostering mentoring relationships between faculty members and emerging researchers; and encouraging active communication, networking and collaboration among emerging researchers around home visiting research.

2. Background

Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act (Affordable Care Act) (P.L. 111-148), designed to make quality, affordable health care available to all Americans, reduce costs, improve health care quality, enhance disease prevention, and strengthen the health care workforce. Through a provision authorizing the creation of the Maternal, Infant, and Early Childhood Home Visiting Program, the Affordable Care Act responds to the diverse needs of children and families in communities at risk and provides an unprecedented opportunity for collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs. Specifically, the Maternal, Infant, and Early Childhood Home Visiting Program is designed: (1) to strengthen and improve the programs and activities carried out under Title V; (2) to improve coordination of services for at-risk communities; and (3) to identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities. The legislation reserves the majority of funding for one or more evidence-based home visiting models. In addition, the legislation supports continued innovation by allowing for up to 25 percent of funding in order to support promising approaches that do not yet qualify as evidence-based models.

HRSA and the Administration for Children and Families (ACF) believe that home visiting should be viewed as one of several service strategies embedded in a comprehensive, high-quality early childhood system that promotes maternal, infant, and early childhood health, safety, and development, as well as strong parent-child relationships. Together, we envision high-quality, evidence-based home visiting programs as part of an early childhood system for promoting health and well-being for pregnant women, children through age eight, and their families. This system would include a range of other programs such as child care, Head Start, prekindergarten, special education, and the early elementary grades. Recognizing that the goal of an effective, comprehensive early childhood system that supports the lifelong health and well-being of children, parents, and caregivers is broader than the scope of any one agency, HRSA and ACF are working in close collaboration with each other and look forward to partnering with states and other stakeholders to foster high-quality, well-coordinated home visiting programs for families in at-risk communities. HRSA and ACF realize that coordination of services with other agencies

has been an essential characteristic of state and local programs for many years and will continue to encourage, support, and promote the continuation of these collaborative activities, as close collaboration at all levels will be essential to effective, comprehensive home visiting and early childhood systems.

HRSA and ACF believe further that the Affordable Care Act provides an unprecedented opportunity for federal, state, and local agencies, through their collaborative efforts, to effect changes that will improve the health and wellbeing of vulnerable populations by addressing child development within the framework of life course development and a socioecological perspective. Life course development points to broad social, economic, and environmental factors as contributors to poor and favorable health and development outcomes for children, as well as to persistent inequalities in the health and wellbeing of children and families. The socioecological framework emphasizes that children develop within families, families exist within a community, and the community is surrounded by the larger society. These systems interact with and influence each other to either decrease or increase risk factors or protective factors that affect a range of health and social outcomes.

Existing MIECHV Activities

The Affordable Care Act requires MIECHV to include both a national evaluation of the program and an ongoing portfolio of research on impact and implementation of home visiting (see Title V, Section 511 of the Social Security Act (42 U.S.C. 711), as amended). The national evaluation is called upon to conduct an evaluation of the statewide needs assessments also required by the legislation and the grants made to entities for the program activities. The authorizing legislation specifies four components of the federal evaluation (grantees are encouraged to be familiar with the Design Options for Home Visiting Evaluation report, found at http://www.acf.hhs.gov/programs/opre/other_resrch/maternal/pres_papers/dohve_design.pdf):

- (a) An analysis, on a state-by-state basis, of the results of such assessments, including indicators of maternal and prenatal health and infant health and mortality, and state actions in response to the assessments;
- (b) An assessment of the effect of early childhood home visitation programs on child and parent outcomes, including with respect to each of the benchmark areas and participant outcomes specified in the legislation;
- (c) An assessment of the effectiveness of such programs on different populations, including the extent to which the ability of programs to improve participant outcomes varies across programs and populations; and
- (d) An assessment of the potential for the activities conducted under such programs, if scaled broadly, to improve health care practices, eliminate health disparities, improve health care system quality and efficiencies, and reduce costs.

In addition to the national evaluation, there are some additional relevant research activities within MIECHV. First, state grantees choosing to implement a promising approach must rigorously evaluate that approach. Second, as set forth in HRSA 11-179 which competitively awarded a portion of the MIECHV funds to states, applicants were required to demonstrate a rigorous evaluation of the innovation or expansion that was proposed with the funds. Finally, within ACF, there is an ongoing portfolio of research related to Early Head Start and home visiting as a child abuse prevention technique through the Children's Bureau, including the Supporting Evidence Based Home Visiting grant initiative. This program was funded by the

Children's Bureau from FY2008 to FY2011. Through the collaboration between HRSA and ACF, these discretionary grants have been incorporated into the MIECHV State Formula Grant Program, and it is anticipated that funding will be provided for these projects through FY2012. The Children's Bureau is supporting the cross-site evaluation which should be completed by early FY2013. More information about the Supporting Evidence-Based Home Visiting grant initiative is available from: <http://supportingebhv.org/crossite>.

The Home Visiting Research Network should complement and not duplicate the large body of home visiting research both inside and outside of MIECHV.

Brief Background on Home Visiting Research

Home visiting has a long history of research. Home visiting programs in the United States grew from three major approaches that first became prominent in the 1960s: visits by public health nurses to promote infant and child health in disadvantaged families, Head Start home visiting to promote school readiness in hard-to-reach families, and home-based family support to promote positive parenting and prevent child abuse in high-risk families. All of these approaches sought to foster early childhood health and development by intervening in the home to support and improve socialization, health, and education practices (Weiss, 1993).

In 2009-2011, the Home Visiting Evidence of Effectiveness (HomVEE) systematic review found more than 10,000 citations and more than 275 potential home visiting models in the peer-reviewed and gray literature. The research reviewed to date by HomVEE has found there is a reasonable amount of rigorous research available and many home visiting programs show positive effects that are sustained (Paulsell et al, 2010). However, the HomVEE review identified some gaps relevant to the current funding opportunity announcement (Avellar & Paulsell, 2011). For example, limited information exists on the effectiveness of home visiting on specific populations including racial or cultural groups or groups such as military families.

As home visiting constitutes an expanding field of service delivery there is a great demand for empirical knowledge to inform effective service delivery. A few of the domains are highlighted below including recruitment and retention of families in home visiting and professional development of home visitors. Many gaps in the field remain, which it is hoped that this HVRN can address.

Home visiting programs must recruit and retain families to allow for the delivery of content and appropriate support for families during the program. However, many home visiting programs struggle to recruit or retain families for the full dosage of the model (e.g., Wagner & Spiker, 2001). There has been some empirical research on correlates with family disengagement with home visiting or effective strategies for retaining families in home visitation (e.g., Daro, McCurdy, Falconnier & Stojanovic, 2003; Duggan et al., 2000; Ingoldsby, 2010). McGuigan, Katzev, and Pratt (2003) found evidence that community, family-level and home visitor-level attributes appear to contribute to family retention in home visiting programs preventing child maltreatment. Additional research points to differential needs and therefore different retention strategies necessary by race and ethnicity of participating families (McCurdy, Gannon & Daro, 2003). Finally, home visiting programs struggle with father involvement (Roggman, Boyce, Cook & Cook, 2002). There are emerging mixed findings around the benefits of father engagement in home visiting (Duggan et al, 2004). There is a need for more empirical work on

the best ways to recruit and retain family engagement in home visiting to obtain positive outcomes for children and families.

The preparation of home visitors and retention of qualified home visitors is a large issue for the field. There has been some empirical work on topics such as professional development of home visitors for program effectiveness (e.g., Hebbeler & Gerlach-Downie 2002). Recently, discussions raised concerns around the lack of preparation home visitors report in dealing with issues such as intimate partner violence or severe maternal depression. Some research has indicated home visitors could benefit from more effective training and ongoing professional support (Duggan, Fuddy, Burrell; Higman; McFarlane; Windham & Sia, 2004). For example Barbara Wasik and Richard Roberts (1994) surveyed Head Start home visitors and found they came from widely varying backgrounds before beginning home visiting but received little training and support once on the job. Home visitors have reported the job can be isolating and stressful (Wasik, 1994). Job stress and isolation are some of the potential variables related to the high turnover of home visitors. Turnover of home visitors is a large and costly problem (Aarons, Sommerfeld, Hecht, Silovsky & Chaffin, 2009). There is some positive advancement in the professional development of home visitors. For example, Aarons and colleagues (2009) found the provision of coaching along with training in the home visiting model lead to significant reductions in home visitor turnover. The home visiting field will greatly benefit from continued research into the professional development of home visitors.

The HVRN will identify critical gaps in Home Visiting research and propose ways to fill these needs through the work of the Network. Specifically, the HVRN will:

- 1) Formulate a national research agenda designed to improve the implementation and effectiveness of maternal, infant, and early childhood home visiting programs; the national research agenda will actively guide the Network's implementation of research studies through both MCHB and external funding sources;
- 2) Foster innovative collaboration among Network members through activities including, but not limited to meetings and interdisciplinary educational activities;
- 3) Coordinate a plan for mentorship to a new generation of home visiting researchers;
- 4) Develop guidelines for data linkage and sharing among Network members; and
- 5) Disseminate findings to home visiting and health professionals, policymakers, family members, and the greater public.

Quality Control and Monitoring

It is assumed that the Network will have a Project Director and several co-investigators across multiple sites. The Project Director under the cooperative agreement and all co-investigators assume and accept the primary responsibility for ensuring Network studies are conducted in compliance with all federal regulations and HHS policies and procedures. All participants under this award will cooperate with MCHB to review Network operations.

Subject Safety/Oversight

The Network will adhere to protocol-specific measures to assure the safety and protection of the rights of volunteers who may participate in observational studies to be conducted as a result of this cooperative agreement. The Project Director and all co-investigators assume and accept the primary responsibility for ensuring Network studies are conducted in compliance with all federal regulations and HHS policies and procedures. All investigators agree and assure that adequate records will be maintained, and that access to these records will be available to enable outside

monitors (including MCHB or its designee) to assess compliance with applicable federal laws and regulations.

Any project that may utilize human subjects or data from human subjects should consult their Institutional Review Board (IRB) or the federal Office of Human Research Protection (website: <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm>) for the requirements of IRB review.

Publication of Data

Prompt and timely presentation and publication in the scientific literature of findings resulting from research undertaken in the Network is required. In addition, prompt and timely dissemination of a research agenda, and of any results and findings from secondary analyses are required. As per HHS guidelines, the awardee agrees to acknowledge HRSA support in the publications and oral presentations resulting from research and/or activities conducted under this cooperative agreement. Investigators must agree to abide by Network policies concerning all publication of Network studies. Prior to the submission of manuscripts for publication, awardees agree to provide preprint copies to MCHB according to MCHB policies and procedures. Peer-reviewed publications are the cardinal measure of success of the MCH Research Program. The number of publications resulting from each funded project contributes to the total number of publications by which the MCH Research Program is evaluated annually.

II. Award Information

1. Type of Award

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project. In addition to the usual monitoring and technical assistance provided under the cooperative agreement, MCHB will participate in the following activities:

- 1) Participate in planning and development of all phases of this activity;
- 2) Participate in appropriate meetings and seminars conducted during the project period of the cooperative agreement;
- 3) Participate in periodic meetings and/or communications with the award recipients to review mutually agreed upon goals and objectives and to assess progress;
- 4) Assist in establishing and maintaining federal interagency and interorganizational contacts necessary to carry out the project;
- 5) Review and approve all documents and products prior to submission for publication or public dissemination.
- 6) Facilitate the dissemination of information about project activities; and
- 7) Facilitate effective communication and accountability to HRSA/MCHB and ACF regarding the project with special attention to new program initiatives and policy development in the home visiting field that has the potential to advance the utility of HVRN focused research.

The cooperative agreement recipient's responsibilities, which must be undertaken in consultation with MCHB, shall include the following:

- 1) Develop and maintain a national network of HVRN researchers who will collaborate in the development of research designed to improve our understanding of factors that influence the implementation and effectiveness of home visiting programs;
- 2) Develop new ideas for areas of study related to home visiting;
- 3) Develop papers on applicable research methods related to the implementation and effectiveness of home visiting programs;
- 4) Disseminate information regarding Network activities and research findings through, but not limited to, conference presentations, policy briefs, and participation in relevant federal meetings; and
- 5) Provide electronic copies of any products supported by award funds -- including publications, books, pamphlets, slide sets, CD-ROMS, curricula, assessment tools, videos, etc.--to be made available to the general public via the MCH Research Program

2. Summary of Funding

This program will provide funding for federal fiscal years 2012–2014. Approximately \$300,000 is expected to be available annually to fund one (1) awardee. Applicants may apply for a ceiling amount of up to \$300,000 per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for HVRN 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 institutions of higher learning and public or private nonprofit agencies engaged in research or in programs relating to maternal and child health and/or services for children with special health care needs may apply for grants contracts or cooperative agreements for research in maternal and child health services or in services for children with special health care needs.

Applicants must have significant experience with research related to home visiting programs for mothers, infants, and young children. Applications that fail to show such experience will not be considered.

Organizations directly involved in the operation of home visiting programs are not eligible to apply.

2. Cost Sharing/Matching

No cost sharing or matching is required.

3. Other

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

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

Maintenance of Effort/Non-Supplantation

Funds provided to an eligible entity shall supplement, and not supplant, funds from other sources for early childhood home visitation programs or initiatives. (Per Social Security Act, Title V, §511(f)).

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, 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. As of August 9, 2011, Grants.gov began rejecting submissions from applicants with expired CCR registrations. Although active CCR registration at time of submission is not a new requirement, this systematic enforcement will likely catch some applicants off guard. According to the CCR Website it can take 24 hours or more for updates to take effect, so ***check for active registration well before your grant deadline.***

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

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

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

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

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

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

Each funding opportunity contains a unique set of forms and only the specific forms package posted with an opportunity will be accepted for that opportunity. Specific instructions for preparing portions of the application that must accompany Application Form SF-424 appear in the "Application Format 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, appendices, 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 conform to HRSA requirements which specify 1-inch margins and 12-point font.**

Applications must be complete, within the 80-page limit when printed by HRSA using 1 inch margins and 12 point font, within the 10 MB limit, and submitted prior to the deadline to be considered under this announcement.

Application Format

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

SF-424 Non-Construction – Table of Contents

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

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

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

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

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Job Descriptions of Key Personnel
Attachment 2	Biographical Sketches of Key Personnel
Attachment 3	Letters of Agreement/Letters of Support
Attachment 4	Project Organizational Chart
Attachment 5	Maintenance of Effort Chart
Attachments 6-15	Other Relevant Documents

Application Format

i. Application Face Page

Complete Application Form SF-424 provided with the application package. Prepare according to instructions provided in the form itself. Important note: enter the name of the **Project Director** in 8. f. “Name and contact information of person to be contacted on matters involving this application.” If, for any reason, the Project Director will be out of the office, please ensure their email Out of Office Assistant is set so HRSA will be aware if any issues arise with the application and a timely response is required. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.615.

DUNS Number

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

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

ii. Table of Contents

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

iii. Budget

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

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

iv. Budget Justification

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budgets for each of the subsequent budget periods within the requested project period (three years) at the time of application. Line item information must be provided to explain the costs entered in the SF-424A 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 three (3) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be for up to three (3) years. Submission and HRSA approval of your Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the three-year project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.

Include the following in the Budget Justification narrative:

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

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plans, and tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project.

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

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. Consultants are included in this category. Also keep in mind that HRSA/MCHB allows grant and cooperative agreement recipients to utilize contractors (subcontracts) but not to issue competitive subgrants. Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in the Central Contractor Registry (CCR) and provide the recipient with their DUNS number.

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

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

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

v. *Staffing Plan and Personnel Requirements*

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

vi. *Assurances*

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

vii. *Certifications*

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

viii. *Project Abstract*

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

Please place the following at the top of the abstract:

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

Abstract content:

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

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

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

COORDINATION: Describe the coordination planned with appropriate national, regional, state and/or local home visiting 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 four (4) sections described below. Attachments may be used to provide supporting documentation, but substantive information corresponding

to review criteria must be contained within the project 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 of this funding opportunity announcement (See Section V. Review Criteria).

Please make special note of the requirements described in each of the sections below.

Use the following section headers for the Narrative:

Section I. Background and Significance

Section II. Specific Goals and Objectives

Section III. Project Design: Methods and Evaluation

Section IV. Plan and Schedule of Implementation, and Capability of Applicant

Section I - Background and Significance

In this section, the applicant should demonstrate a thorough knowledge and understanding of multi-institute, interdisciplinary research related to implementation and effectiveness of home visiting programs. In addition, the applicant should critically evaluate the national significance of such a research network. Identify issues of concern to, and needs of, those involved in efforts to improve health and well-being through home visiting programs among mothers, infants, and young children, as these relate to developing a new research agenda, analyzing existing datasets and/or administrative records if appropriate, and disseminating information through the creation of a website and peer-reviewed publications. The applicant should demonstrate how multi-site research studies can address these issues. The applicant should provide a brief literature review that discusses the significance of multi-site research on the development of a research agenda, and analyses of existing datasets and/or administrative records (if appropriate) in order to improve the implementation and effectiveness of home visiting programs for mothers, infants, and young children.

Section II - Specific Goals and Objectives

This section of the narrative should include a numbered list of the specific goals and objectives to be accomplished during the funding period. The specific objectives should be succinctly stated. The applicant should be innovative with respect to specific objectives, but should direct attention to the scope of expected activities listed below and earlier in the funding opportunity announcement. The project description for Year 1 should include a description of the process for identifying a national research agenda in priority areas. The applicant should show how the planned goals and objectives relate to ongoing evaluation activities conducted under the MIECHV program. The applicant should provide a plan for proposed activities in project year 2 and 3 that shows progressive implementation of the activities within the 3-year funding period.

Section III - Project Design: Methods and Evaluation

Methods:

This section of the narrative should provide detailed descriptions of the methodology for accomplishing each of the specific objectives – development of a research agenda, analyses of existing datasets and/or administrative records if appropriate, and dissemination of information. The applicant should provide sufficient technical detail to demonstrate the necessary steps to accomplish each objective, and to convey to reviewers adequate information to assess the methodology.

The applicant must also indicate the specific methods to be used to evaluate progress in each area of activity. The applicant is encouraged to list and discuss anticipated obstacles that may be encountered and indicate how each obstacle will be overcome.

It is crucial that the applicant describe how relevant agencies and/or researchers will function in true partnership within the Network in terms of study origination, design, execution and administration. Applicants should anticipate potential problems and challenges that may arise in this process, and propose mechanisms for collaborative resolution.

One important aspect of successful participation in the Network is the ability to generate ideas for a research agenda, and analyze existing datasets and/or administrative records if appropriate, in order to advance the knowledge base regarding home visiting implementation and effectiveness among mothers, infants, and young children.

Applicants should identify a process that will be used to generate and review research ideas.

Evaluation: For each described objective, an evaluation measure should be included. The evaluation measure should be measurable and a timeline for evaluation should be presented consistent with the plan and schedule of implementation for the goals and objectives.

In addition, the evaluation should include an effective publication and dissemination plan for the research agenda and data analyses generated by this project. NOTE: Peer-reviewed publications are the cardinal measure of success of the MCH Research Program. The number of publications resulting from each funded project contributes to the total number of publications by which the MCH Research Program is evaluated annually.

Section IV - Plan and Schedule of Implementation, and Capability of the Applicant

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 interdisciplinary project personnel, project collaborators, and consultants.

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.

The applicant should describe their experience in overseeing and carrying out multi-institute, interdisciplinary research projects; in addition, they should describe relevant experience with regard to the development of a national research agenda, and with analyses of existing

datasets and/or health records in order to advance our knowledge regarding home visiting implementation and effectiveness among mothers, infants, and young children.

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 **HOME VISITING RESEARCH NETWORK** and Submission of Administrative Data*

To prepare successful applicants for their future 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 03, The percentage of MCHB-funded projects submitting and publishing findings in peer-reviewed journals.
- 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 27, The degree to which awardees have mechanisms in place to ensure quality in the design, development, and dissemination of new information resources that they produce each year.
- 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. **Each attachment must be clearly labeled.**

Attachment 1: Job Descriptions of Key Personnel

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

Attachment 2: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying key positions. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 3: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)

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

Attachment 4: Project Organizational Chart

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

Attachment 5: Maintenance of Effort Chart

Applicants must complete and submit the following information:

NON-FEDERAL EXPENDITURES

FY 2011 (Actual)	FY 2012 (Estimated)
Actual FY 2011 non-federal funds, including in-kind, expended for activities proposed in this application. If proposed activities are not currently funded by the institution, enter \$0.	Estimated FY 2012 non-federal funds, including in-kind, designated for activities proposed in this application.
Amount: \$ _____	Amount: \$ _____

Attachments 6-15: Other Relevant Documents

Include here any other documents that are relevant to the application. Examples of other relevant documents include:

- Tables, charts, etc. to give further details about the proposal.
- Key publications, manuscripts (accepted for publication), abstracts, or other printed materials relevant to this project.
- Surveys, questionnaires, data collection instruments, or clinical protocols.
- Letters of support.

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

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is March 5, 2012. 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 Home Visiting Research Network is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

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

Funds under this announcement may not be used for the following purposes: foreign travel, tuition, and patient care costs not related to a research protocol.

Administrative cap applicable to state government entity applicants/grantees:

No more than 10 percent of the award amount may be spent on administrative expenditures. The requirements of the Social Security Act, §504(d) (relating to a limitation on administrative expenditures) apply to this award. Of the amounts paid to a state under §503 from an allotment for a fiscal year under §502(c), not more than 10 percent may be used for administering the funds paid under such section.

6. Other Submission Requirements

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

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

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

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

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

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

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

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

V. Application Review Information

1. Review Criteria

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

Review Criteria are used to review and rank applications. The Home Visiting Research Network has six review criteria:

Criterion 1.	<u>Need</u>	10 points
Criterion 2.	<u>Response</u>	20 points
Criterion 3.	<u>Evaluative Measures</u>	20 points
Criterion 4.	<u>Impact</u>	10 points
Criterion 5.	<u>Resources/Capabilities</u>	30 points
Criterion 6.	<u>Support Requested</u>	10 points
TOTAL:		100 points

Criterion 1: NEED (10 points) (Related Program Narrative Section: Background and Significance)

The extent to which the application:

- Describes the need for science-based knowledge regarding the implementation and effectiveness of home visiting programs that are designed to improve the health and well-being of mothers, infants, and young children;
- Describes how multi-site, interdisciplinary research efforts can serve to generate a national research agenda;
- Describes (if appropriate) existing datasets and/or administrative records that can be used to advance our knowledge with regard to the implementation and effectiveness of home visiting programs targeted at mothers, infants, and young children.

Criterion 2: RESPONSE (20 points) (Related Program Narrative Section: Background and Significance, Specific Goals and Objectives)

The extent to which the application:

- Responds to the “Purpose” included in the program description;
- Provides clarity with regard to the proposed goals and objectives and their relationship to the identified project;
- Describes activities (scientific or other) in the application that are capable of addressing the identified problem and attaining the project objectives;
- Demonstrates an overall scientific approach that is appropriate, thoughtful, and logical;
- Demonstrates awareness of previous work in the area of this project;

- Demonstrates an understanding of the MIECHV legislation as it relates to research and evaluation;
- Cites literature that is pertinent to the project and provides a clear rationale for the need for this research infrastructure;
- Describes goals and objectives that are clear, concise, and appropriate;
- Describes how, if the aims of the application are achieved, scientific knowledge or clinical practice will be advanced;
- Describes an innovative project that employs novel concepts, approaches or methods; original and innovative aims; and/or challenges existing paradigms or develops new methodologies or technologies;
- Addresses and includes information on all activities described in the “Purpose” for this competition: generating a research agenda, analyzing existing datasets and/or health or administrative records if appropriate, and disseminating Network findings;
- Considers how the proposed activities relate to or coordinate with ongoing evaluation activities conducted under the auspices of the MIECHV.

Criterion 3: EVALUATIVE MEASURES (20 points) (Related Program Narrative Section: Project Design: Methods and Evaluation, Plan and Schedule of Implementation, and Capability of Applicant)

The extent to which the application:

- Proposes a method that will be effective to conduct, monitor, and evaluate the project results.
- Includes evaluative measures that are able to assess the extent to which (a) project objectives have been met and (b) the meeting of these objectives can be attributed to the project.
- Describes an appropriate and high quality plan and methodology for establishing and managing the Network;
- Describes a plan that is coherent as a whole;
- Demonstrates a familiarity and experience with data gathering procedures as they relate to multi-site studies described;
- Demonstrates experience with multi-site study design (clinical trials and/or observational studies);
- Includes an effective publication and dissemination plan.

Criterion 4: IMPACT (10 points) (Related Program Narrative Section: Background and Significance, Specific Goals and Objectives, Project Design: Methods and Evaluation, Plan and Schedule of Implementation, and Capability of Applicant)

The extent to which the application:

- Describes a high-quality plan for the establishment of a Network, as described in this funding opportunity announcement, including the nature and technical quality of the investigations proposed;
- Describes adequate plans for overall Network management and operations;
- Describes effective plans for disseminating project results;
- Offers the potential for project results that may be national in scope;
- Describes a project that is significant in terms of its potential impact for developing a new research agenda, analyzing existing datasets and/or administrative records if appropriate,

disseminating project findings, in order to advance knowledge of the implementation and effectiveness of home visiting programs designed to improve life outcomes among mothers, infants, and young children.

- Describes an effective publication and dissemination plan that includes home visiting professionals and those in related fields, and the public;
- Describes an effective management and operations plan that can provide a model for others engaged in research activities designed to advance knowledge of the implementation and effectiveness of home visiting programs in order to improve life outcomes among mothers, infants, and young children;
- Describes Network activities that would lead to a substantive impact on the home visiting field;
- Describes an effective plan for collaboration with other Maternal, Infant, and Early Childhood Home Visiting Program partners as well as other key partners.

Criterion 5: RESOURCES/CAPABILITIES (30 points) (Related Program Narrative Section: Specific Goals and Objectives, Project Design: Methods and Evaluation, Plan and Schedule of Implementation, and Capability of Applicant)

The extent to which the application:

- Demonstrates available resources and personnel for administration of the Network;
- Provides evidence of infrastructure capabilities in establishing a relevant research agenda, and disseminating information;
- Provides evidence of infrastructure capabilities for administration, operational management, protocol development, clinical data information systems, management of federal funds, and ability to comply with federal administrative requirements;
- Provides evidence that project personnel are qualified by training and/or experience to implement and carry out the project;
- Demonstrates the Project Director's documented history of leadership in the conduct of complex, interdisciplinary, multisite research, and substantial publication record in a field related to home visiting programs for mothers, infants, and young children;
- Demonstrates the capabilities of the applicant organization as well as all Network sites, and quality and availability of facilities and personnel, to fulfill the needs and requirements of the proposed project;
- Document that the applicant has the existing resources/facilities to successfully support the project;
- Provide evidence that the setting of the project is appropriate to achieve project objectives;
- Demonstrates that the organizational and physical environment(s) are supportive of the investigators and the Network;
- Documents the capacity of the multidisciplinary team in place to handle the range of activities and areas of expertise relevant to home visiting research.

The extent to which biographical sketches:

- Document education, skills, and experience relevant and necessary for the proposed project;
- Provide evidence that the Project Director and staff are well qualified by training and/or expertise to develop a research network infrastructure, and have prior successful experience with conducting and overseeing externally funded research projects;

- Demonstrate that the Project Director and Network collaborators are well qualified to plan a relevant research agenda, write peer-reviewed papers, and develop a dissemination plan.

Criterion 6: SUPPORT REQUESTED (10 points) (Related Program Narrative Section: Plan and Schedule of Implementation, and Capability of Applicant and Budget and Budget Justification)

The extent to which the application:

- Proposes a budget for each year of the project period that is reasonable in relation to the project objectives, the complexity of the activities, and the anticipated results;
- Proposes costs outlined in the budget that are reasonable given the scope of work;
- Proposes budget line items that are well described and justified in the budget justification;
- Allocates time to key personnel in a way that is appropriate to achieve project objectives.

2. Review and Selection Process

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

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

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of July 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 scientific merits and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

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

2. Administrative and National Policy Requirements

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

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

Human Subjects Protection

Federal regulations (45 CFR 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, you must meet the requirements of the DHHS regulations to protect human subjects from research risks as specified in the Code of Federal Regulations, Title 45 – Public Welfare, Part 46 – Protection of Human Subjects (45 CFR 46), available online at <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>.

Research Misconduct

Each institution that receives or applies for a research, research training, or research-related grant or cooperative agreement under the Public Health Service Act must certify that the institution has established administrative policies as required by 42 CFR Part 93, “Public Health Service Policies on Research Misconduct.”

In checking the “I agree” box on line 21 of the SF424, the Authorized Organizational Representative of the applicant organization certifies that:

- 1) The institution will comply with the requirements of the PHS regulations for dealing with reporting possible scientific misconduct under 42 CFR Part 93, Subpart A
- 2) The institution has established policies and procedures incorporating the provisions set forth in 42 CFR Part 93, Subpart A;
- 3) The institution will provide its policies and procedures to the Office of Research Integrity upon request; and

- 4) The institution will submit an Annual Report on Possible Research Misconduct (Form 6349). A copy of Form 6349, covering the previous year, will be automatically sent to all PHS awardees by the Office of Research Integrity each January.

Research Misconduct is defined by the Public Health Service as “fabrication, falsification or plagiarism in proposing, performing, or reviewing research, or in reporting research results.”

- a) Fabrication is making up data or results and recording or reporting them.
- b) Falsification is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.
- c) Plagiarism is the appropriation of another person’s ideas, processes, results, or words without giving appropriate credit.
- d) Research misconduct does not include honest error or differences of opinion.
- e) For further information, please contact:

U.S. Department of Health and Human Services
Office of Research Integrity
1101 Wootton Parkway, Suite 750
Rockville, MD 20852
Email: AskORI@osophs.dhhs.gov
Phone: (240) 453-8200
Fax: (301) 443-5351

Product and Data Rights

In all cases, whether HHS funded all or part of the project or program resulting in the data, the Federal government must be given a royalty-free, nonexclusive, and irrevocable license for the Federal government to reproduce, publish, or otherwise use the material and to authorize others to do so for Federal purposes, e.g., to make it available in government-sponsored databases for use by other researchers. The specific scope of OPDIV rights with respect to a particular grant-supported effort will be addressed in the NoA. Data developed by a subrecipient also are subject to this policy.

Data Confidentiality

Pursuant to 42 USC 299c-3(c), information obtained in the course of any HRSA-supported study that identifies an individual or entity must be treated as confidential in accordance with any explicit or implicit promises made regarding the possible uses and disclosures of such data. The Network should ensure that it provides procedures for ensuring the confidentiality of the identifying information to be collected, including who will be permitted access to this information, both raw data and machine readable files, and how personal identifiers and other identifying or identifiable data will be restricted and safeguarded. Identifiable patient health information collected by the cooperative agreement recipient will be managed in accordance with 45 CFR Parts 160 and 164, the Federal Privacy Rule developed by the Department of Health and Human Services (HHS) pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). These regulations serve to limit the disclosure of personally identifiable patient information by covered entities and define when and how such information can be disclosed. Thus, health care plans ordinarily will require either patient authorization for disclosures of identifiable information to be made to researchers or waivers of such authorizations obtained from an IRB or Privacy Board (defined in the regulations),

which will involve review to ensure that identifiable health information will be appropriately safeguarded by the investigators. The HHS Office of Civil Rights is the enforcement body for this regulation. Additional information about the regulations, their implementation, and alternative methods of permissible disclosures to researchers (limited data sets with data use agreements, de-identified data sets, data about deceased persons, and data use to develop protocols) can be obtained from: <http://www.hhs.gov/ocr/hipaa/>

The cooperative agreement recipient should ensure that computer systems containing confidential data have a level and scope of security that equals or exceeds that established by the HIPAA Security Rules if applicable and that established by the Office of Management and Budget (OMB) in OMB Circular No. A-130, Appendix III - Security of Federal Automated Information Systems. The National Institute of Standards and Technology (NIST) have published several implementation guides for this circular. They are: An Introduction to Computer Security: The NIST Handbook; Generally Accepted Principles and Practices for Securing Information Technology Systems; and Guide for Developing Security Plans for Information Technology Systems. The circular and guides are available at <http://csrc.nist.gov/publications/nistpubs/800-12/>. The applicability and intended means of applying these confidentiality and security standards to subcontractors and vendors, if any, should be addressed in the application.

Financial Conflict of Interest

HHS requires awardees and investigators to comply with the requirements of 42 CFR part 50, Subpart F, "Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is Sought." A Final Rule amending this PHS regulation (and the companion regulation at 45 CFR part 94, "Responsible Prospective Contractors," imposing similar requirements for research contracts) was published on August 25, 2011 in the Federal Register (<http://www.gpo.gov/fdsys/pkg/FR-2011-08-25/pdf/2011-21633.pdf>). An Institution applying for or receiving PHS funding from a grant or cooperative agreement that is covered by the rule must be in full compliance with all of the revised regulatory requirements no later than August 24, 2012, and immediately upon making its institutional Financial Conflict of Interest (FCOI) policy publicly accessible as described in the regulation.

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? \(AHRQ\)](#)

Acknowledgement of Funding Support

As required by HHS appropriations acts, all HHS recipients must acknowledge federal funding when issuing statements, press releases, requests for proposals, bid invitations, and other documents describing projects or programs funded in whole or in part with federal funds. Recipients are required to state: (1) the percentage and dollar amounts of the total program or project costs financed with federal funds, and (2) the percentage and dollar amount of the total costs financed by non-governmental sources.

With respect to **copyrightable material** that might be developed as a part of the grant activity, please note the following HHS Grants Management policy statement:

“If any copyrightable material (e.g., audiovisuals, software, publications, curricula and training materials, etc.) is developed under this cooperative agreement (by the awardee or contractor) the Department of Health and Human Services (HHS) shall have a royalty-free nonexclusive and irrevocable right to reproduce, publish or otherwise use, and authorize others to use, the work, for purposes which further the objectives of the Maternal and Child Health (MCH) program.”

All contracts or other arrangements entered into by the awardee for the purpose of developing or procuring such material shall specifically reference and reserve the rights of HHS with respect to the material. The awardee shall provide a master electronic or digital file and four final reproducible copies of all such copyrightable material upon the request of the MCH Research Program.

Credit to the funding source should be given in publications and presentations as stated below:

“This project was supported by the Maternal, Infant, and Early Childhood Home Visiting Program, which is authorized under the Patient Protection and Affordable Care Act (Affordable Care Act) [Title V, Section 511(h)(3) of the Social Security Act (42 U.S.C. 711), as amended]), and is a cooperative agreement (include cooperative agreement number) from the Maternal and Child Health Bureau, Health Resources and Services Administration, Department of Health and Human Services.”

HRSA/MCHB reserves the right to review any/all documents or other materials before being printed or disseminated to the public.

3. Reporting

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

a. **Audit Requirements**

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

b. **Payment Management Requirements**

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

c. **Status Reports**

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

2) **Progress Report(s).** The awardee must submit a progress report to HRSA on an annual basis. Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds. This report has two parts. The first part demonstrates 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 the appendices of this funding opportunity announcement. This requirement entails the provision of budget breakdowns in the financial forms based on the grant award amount, the project abstract and other grant summary data as well as providing objectives for the performance measures.

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

(3) Project Period End Performance Reporting

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

d. Transparency Act Reporting Requirements

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

VII. Agency Contacts

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

Thais Diaz-Macaluso, Grants Management Specialist
Attn.: UD5 Home Visiting Research Network Competitions
HRSA Division of Grants Management Operations, OFAM

Parklawn Building, Room 11A-55
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-0682
Fax: (301) 443-5461
Email: TDiaz-Macaluso@hrsa.gov

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

Robin Harwood, PhD, or Hae Young Park, MPH
Program Officers, MCH Research Program
Maternal and Child Health Bureau, HRSA
5600 Fishers Lane, Room 18A-55
Rockville, MD 20857
Email: rharwood@hrsa.gov or hpark@hrsa.gov
Telephone: (301) 443-2207
Fax: (301) 443-4842

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

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

VIII. Other Information

MCH Research Web Site

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

MCH Training Web Site

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

Human Subjects Assurances

<http://www.hhs.gov/ohrp>

Inclusion of children

<http://grants.nih.gov/grants/funding/children/children.htm>

Making Websites Accessible: Section 508 of the Rehabilitation Act

<http://www.section508.gov/>

Healthy People 2020

<http://www.healthypeople.gov/2020/>

Bright Futures

<http://www.brightfutures.aap.org/>

National Center for Cultural Competence

<http://nccc.georgetown.edu/>

Medical Home

<http://www.aap.org>

Institute of Medicine

<http://www.iom.edu>

IX. Tips for Writing a Strong Application

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

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

Appendix A: MCHB Administrative Forms and Performance Measures

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

Only successful applicants receiving grant funds will be required, within 120 days of the Notice of Grant Award (NGA), to register in HRSA's Electronic Handbooks (EHBs) and electronically complete the program specific data forms and performance measures that are included below.

- 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 Measure 03, The percentage of MCHB-funded projects submitting and publishing findings in peer-reviewed journals.
- 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 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.
- Products, Publications, and Submissions Data Form

FORM 1
MCHB PROJECT BUDGET DETAILS FOR FY _____

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

**INSTRUCTIONS FOR COMPLETION OF FORM 1
MCH BUDGET DETAILS FOR FY _____**

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

**FORM 2
 PROJECT FUNDING PROFILE**

	<u>FY</u>		<u>FY</u>		<u>FY</u>		<u>FY</u>		<u>FY</u>	
	<u>Budgeted</u>	<u>Expended</u>								
1 <u>MCHB Grant</u> <u>Award Amount</u> <i>Line 1, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2 <u>Unobligated</u> <u>Balance</u> <i>Line 2, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3 <u>Matching Funds</u> <u>(If required)</u> <i>Line 3, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4 <u>Other Project</u> <u>Funds</u> <i>Line 4, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
5 <u>Total Project</u> <u>Funds</u> <i>Line 5, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
6 <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 Grant Award (for a performance report). The lines under the columns labeled Expended are to contain the actual amounts expended for each grant year that has been completed.

FORM 4
PROJECT BUDGET AND EXPENDITURES
By Types of Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FORM 6
MATERNAL & CHILD HEALTH DISCRETIONARY GRANT
PROJECT ABSTRACT
FOR FY_____

PROJECT: _____

I. PROJECT IDENTIFIER INFORMATION

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

II. BUDGET

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

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

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

IV. PROJECT DESCRIPTION OR EXPERIENCE TO DATE

A. Project Description

1. Problem (in 50 words, maximum):

2. Goals and Objectives: (List up to 5 major goals and time-framed objectives per goal for the project)

- Goal 1:
 - Objective 1:
 - Objective 2:
- Goal 2:
 - Objective 1:
 - Objective 2:
- Goal 3:
 - Objective 1:
 - Objective 2:

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

3. Activities planned to meet project goals

4. Specify the primary *Healthy People 2010* objectives(s) (up to three) which this project addresses:
 - a.
 - b.
 - c.

5. Coordination (List the State, local health agencies or other organizations involved in the project and their roles)

6. Evaluation (briefly describe the methods which will be used to determine whether process and outcome objectives are met)

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

2. Website URL and annual number of hits

V. KEY WORDS

VI. ANNOTATION

INSTRUCTIONS FOR THE COMPLETION OF FORM 6 PROJECT ABSTRACT

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

Section I – Project Identifier Information

Project Title: Displays the title for the project.

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

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

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

Section III - Types of Services

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

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

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

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

B. For continuing projects ONLY:

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

Section V – Key Words

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

Section VI – Annotation

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

FORM 7
DISCRETIONARY GRANT PROJECT
SUMMARY DATA

1. Project Service Focus

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

2. Project Scope

- Local Multi-county State-wide
 Regional National

3. Grantee Organization Type

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

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

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

5. Demographic Characteristics of Project Participants

Indicate the service level:

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

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

6. Clients' Primary Language(s)

7. Resource/TA and Training Centers ONLY

Answer all that apply.

a. Characteristics of Primary Intended Audience(s)

Policy Makers/Public Servants

Consumers

Providers/Professionals

b. Number of Requests Received/Answered: ____/____

c. Number of Continuing Education credits provided: _____

d. Number of Individuals/Participants Reached: _____

e. Number of Organizations Assisted: _____

f. Major Type of TA or Training Provided:

continuing education courses,

workshops,

on-site assistance,

distance learning classes

other

INSTRUCTIONS FOR THE COMPLETION OF FORM 7 PROJECT SUMMARY

Section 1 – Project Service Focus

Select all that apply

Section 2 – Project Scope

Choose the one that best applies to your project.

Section 3 – Grantee Organization Type

Choose the one that best applies to your organization.

Section 4 – Project Infrastructure Focus

If applicable, choose all that apply.

Section 5 – Demographic Characteristics of Project Participants

Indicate the service level for the grant program. Multiple selections may be made. Please fill in each of the cells as appropriate.

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

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

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

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

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

Section 6 – Clients Primary Language(s)

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

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

Answer all that apply.

03 PERFORMANCE MEASURE

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

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

Level: Grantee

Category: Information Dissemination

GOAL

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

MEASURE

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

DEFINITION

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

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

And

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

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

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

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

DATA SOURCE(S) AND ISSUES

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

SIGNIFICANCE

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

DATA COLLECTION FORM FOR DETAIL SHEET #03

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

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

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

NOTES/COMMENTS:

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 15 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 0-45. 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:

27 PERFORMANCE MEASURE

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

Level: Grantee

Category: Infrastructure

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

GOAL

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

MEASURE

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

DEFINITION

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

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

This measure can be applicable to any MCHB grantee.

HEALTHY PEOPLE 2010 OBJECTIVE

Related to Goal 1: Improve access to comprehensive, high-quality health care services. Specific objective: 1.3.

Related to Goal 7 – Educational and community-based programs: Increase the quality, availability and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life. Specific objectives: 7.7 through 7.12.

Related Goal 11 – Use communication strategically to improve health. Specific objective: 11.3.

Related to Goal 23 – Public Health Infrastructure: Ensure that Federal, tribal, State, and local health

agencies have the infrastructure to provide essential public health services effectively. Specific objective: 23.2.

DATA SOURCE(S) AND ISSUES

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

SIGNIFICANCE

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

DATA COLLECTION FORM FOR DETAIL SHEET #27

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

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

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

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

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

NOTES/COMMENTS:

Products, Publications and Submissions Data Collection Form

Part 1

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

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

Part 2

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

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

*Title: _____

*Author(s): _____

*Publication: _____

*Volume: _____ *Number: _____ Supplement: _____ *Year: _____ *Page(s): _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL): _____

Key Words (No more than 5): _____

Notes: _____

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

*Title: _____

*Author(s): _____

*Publication: _____

*Year Submitted: _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

Key Words (No more than 5): _____

Notes: _____

Data collection form: Books

*Title: _____

*Author(s): _____

*Publisher: _____

*Year Published: _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

Key Words (No more than 5): _____

Notes: _____

Data collection form for: Book chapters

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

*Chapter Title: _____

*Chapter Author(s): _____

*Book Title: _____

*Book Author(s): _____

*Publisher: _____

*Year Published: _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

Key Words (no more than 5): _____

Notes: _____

Data collection form: Reports and monographs

*Title: _____

*Author(s)/Organization(s): _____

*Year Published: _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Conference presentations and posters presented

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

*Title: _____

*Author(s)/Organization(s): _____

*Meeting/Conference Name: _____

*Year Presented: _____

*Type: Presentation Poster

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Web-based products

*Product: _____

*Year: _____

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

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Electronic Products

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

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

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Press Communications

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

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

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Newsletters

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

Data collection form: Pamphlets, brochures or fact sheets

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

Data collection form: Academic course development

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

Data collection form: Distance learning modules

*Title: _____
*Author(s)/Organization(s): _____

*Year: _____

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

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Doctoral dissertations/Master's theses

*Title: _____

*Author: _____

*Year Completed: _____

- *Type: Doctoral dissertation Master's thesis

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Other

(Note, up to 3 may be entered)

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

*Describe product, publication or submission: _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Appendix B: Key Terms for Project Abstracts

Access to Health Care
Acculturation
ADD/ADHD
Asthma
Autism

Breastfeeding

Capacity & Personnel
Cesarean
Child Care
Chronic Illness
Clinical Practice
Cognitive & Linguistic Development
Coordination of Services
Cost Effectiveness
Cultural Competence

Depression
Developmental Disabilities
Down Syndrome

Early Childhood Education
Early Intervention
Emergency Care

Fathers

Health Care Costs
Health Care Utilization
Health Disparities
Health Education & Family Support
Home Visiting
Hospitalization

Immigrant Populations
Immunization
Infections & Illness

Labor & Delivery
Low Birthweight

Medicaid, SCHIP, & Health Insurance
Medical Home
Mental Health & Wellbeing

Mortality

Neighborhood
Nutrition & Diet

Obesity & Weight Gain
Oral Health

Parent-Child Relationship
Parenting
Perinatal
Physical Activity
Physical Growth
Postpartum
Pregnancy
Preconception Health
Preterm
Primary Care

Rural
Risk Behaviors

Safety
School Health Programs
School Outcomes & Services
Screening
Sexually Transmitted Diseases
SIDS
Sleep
Smoking
Social & Emotional Development
Special Health Care Needs
Stress
Substance Use

Telehealth & Health Information Technology
Trauma & Injury

Violence & Abuse

Well-Child Pediatric Care