

**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 Program***

**Announcement Type:** New  
**Announcement Number:** HRSA-12-159

**Catalog of Federal Domestic Assistance (CFDA) No. 93.615**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2012

**Application Due Date: March 16, 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.*

**Modified on 2/15/12: Purpose (legislative requirements), Eligibility**

**Release Date: January 17, 2012**

**Issuance Date: January 17, 2012**

Robin Harwood, PhD, and Hae Young Park, MPH  
Program Officers, Division of Research, Training, and Education  
Email: [rharwood@hrsa.gov](mailto:rharwood@hrsa.gov) or [hpark@hrsa.gov](mailto: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(h)(3)), as amended by the Patient Protection and Affordable Care Act, §2951 (P.L. 111-148).

## EXECUTIVE SUMMARY

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

Thank you for your interest in the **MIECHV Research Competition**. Grant support is available from the Division of Research, Training, and Education (DRTE), part of the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services (HHS). We are aware that preparation of this application will involve a considerable commitment of time and energy. **Please read the funding opportunity announcement (FOA) carefully before completing the application.**

This funding opportunity announcement includes instructions for the following **grant competition**:

- A. **Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Research Program** supports applied research relating to evidence-based home visiting programs and strategies that have the potential to improve the health, development, and wellbeing of mothers, young children, and their families.

**Qualified Applicants:** As cited in 42 CFR Part 51a.3(b), 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 are eligible.

**Number of Grants and Funds Available Per Year:** Subject to the availability of funds and certain limitations as further described below, approximately \$600,000 will be available to fund approximately two (2) grants per year for up to three (3) years (the ceiling amount of an individual award is \$300,000 total cost per year).

**Application Due Date:** March 16, 2012

**Project Period:** Approved projects will be funded effective September 1, 2012 and will be awarded project periods of up to three (3) years.

#### **Programmatic Assistance**

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

Robin Harwood, PhD, and Hae Young Park, MPH  
Maternal and Child Health Bureau  
5600 Fishers Lane, Room 18A-55, Rockville, MD 20857  
E-Mail: [rharwood@hrsa.gov](mailto:rharwood@hrsa.gov) or [hpark@hrsa.gov](mailto:hpark@hrsa.gov)  
Telephone: (301) 443-2207; Fax: (301) 443-4842

**Business, Administrative and Fiscal Inquiries**

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

Brad K. Barney, MPA  
Grants Management Specialist  
HHS/HRSA/OFAM  
Division of Grants Management Operations  
Research and Training Branch  
5600 Fishers Lane, Room 11A-02  
Rockville, MD 20857  
E-mail: [bbarney@hrsa.gov](mailto:bbarney@hrsa.gov)  
Telephone: (301) 443-6916; Fax: (301) 443-6343

## Table of Contents

<b>I. FUNDING OPPORTUNITY DESCRIPTION .....</b>	<b>1</b>
1. PURPOSE.....	1
2. BACKGROUND.....	2
<b>II. AWARD INFORMATION .....</b>	<b>5</b>
1. TYPE OF AWARD.....	5
2. SUMMARY OF FUNDING.....	5
<b>III. ELIGIBILITY INFORMATION.....</b>	<b>5</b>
1. ELIGIBLE APPLICANTS.....	5
2. COST SHARING/MATCHING .....	5
3. OTHER .....	6
<b>IV. APPLICATION AND SUBMISSION INFORMATION.....</b>	<b>6</b>
1. ADDRESS TO REQUEST APPLICATION PACKAGE.....	6
2. CONTENT AND FORM OF APPLICATION SUBMISSION.....	7
i. <i>Application Face Page</i> .....	13
ii. <i>Table of Contents</i> .....	13
iii. <i>Budget</i> .....	13
iv. <i>Budget Justification</i> .....	14
v. <i>Staffing Plan and Personnel Requirements</i> .....	16
vi. <i>Assurances</i> .....	17
vii. <i>Certifications</i> .....	17
viii. <i>Project Abstract</i> .....	18
ix. <i>Project Narrative</i> .....	18
x. <i>Program Specific Forms</i> .....	22
xi. <i>Attachments</i> .....	23
3. SUBMISSION DATES AND TIMES.....	24
4. INTERGOVERNMENTAL REVIEW .....	25
5. FUNDING RESTRICTIONS.....	25
6. OTHER SUBMISSION REQUIREMENTS .....	25
<b>V. APPLICATION REVIEW INFORMATION .....</b>	<b>26</b>
1. REVIEW CRITERIA.....	26
2. REVIEW AND SELECTION PROCESS.....	30
3. ANTICIPATED ANNOUNCEMENT AND AWARD DATES .....	31
<b>VI. AWARD ADMINISTRATION INFORMATION.....</b>	<b>31</b>
1. AWARD NOTICES .....	31
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS.....	31
3. REPORTING .....	34
<b>VII. AGENCY CONTACTS .....</b>	<b>36</b>
<b>VIII. OTHER INFORMATION.....</b>	<b>37</b>
<b>IX. TIPS FOR WRITING A STRONG APPLICATION.....</b>	<b>37</b>
<b>APPENDIX A: MCHB ADMINISTRATIVE FORMS AND PERFORMANCE MEASURES.....</b>	<b>38</b>
<b>APPENDIX B: KEY TERMS FOR PROJECT ABSTRACTS .....</b>	<b>66</b>

# **I. Funding Opportunity Description**

## **1. Purpose**

### **MCH Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Research Program**

Within the MIECHV Research Program, funding is available in FY 2012 to support approximately two (2) extramural multi-year research projects.

The MIECHV Research Program supports applied research relating to maternal, infant, and early childhood home visiting services which show promise of advancing knowledge about the implementation and effectiveness of home visiting programs designed to improve life outcomes among mothers, infants, and young children. Findings from the research supported by the MIECHV Research Program are expected to have potential for application in improving home visiting programs for mothers and children.

The following legislative requirements apply to proposals submitted for the MIECHV Research Program:

- The use of random assignment design is required to the maximum extent feasible;
- Evaluation of a specific program or project shall be conducted by persons or individuals not directly involved in the operation of such program or project;
- The conduct of research and evaluation activities shall include consultation with independent researchers, State officials, and developers and providers of home visiting programs on topics including research design and administrative data matching.

Research proposals should address critical home visiting questions, with the following as examples:

- Testing the effectiveness of approaches to the implementation of evidence-based home visiting programs within communities;
- 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 maternal or paternal health and wellbeing; or enhancements related to improving the participant outcomes or benchmark domains specified in the Maternal, Infant, and Early Childhood Home Visiting legislation (i.e., (1) Improve maternal and newborn health; (2) Prevent child injuries, child abuse, neglect, or maltreatment, and reduce emergency department visits; (3) Improve school readiness and achievement; (4) Reduce crime or domestic violence; (5) Improve family economic self-sufficiency; and (6) Improve coordination and referrals for other community resources and supports);
- Investigating mechanisms of change within program models or implementation systems in order to identify which program components work under which circumstances for which participants;
- Creating and testing new measures of service availability, accessibility, and coordination at the community level or designing effective enhancements to support community coordination of services most relevant to home visiting, including early childhood education, early intervention, prenatal and adult health care, adult mental health care,

child health care, infant mental health, substance abuse treatment, and services for victims of intimate partner violence;

- Determining which program features are effective in improving participant recruitment/retention, including father engagement;
- Developing and testing approaches to screening children and families for variables highlighted as priority risk areas that can be used in conjunction with home visiting models;
- Building and testing community-based partnerships that enhance a program's responsiveness to community needs;
- Creating and testing 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, particularly using data for home visiting models at scale rather than using small-scale efficacy trial impacts;
- 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;
- Assessing the effectiveness of initiatives or mechanisms to integrate home visiting programs in a geographic jurisdiction (e.g., creation of a centralized intake process or development of a system of universal screening and referral of mothers and infants);
- Describing, assessing, or testing mechanisms of effective linkage between home visiting and early intervention programs (e.g., under Part C, Child Find) to improve early detection of developmental and other delays and appropriate intervention during early childhood within a community;
- Developing and testing the successful integrative efforts of home visiting services with other early childhood programs (e.g., child care and education, medical homes, etc.) and identifying their key features at the state or community level;
- Assessing the penetration in the home visiting field of standardized performance measures or indicators across benchmark areas, and the use of continuous quality improvement (CQI) principles, tools, and accepted practices at the program site and state levels based on those indicators;
- Determining early childhood service infrastructure characteristics at the state or local level that best support effective home visiting service programs and positive outcomes for families; and
- Conducting studies of innovative and effective approaches to implementing home visiting programs for families in rural areas and in Indian tribes.

## **2. Background**

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

### **Maternal, Infant, and Early Childhood Home Visiting Program**

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 (MIECHV), 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 to: (1) strengthen and improve the programs and activities carried out under Title V; (2) improve coordination of services for at-risk communities; and (3) 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 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 wellbeing 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 wellbeing 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 with other federal agencies, 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 the implementation and effectiveness of home visiting

programs [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 as required by the legislation and the grants made to entities for the program activities. The legislation specifies four components of the federal evaluation (applicants are encouraged to be familiar with the existing Design Options for Home Visiting Evaluation report, available at [http://www.acf.hhs.gov/programs/opre/other\\_research/maternal/pres\\_papers/dohve\\_design.pdf](http://www.acf.hhs.gov/programs/opre/other_research/maternal/pres_papers/dohve_design.pdf)).

The four components include:

- (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, and improve health care system quality and efficiencies, and to reduce costs.

In addition to the national evaluation, there are some additional relevant research activities within MIECHV. First, grantees choosing to implement a promising approach must rigorously evaluate that approach. Second, in FY 2011 HRSA released funding opportunity announcement HRSA-11-179 that competitively awarded a portion of the MIECHV funds. The announcement required a rigorous evaluation of the development or expansion the state proposed to implement with the funds. Third, within ACF, there is an ongoing portfolio of research related to Early Head Start home visiting through the Office of Planning, Research and Evaluation and home visiting as a child abuse prevention technique through the Children's Bureau, including the Supporting Evidence Based Home Visiting grant initiative, Rigorous Research on Existing Child Abuse Prevention Programs, and the Nurse Home Visiting grant cluster. Finally, the newly announced Home Visiting Research Network (HRSA-12-158) will support the creation of an interdisciplinary research network that will serve as a forum for scientific collaboration and infrastructure building related to home visiting research. This MIECHV Research Program (HRSA-12-159) should complement and not duplicate the body of home visiting research described above and occurring both inside and outside of MIECHV.

### **Brief Background on Home Visiting 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 peer-reviewed

as well as other types of documents, such as technical reports from government agencies or scientific research groups, working papers from research groups or committees, policy briefs, or preprints (see: <http://homvee.acf.hhs.gov/> for the full review). 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, the HomVEE review concluded that 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 MIECHV Research Program can address.

## **II. Award Information**

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

Funding will be provided in the form of a grant.

### **2. Summary of Funding**

#### **MCH Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Research Program**

The MIECHV Research Program expects to provide funding for federal fiscal years 2012 – 2014. Approximately \$600,000 is expected to be available annually to fund approximately two (2) grantees. Applicants may apply for a ceiling amount of up to \$300,000 per year (total costs). The project period is up to three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the MIECHV Research Program in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

## **III. Eligibility Information**

### **1. Eligible Applicants**

As cited in 42 CFR Part 51a.3(b), 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 are eligible.

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

There is no cost sharing or matching requirement for these programs.

### 3. Other

**A Principal Investigator (PI) cannot submit more than one application for this competition. All PIs who do not comply with this limitation will be deemed non-responsive, and applications submitted by the PI will not be considered for funding under this announcement.**

Applications for the MIECHV Research Program must not exceed the \$300,000 ceiling amount of an individual award. The ceiling includes both direct and indirect expenses.

Applications that exceed the ceiling amount or that request funding for more than the allowed project period will be deemed 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.

**If an application utilizes secondary data or proposes a study which links and examines secondary data systems, then the project must be of sufficient scope and complexity to justify awarding a multiyear grant to conduct the study.**

#### 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](mailto:DGPWaivers@hrsa.gov), and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. Your email must include the HRSA announcement number for which you are seeking relief, the organization's DUNS number, the name, address, and telephone number of the organization, and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to your submission along, with a copy of the "Rejected with Errors" notification you received from Grants.gov. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. Suggestion: submit application to Grants.gov at least two days before the deadline to allow for any unforeseen circumstances.

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

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

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

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

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

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

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

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

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

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

### **Application Format Requirements**

**The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA.** The total file size may not exceed 10 MB. The 80-page limit includes the abstract, project and budget narratives, attachments/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 be complete, within the 80-page limit, within the 10 MB limit, and submitted prior to the deadline to be considered under this announcement.**

Please see other requirements, including page limits and font/margin requirements in Section 5 of the HRSA User Guide (<http://www.hrsa.gov/grants/apply/userguide.pdf>) that may cause an application to be deemed non-responsive and removed from consideration. **In particular, applications that do not adhere to the 12-point font / 1” margin requirements, as specified in the HRSA User Guide, will be deemed non-responsive and will not be considered for funding under this announcement.**

### **Application Format**

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

## SF-424 R&R – Table of Contents

 **It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.**

 **Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered under this funding opportunity announcement.**

 For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.

 For electronic submissions, no Table of Contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
SF-424 R&R Cover Page	Form	Pages 1 & 2.	Not counted in the page limit.
Pre-application	Attachment	Can be uploaded on page 2 of SF-424 R&R - Box 20.	Not Applicable to HRSA; Do not use.
SF-424 R&R Senior/Key Person Profile	Form	Supports 8 structured profiles (PD + 7 additional)	Not counted in the page limit.
Senior Key Personnel Biographical Sketches	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form. One per each senior/key person. The PD/PI biographical sketch should be the first biographical sketch. Up to 8 allowed.	Counted in the page limit.
Senior Key Personnel Current and Pending Support	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form.	Not Applicable to HRSA; Do not use.
Additional Senior/Key Person Profiles	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form. Single document with all additional profiles.	Not counted in the page limit.
Additional Senior Key Personnel Biographical Sketches	Attachment	Can be uploaded in the Senior/Key Person Profile form. Single document with all additional sketches.	Counted in the page limit.
Additional Senior Key Personnel Current and Pending Support	Attachment	Can be uploaded in the Senior/Key Person Profile form.	Not Applicable to HRSA; Do not use.
Project/Performance Site Location(s)	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.
Additional Performance Site Location(s)	Attachment	Can be uploaded in SF-424 R&R Performance Site Location(s) form. Single document with all additional site location(s).	Not counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Other Project Information	Form	Allows additional information and attachments.	Not counted in the page limit.
Project Summary/Abstract	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 7.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
Project Narrative	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 8.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424 R&R Budget Period (1-5) - Section A – B	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
Additional Senior Key Persons	Attachment	SF-424 R&R Budget Period (1-5) - Section A - B, End of Section A. One for each budget period.	Not counted in the page limit.
SF-424 R&R Budget Period (1-5) - Section C – E	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
Additional Equipment	Attachment	SF-424 R&R Budget Period (1-5) - Section C – E, End of Section C. One for each budget period.	Not counted in the page limit.
SF-424 R&R Budget Period (1-5) - Section F – K	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
SF-424 R&R Cumulative Budget	Form	Total cumulative budget.	Not counted in the page limit.
Budget Justification	Attachment	Can be uploaded in SF-424 R&R Budget Period (1-5) - Section F - J form, Box K. Only one consolidated budget justification for the project period.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424 R&R Subaward Budget	Form	Supports up to 10 budget attachments. This form only contains the attachment list.	Not counted in the page limit.
Subaward Budget Attachment 1-10	Attachment	Can be uploaded in SF-424 R&R Subaward Budget form, Box 1 through 10. Extract the form from the SF-424 R&R Subaward Budget form and use it for each consortium/contractual/subaward budget as required by the program funding opportunity	Filename should be the name of the organization and unique. Not counted in the page limit. Budget justification narratives for each subcontract ARE counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		announcement. Supports up to 10.	
SF-424B Assurances for Non-Construction Programs	Form	Assurances for the SF-424 R&R package.	Not counted in the page limit.
Bibliography & References	Attachment	Can be uploaded in Other Project Information form, Box 9.	Optional. Counted in the page limit.
Facilities & Other Resources	Attachment	Can be uploaded in Other Project Information form, Box 10.	Required. Counted in the page limit.
Equipment	Attachment	Can be uploaded in Other Project Information form, Box 11.	Optional. Counted in the page limit.
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit.
Other Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list.	Not counted in the page limit.
Attachment 1-4	Attachment	Can be uploaded in Other Attachments form 1-15.	Refer to the attachment table provided below for <b>specific</b> sequence. Counted in the page limit.
Other Attachments	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 12. Supports multiple.	Not Applicable to HRSA; Do not use.

 **To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.**

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

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Job Descriptions of Key Personnel
Attachment 2	Letters of Agreement/Letters of Support, as applicable
Attachment 3	Key publications or condensed citations with abstracts, as applicable

<b>Attachment Number</b>	<b>Attachment Description (Program Guidelines)</b>
Attachment 4	Surveys, questionnaires, data collection instruments, clinical protocols, as applicable
Attachment 5	Maintenance of Effort Chart
Attachments 6-15	Other Relevant Documents (including explanation on delinquent federal debt, if applicable)

## **Application Format**

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

Complete Standard Form 424 Research and Related (SF-424 R&R) provided with the application package. Prepare according to instructions provided in the form itself. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.615.

### **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 form 424 R&R – item 5 on the application face page. Applications *will not* be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being “Rejected for Errors” by Grants.gov. HRSA will not extend the deadline for applications with 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 Research and Related Budget Form provided with the application package. Please complete the Research & Related Budget Form (Sections A – J and the Cumulative Budget) for each budget period. Upload the Budget Justification Narrative for the entire project period (all budget periods) in Section K of the Research & Related Budget Form. Following completion of Budget Period 1, you must click on the “NEXT PERIOD” button on the final page to allow for completion of Budget Period 2. You will repeat this instruction to complete additional Budget Periods, as needed.

The Cumulative Budget is automatically generated and provides the total budget information for the entire project period grant request. Errors found in the Cumulative Budget must be corrected within the incorrect field(s) in Budget Period 1, 2, or 3; corrections cannot be made to the Cumulative Budget itself.

Please complete the R&R Subaward Budget Attachment(s) Form for each contractual arrangement. NOTE: Subaward budget attachment forms DO NOT count toward the page limit. However, the subaward budget justification narratives DO count toward the page limit. These forms will represent the full project period of federal assistance requested. All budgets must be well justified, with explanations of each line item. NOTE: Contractual costs entered in the R&R Subaward Budget Attachment(s) Form do not automatically get included in the Cumulative Budget page for each budget period. Therefore, you must include the amount for contractual costs in Section F – K, #5 Subawards/Consortium/Contractual costs of each budget period. This will ensure that the cumulative budget page for each budget period will correctly reflect the entire cost for each budget period.

#### **iv. Budget Justification**

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

#### **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 report is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the multiyear (up to 3 years) 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. Travel outside of the U.S. is not supported for MCH Research Program projects.

*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 more than one year).

*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.; educational supplies may be pamphlets and educational videotapes. Remember, these supply subcategories (office, medical, educational) must be listed separately.

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

*Consultants:* Give name and institutional affiliation, qualifications of each consultant, if known, and indicate the nature and extent of the consultant service to be performed. Include expected rate of compensation and total fees, travel, per diem, or other related costs for each consultant.

*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 literacy 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. 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.

If the project is collaborative or has multiple investigators, the staffing plan should describe the complementary and integrated expertise of the investigators and show that the leadership approach, governance, and organizational structure are appropriate for the project. The staffing plan should reflect the commitment of the research team in conducting and completing the study. Copies of biographical sketches for all Senior/Key Personnel and Other Significant Contributors that will be assigned to work on the proposed project must also be submitted as an attached file to each SF-424 R&R Senior/Key Person Profile. The Biographical Sketch may not exceed four pages per person. This 4-page limit includes the table at the top of the first page.

Biographical sketches should follow the format described below.

Complete the educational block at the top of the format page, and complete Sections A, B, C and D. When applicable, biographical sketches should include training, language fluency, and experience working with the cultural and linguistically diverse populations that are targeted by the proposed research.

- A. **Personal Statement.** Briefly describe why your experience and qualifications make you particularly well-suited for your role (e.g., PD/PI, mentor) in the project that is the subject of the application.
- B. **Positions and Honors.** List in chronological order previous positions, concluding with your present position. List any honors. Include present membership on any Federal Government public advisory committee.
- C. **Peer-reviewed publications or manuscripts in press (in chronological order).** Applicants are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on recency, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).
- D. **Research Support.** List both selected ongoing and recently completed (during the last three years) research projects (federal or non-federal support). Begin with the projects that are most relevant to the research proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch. **You must also include percent effort on all ongoing research projects listed.**

Do not confuse “Research Support” with “Other Support.” Though they sound similar, these parts of the application are very different. As part of the biosketch section of the

application, “Research Support” highlights your accomplishments, and those of your colleagues, as scientists. This information will be used by the reviewers in the assessment of each individual’s qualifications for a specific role in the proposed project, as well as to evaluate the overall qualifications of the research team. In contrast, “Other Support” information is required for all applications that are selected to receive grant awards. HRSA staff will request complete and up-to-date “other support” information from you after peer review. This information will be used to check that the proposed research has not already been federally-funded.

**vi. Assurances**

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

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 [www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html](http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html).

**vii. Certifications**

Use the Certifications and Disclosure of Lobbying Activities Application Form provided with the application package. Any organization or individual that is indebted to the United States, and has a judgment lien filed against it for a debt to the United States, is ineligible to receive a federal grant. By signing the SF-424 R&R, the applicant is certifying that they are not delinquent on federal debt in accordance with OMB Circular A-129. (Examples of relevant debt include delinquent payroll or other taxes, audit disallowances, guaranteed and direct student loans, benefits that were overpaid, etc.). If an applicant is delinquent on federal debt, they should attach an explanation that includes proof that satisfactory arrangements have been made with the Agency to which the debt is owed. This explanation should be uploaded as **Attachment 6**.

**Please note the following requirements related to 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 17 of the SF424 (R&R) Cover Sheet, 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.

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  
[AskORI@osophs.dhhs.gov](mailto:AskORI@osophs.dhhs.gov)  
Phone: (240) 453-8200  
Fax: (301) 443-5351

### **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 research design, and the population group(s) to be targeted.

Please place the following at the top of the abstract:

- Project Title
- Principal Investigator Name
- Applicant Organization Name

The project abstract must be single-spaced and limited to one page in length. In describing the research design and methods within the abstract, be careful to include data collection methods and targeted population(s). From the list of key terms found in Appendix B, select a maximum of eight significant key terms that describe your project. You can also select an additional 9<sup>th</sup> key term that is not found in Appendix B. Include the selected significant key terms at the end of your abstract. A complete and informative abstract is critical to the review of your application.

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

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

Use the following section headers for the Narrative:

**A. Specific Aims (Related Review Criteria: Need, Response, Impact, Evaluative Measures):**

List succinctly the specific objectives of the research proposed, for example, to test a stated hypothesis, create a novel design, solve a specific problem, challenge an existing paradigm or clinical practice, address a critical barrier to progress in the field, or develop a new intervention or technology. State concisely the goals of the proposed research and summarize the expected outcome(s), including the impact that the results of the proposed research will exert on the research field(s) involved.

**If an application utilizes secondary data or proposes a study which links and examines secondary data systems, then the project must be of sufficient scope and complexity to justify awarding a multiyear grant to conduct the study.**

Write a statement of the research problem, indicate the relevance of the problem to maternal and child health, and identify the envisioned application of findings to intervention services for mothers and children, and/or the ways that maternal and child home visiting services are organized and delivered.

**Hypothesis and Specification of Variables.** Present the specific questions that are to be answered by the study. These should include not only predictions regarding findings (hypotheses) but also justifications for the predictions. A summary table of the variables, classified as independent, intervening, mediating, and dependent, etc. should be presented, specifying the nature of the variables, the measures to be employed as indicators for these variables, and the units and levels of measurement of the indicators. If possible, construct and present a model or graphical representation of the set of relationships held to be operative among the variables. **Make sure that there is congruence between the associations depicted by the graphic model, the table of variables, the statement of hypotheses, and the plan for data analysis.**

**There is no page limitation for the Specific Aims section. However, typically this section runs 4-6 pages. Please also keep in mind the overall page limitation of 80 pages, including all appendices and attachments.**

**B. Research Strategy:**

Organize the Research Strategy in the specified order and using the instructions provided below. Start each section with the appropriate section heading – Significance, Innovation, Approach. Cite published experimental details in the Research Strategy section and provide the full reference in the Bibliography and References Cited section.

**The Research Strategy section (Significance, Innovation, Approach) is limited to 12 pages in length for the MIECHV Research Program. Applications that exceed these page limits in the Research Strategy section will be deemed non-responsive, and will not be considered for funding under this announcement.**

*(a) Significance (Related Review Criteria: Need, Response, Impact)*

- Explain the importance of the problem or critical barrier to progress in the field of home visiting.

- Explain how the proposed project will improve scientific knowledge, technical capability, and/or clinical practice or service delivery in the field of home visiting.
- Describe how the concepts, methods, technologies, treatments, services, or preventive interventions that drive the field of home visiting will be changed if the proposed aims are achieved.

*(b) Innovation (Related Review Criteria: Response, Evaluative Measures)*

- Explain how the application challenges and seeks to shift current research or home visiting program paradigms.
- Describe any novel theoretical concepts, approaches or methodologies, instrumentation or interventions to be developed or used, and any advantage over existing methodologies, instrumentation, or interventions relevant to home visiting programs.
- Explain any refinements, improvements, or new applications of theoretical concepts, approaches or methodologies, instrumentation, or interventions relevant to home visiting programs.

*(c) Approach (Related Review Criteria: Evaluative Measures)*

- Describe the overall strategy, methodology, and analyses to be used to accomplish the specific aims of the project. Include how the data will be collected, analyzed, and interpreted as well as any resource sharing plans if appropriate.
- Discuss potential problems, alternative strategies, and benchmarks for success anticipated to achieve the aims.
- If the project is in the early stages of development, describe any strategy to establish feasibility, and address the management of any high risk aspects of the proposed work.
- Point out any procedures, situations, or materials that may be hazardous to personnel, and precautions to be exercised.

As applicable, also include the following information as part of the Research Strategy, keeping within the three sections listed above: Significance, Innovation, and Approach.

**Preliminary Studies:** Include information on Preliminary Studies as part of the Approach section. Use this section to provide an account of the PD/PI's preliminary studies pertinent to this application, including his/her preliminary experience with and outreach to the proposed racial/ethnic group members. This information will also help to establish the experience and competence of the investigator to pursue the proposed project. Preliminary data often aid the reviewers in assessing the likelihood of the success of the proposed project.

**C. Tentative Sequence or Timetable:**

Provide a tentative sequence or timetable for the project. Provide assurance that the research team will conduct the study as designed. Due to the competitive nature of the MIECHV Research Program grant competitions and limited availability of funding, it is important that the applicant address the feasibility of conducting and completing the study as proposed. Once funded, it is critical that the study is implemented and completed as proposed and approved.

**D. Financing (Related Review Criteria: Support Requested):**

State whether this proposal has been submitted or will be submitted to any other federal agency or private foundation for consideration and review. Explain the amount of support available or expected for this project from other sources.

**E. Protection of Human Subjects (Related Review Criteria: Evaluative Measures):**

If human subjects are involved, the project should be in compliance with the Department of Health and Human Services (HHS) regulations for protection of human subjects (45 CFR Part 46) (<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>). See <http://mchb.hrsa.gov/research/grant-p2.asp> under Phase 2 for specific instructions on preparing the human subjects section of the application.

This section is required for applicants answering “yes” to the question “Are human subjects involved?” on the R&R Other Project Information form. If the answer is “No” to the question but the proposed research involves human specimens and/or data from subjects, applicants must provide a justification in this section for the claim that no human subjects are involved.

Discuss plans to seek Institutional Review Board (IRB) approval. IRB approval is not required at the time of application submission but must be received prior to initiation of any activities involving human subjects. Do not use the protection of human subjects section to circumvent the page limits of the Research Strategy.

**F. Targeted/Planned Enrollment (Related Review Criteria: Evaluative Measures):**

Provide the study title.

The “Total Planned Enrollment” means the number of subjects that are expected to be enrolled in the study, consistent with the definition in ClinicalTrials.gov.

The “Total Planned Enrollment” will be reported in two ways: by “Ethnic Category” and by “Racial Categories.”

“Ethnic Category”: Provide the numeric distribution of the Total Planned Enrollment according to ethnicity and sex/gender.

“Racial Categories”: Provide the numeric distribution of the Total Planned Enrollment, this time by racial categories and sex/gender. Note that Hispanic is an ethnic, not a racial, category.

List any proposed racial/ethnic subpopulations.

Describe how the project will assure cultural competence. For the MIECHV Research Program, describe how the project will assure cultural competence in terms of including individuals from the study population in the planning and implementation of the research project and in adapting the research methodology to reflect an understanding of and valuing of the culture of the study population.

**G. Dissemination Plan (Related Review Criteria: Impact):**

Describe plans for dissemination of project results. State whether the project results are regional or national in scope or if replicable. It is expected that MIECHV research grantees will produce at least 3 peer-reviewed publications per study. The dissemination plan should include information on how you will accomplish this minimum number of publications. (NOTE: Peer-reviewed publications are the cardinal measure of success for the MIECHV Research Program).

**I. Facilities & Other Resources (Related Review Criteria: Resources/Capabilities):**

This information is used to assess the capability of the organizational resources available to perform the effort proposed. This section can be included as an attachment in the Other Project Information Form, box 10 or included as part of the research narrative.

- Identify the facilities to be used (laboratory, clinical, computer, office, other). If appropriate, indicate their capacities, pertinent capabilities, relative proximity, and extent of availability to the project. Describe only those resources that are directly applicable to the proposed work.
- Describe how the scientific environment in which the research will be done contributes to the probability of success (e.g., institutional support, physical resources, and intellectual rapport). In describing the scientific environment in which the work will be done, discuss ways in which the proposed study will benefit from unique features of the scientific environment or subject populations or will employ useful collaborative arrangements.
- For Early Stage Investigators, describe institutional investment in the success of the investigator, e.g., resources for classes, travel, training; collegial support such as career enrichment programs or availability of organized peer groups; logistical support such as administrative management and oversight and best practices training; and financial support such as protected time for research with salary support.
- If there are multiple performance sites, describe the resources available at each site.

***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 **MCH Research Program** and Submission of Administrative Data*

To prepare successful applicants for their reporting requirements, the administrative forms and performance measures are presented in the appendices of this funding opportunity announcement. In summary, the forms and performance measures for this program are:

- Form 1, MCHB Project Budget Details
- Form 2, Project Funding Profile
- Form 4, Project Budget and Expenditures by Types of Services (Note, funds for the MIECHV Research Program would fit under “Infrastructure Building Services”)
- Form 7, Discretionary Grant Project Summary Data
- Form 8. Abstract for Research Projects
- 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.
- Products, Publications, and Submissions Data Form

### **xi. Attachments**

Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled.**

#### *Attachment 1: 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: Letters of Agreement/Letters of Support*

Provide any documents that describe working relationships between the applicant agency 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. 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 letters of support must be dated. List all other support letters on one page.

#### *Attachment 3: Key publications or condensed citations with abstracts.*

**Publications – No longer allowed as appendix materials except in the circumstances noted below.** Applicants may submit up to three of the following types of publications:

- a. **Manuscripts and/or abstracts accepted for publication but not yet published:** The entire article should be submitted as a PDF attachment.
- b. **Manuscripts and/or abstracts published, but a free, online, publicly available journal link is not available:** The entire article should be submitted as a PDF attachment.
- c. **Patents directly relevant to the project:** The entire document should be submitted as a PDF attachment.

Do not include unpublished theses, or abstracts/manuscripts **submitted** (but not yet accepted) for publication. Do not include the following: Publications that are publicly accessible. For such publications, the URL along with the full reference should be included as appropriate in the Bibliography and References cited section and/or the Biographical Sketch section.

*Attachment 4: Surveys, questionnaires, data collection instruments, clinical protocols.* Surveys, questionnaires, and other data collection instruments; clinical protocols and informed consent documents may be submitted as an Attachment as necessary.

*Attachment 5: Maintenance of Effort Chart*

Applicants must complete and submit the following information:

**NON-FEDERAL EXPENDITURES**

<p>FY 2011 (Actual)</p> <p>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.</p> <p>Amount: \$ _____</p>	<p>FY 2012 (Estimated)</p> <p>Estimated FY 2012 non-federal funds, including in-kind, designated for activities proposed in this application.</p> <p>Amount: \$ _____</p>
--	---

*Attachments 6-15: Other Relevant Documents (including explanation on delinquent federal debt, if applicable).*

**3. Submission Dates and Times**

**Application Due Date**

The due date for applications under this funding opportunity announcement is March 16, 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 MIECHV Research Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

**5. Funding Restrictions**

Applicants may request funding for a project period of up to three (3) years, at no more than \$300,000 total cost (direct plus indirect expenses) per year.

Awards for the first year are subject to the availability of appropriations. 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 remission for graduate research assistants.

**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 these awards. 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](mailto:support@grants.gov) or by phone at 1-800-518-4726. Applicants should ensure that all passwords and registration are current well in advance of the deadline.

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

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

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

NOTE: The terms *research project* and *study* are used interchangeably.

Review Criteria are used to review and rank applications. The MIECHV Research Program has six (6) review criteria:

Criterion 1.	<u>Need</u>	10 points
Criterion 2.	<u>Response</u>	20 points
Criterion 3.	<u>Evaluative Measures</u>	40 points
Criterion 4.	<u>Impact</u>	10 points
Criterion 5.	<u>Resources/Capabilities</u>	10 points
Criterion 6.	<u>Support Requested</u>	10 points

TOTAL: 100 points

***Criterion 1: NEED (10 points) (Related Program Narrative Section: Specific Aims)***

The extent to which the application describes: (a) a gap in our understanding of science-based knowledge regarding the implementation and effectiveness of home visiting programs that are designed to improve the health and wellbeing of mothers, infants, and young children; and (b) how the proposed research effort can serve to address the identified gap.

***Criterion 2: RESPONSE (20 points) (Related Program Narrative Section: Specific Aims, Significance, and Innovation)***

The extent to which the proposed project responds to the “Purpose” included in the program description. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the scientific activities described in the application are capable of addressing the problem and attaining the project objectives.

- The extent to which the overall scientific approach is thoughtful, logical and original.
- The extent to which the applicant demonstrates an understanding of the MIECHV legislation as it relates to research and evaluation.
- The extent to which the investigators demonstrate awareness of previous and current work in the field of home visiting, particularly with regard to the specific research problem of the proposed project. The extent to which the cited literature is pertinent to the research problem and provides a rationale for the research.
- The extent to which the hypotheses are logically derived from the literature, clearly stated, and are related to the defined problem.
- The extent to which the goals and objectives are clear, concise, and appropriate.
- The extent to which scientific knowledge, technical capability, and/or clinical practice or service delivery will be improved, if the aims of the project are achieved.
- The extent to which successful completion of the aims will change the concepts, methods, technologies, treatments, services, or preventive interventions that drive the field of home visiting.
- The extent to which the application challenges and seeks to shift current research or home visiting practice paradigms by utilizing novel theoretical concepts, approaches or methodologies, instrumentation, or interventions. The extent to which the concepts, approaches or methodologies, instrumentation, or interventions are novel to the field of

home visiting or novel in a broad sense. The extent to which a refinement, improvement, or new application of theoretical concepts, approaches or methodologies, instrumentation, or interventions is proposed.

**Criterion 3: EVALUATIVE MEASURES (40 points)** (Related Program Narrative Section: Specific Aims, Innovation, Approach, Protection of Human Subjects, Targeted/Planned Enrollment Table, Tentative sequence/timetable)

The effectiveness of the methods proposed to conduct the research project. Are the overall strategy, methodology, and analyses well-reasoned and appropriate to accomplish the specific aims of the project?

**If an application utilizes secondary data or proposes a study which links and examines secondary data systems, then the project must be of sufficient scope and complexity to justify awarding a multiyear grant to conduct the study.**

Proposed measures must be able to assess to the extent to which the project objectives have been met. Are potential problems, alternative strategies, and benchmarks for success presented? If the project is in the early stages of development, will the strategy establish feasibility and will particularly risky aspects be managed?

If the project involves clinical research, are the plans for 1) protection of human subjects from research risks, and 2) inclusion of minorities and members of both sexes/genders, as well as the inclusion of children, justified in terms of the scientific goals and research strategy proposed?

Scientific and Technical Merit:

- The appropriateness of the research plan and methodologies described.
- The extent to which the research plan is coherent as a whole.

Tests and Measurements:

- The extent to which data gathering procedures are described.
- If new data are to be collected, the extent to which instruments have been selected or developed and are adequate and appropriate.
- The extent to which adequate attention is given to reliability and validity (psychometric properties).

Study Design:

- The appropriateness of the study design to answer the research questions.
- The degree to which proper controls are included.
- The extent to which the description of the design is explicit enough to permit replication.
- The extent to which all the significant threats to internal and external validity of the design have been adequately acknowledged and addressed.
- The extent to which the method of randomization, if used, is clearly described and criteria for entering the study are well defined.
- If the application is requesting support for a secondary data analysis project, the extent to which the applicant describes the need for multiyear funding.
- The appropriateness of the tentative sequence or timetable for completion of the study.

- The extent to which the applicant addresses the feasibility of conducting and completing the study as proposed.

Population Description and Sampling Plan:

- The degree to which the study population is described.
- The degree to which the sampling design is appropriate.
- The degree to which the sample size is adequate and justified in terms of statistical power.
- The extent to which expected differences between groups are defined in terms of statistical as well as clinical significance.
- The extent to which there is a basis for anticipating the quality of sample estimates and the degree to which the quality is adequate for the purpose of the study.

Plan for Data Analysis:

- The degree to which plans for data analysis are presented in detail.
- The extent to which the plans describe the process of data analysis and the rationale for the sequence of steps to be taken.
- The appropriateness of the plans to the nature of the data, design and samples.
- The appropriateness of the statistical methods.
- The extent to which sufficient time is allocated for data analysis and reporting.

Protection of Human Subjects:

- The extent to which adequate protections are afforded to human subjects.
- The extent to which the applicant discusses plans to seek Institutional Review Board (IRB) approval (IRB approval is not required at the time of application submission but must be received prior to initiation of any activities involving human subjects).

***CRITERION 4: IMPACT (10 points) (Related Program Narrative Section: Specific Aims, Significance, and Dissemination Plan)***

The extent and effectiveness of plans for dissemination of project results and/or the extent to which project results may be regional or national in scope and/or degree to which the project activities are replicable. The likelihood that the project will exert a sustained and powerful influence on the field of home visiting.

- The extent to which there is an effective publication and dissemination plan.
- The degree to which the applicant has a sound plan for how they will meet the expectation to produce the expected minimum number of peer-reviewed publications (i.e., 3 publications expected for the MIECHV Research Program).
- The extent to which the problem addressed by the proposed research is unique to a community or region or is one of national proportion.
- The extent to which the findings will be generalizable and of regional or national significance.
- The extent to which the number of mothers or children affected by the problem or who will benefit from the research is significant.
- The degree to which the proposed project will have a sustained and powerful influence on the field of home visiting.

***CRITERION 5: RESOURCES/CAPABILITIES (10 points) (Related Program Narrative Section: Preliminary Studies, Environment)***

The extent to which project personnel are qualified by training and/or experience to implement and carry out the research project. The capabilities of the applicant organization, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed research project.

- The extent to which the Principal Investigator (PI), collaborators, staff, and other researchers are well qualified by training and/or expertise to conduct the research.
- If Early Stage Investigators or New Investigators, the appropriateness of their experience and training. If established, the degree to which they have demonstrated an ongoing record of accomplishments that have advanced a field of study related to home visiting.
- The extent to which the scientific environment in which the work will be done contributes to the probability of project success.
- The adequacy of the institutional support, equipment, and other physical resources available to the PI and co-investigators for the proposed project.
- The extent to which the project will benefit from unique features of the subject populations or collaborative arrangements.
- The extent to which the key personnel can devote adequate time to this project.
- The degree to which the applicant provides assurance that the research team will conduct and complete the study as proposed. (It is expected that funded projects will demonstrate ongoing progress and completion as proposed and approved).
- The degree to which the PI and other key personnel demonstrate current and/or past success in publishing the findings of their research.

***CRITERION 6: SUPPORT REQUESTED (10 points) (Related Program Narrative Section and Budget Section: Financing, Budget Justification)***

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

- The extent to which costs as outlined in the budget and required resources sections are reasonable given the scope of work.
- The extent to which budget line items are well described and justified in the budget justification.
- The extent to which time allocated by key personnel is realistic and 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 September 1, 2012.

## **VI. Award Administration Information**

### **1. Award Notices**

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

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

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

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

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

**Human Subjects Protection** [for Research grants involving human subjects]

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 [www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html](http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html).

**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? \(AHRQ\)](#)

## Product and Data Rights

The grantees acknowledge that the MCHB has uncontested access to any and all data generated under these grants, acknowledge and agree that in accordance with 45 CFR 74.36, the HHS Grants Policy Statement provides that if any copyrightable material (e.g., audiovisuals, software, publications, curricula and training materials, etc.) is developed under this grant (by the Awardee or contractor) HHS shall have a royalty-free nonexclusive and irrevocable right to reproduce, publish or otherwise use, and authorize others to use, the material generated under this grant for federal purposes such as furthering the objective of the Maternal and Child Health (MCH) Research Program (e.g., to make it available in government-sponsored databases for use by other researchers). All contracts or other arrangements entered into by the grantees for purpose of developing or procuring such material shall specifically reference and reserve the rights of HHS with respect to the material. The grantee shall provide a master electronic or digital file and four final reproducible copies of all such copyrightable material upon the request of the MCHB.

## 3. Reporting

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

### a. Audit Requirements

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

### b. Payment Management Requirements

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

### c. Status Reports

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

2) **Progress Report(s).** The awardees must submit a progress report to HRSA on an annual basis. For the MIECHV Research Program, submit an **Annual Continuation Application/Progress Report.** Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds. Further information will be provided in the award notice.

3) **Mid-Project Progress Report(s).** A Mid-Project Progress Report is required for the MIECHV Research Program. Further information will be provided in the award notice.

4) **Final Report(s).** A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core

performance measurement data; impact of the overall project; the degree to which the grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.

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

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

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

### **2. Performance Reporting**

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

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

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

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

#### **d. Transparency Act Reporting Requirements**

New awards ("Type 1") issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency

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

## VII. Agency Contacts

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

Brad K. Barney, MPA  
Grants Management Specialist  
Attn: R62MIECHV Research Program  
HRSA Division of Grants Management Operations, OFAM  
Parklawn Building, Room 11A-02  
5600 Fishers Lane  
Rockville, MD 20857  
Email: [bbarney@hrsa.gov](mailto:bbarney@hrsa.gov)  
Telephone: (301) 443-6916  
Fax: (301) 443-6343

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-HV Research Program  
Attn: R62 MIECHV Research Program  
Maternal and Child Health Bureau, HRSA  
Parklawn Building, Room 18A-55  
5600 Fishers Lane  
Rockville, MD 20857  
Email: [rharwood@hrsa.gov](mailto:rharwood@hrsa.gov) or [hpark@hrsa.gov](mailto: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](mailto:support@grants.gov)  
iPortal: <http://grants.gov/iportal>

## **VIII. Other Information**

### **Bright Futures**

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

### **Healthy People 2020**

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

### **Human Subjects Assurances**

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

<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>

### **Inclusion of Children**

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

### **Institute of Medicine**

<http://www.iom.edu>

### **Making Websites Accessible: Section 508 of the Rehabilitation Act**

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

### **MCH Training Web Site**

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

### **National Center for Cultural Competence**

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

### **National Center for Medical Home Implementation**

<http://www.medicalhomeinfo.org/>

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

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

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

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

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

- Form 1, MCHB Project Budget Details
- Form 2, Project Funding Profile
- Form 4, Project Budget and Expenditures by Types of Services (Note, funds for the MIECHV Research Program would fit under “Infrastructure Building Services”)
- Form 7, Discretionary Grant Project Summary Data
- Form 8, Abstract for Research Projects
- 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
- Products, Publications and Submissions Data Form

**FORM 1**

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

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

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

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

**FORM 2  
 PROJECT FUNDING PROFILE**

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

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

**Instructions:**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**FORM 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.

**FORM 8**  
**(For Research Projects ONLY)**  
**MATERNAL & CHILD HEALTH DISCRETIONARY GRANT**  
**PROJECT ABSTRACT**  
**FOR FY\_\_\_\_\_**

**I. PROJECT IDENTIFIER INFORMATION**

1. Project Title:
2. Project Number:
3. Project Director:
4. Principle Investigator(s), Discipline

**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. CARE EMPHASIS**

- Interventional  
 Non-interventional

**IV. POPULATION FOCUS**

- |  |  |
|--|--|
| <input type="checkbox"/> Neonates                        | <input type="checkbox"/> Pregnant Women          |
| <input type="checkbox"/> Infants                         | <input type="checkbox"/> Postpartum Women        |
| <input type="checkbox"/> Toddlers                        | <input type="checkbox"/> Parents/Mothers/Fathers |
| <input type="checkbox"/> Preschool Children              | <input type="checkbox"/> Adolescent Parents      |
| <input type="checkbox"/> School-Aged Children            | <input type="checkbox"/> Grandparents            |
| <input type="checkbox"/> Adolescents                     | <input type="checkbox"/> Physicians              |
| <input type="checkbox"/> Adolescents (Pregnancy Related) | <input type="checkbox"/> Others                  |
| <input type="checkbox"/> Young Adults (>20)              |  |

**V. STUDY DESIGN**

- Experimental  
 Quasi-Experimental  
 Observational

**VI. TIME DESIGN**

- Cross-sectional  
 Longitudinal  
 Mixed

**VII. PRIORITY RESEARCH ISSUES AND QUESTIONS OF FOCUS**

From the Maternal and Child Health Bureau (MCHB) Strategic Research Issues: Fiscal Years (FYs) 2004 – 2009.

Primary area addressed by research:

Secondary area addressed by research:

**VIII. ABSTRACT**

**IX. KEY WORDS**

**X. ANNOTATION**

**INSTRUCTIONS FOR THE COMPLETION OF FORM 8  
MATERNAL & CHILD HEALTH  
RESEARCH PROJECT ABSTRACT**

**NOTE:** All information provided should fit into the space provided in the form. Do not exceed the space provided.

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).  
Project Director: Displays the name and degree(s) of the project director as listed on the grant application.  
Principal Investigator: Enter the name(s) and discipline(s) of the principal investigator(s).

**Section II – Budget**

The amounts for Lines 1 through 5 will be transferred from Form 1, Lines 1 through 5.

**Section III – Care Emphasis**

Indicate whether the study is interventional or non-interventional.

**Section IV – Population Focus**

Indicate which population(s) is the focus of the study. Check all that apply.

**Section V – Study Design**

Indicate which type of design the study uses.

**Section VI – Time Design**

Indicate which type of design the study uses.

**Section VII – Priority Research Issues and Questions of Focus (DO NOT EXCEED THE SPACE PROVIDED)**

Provide a brief statement of the primary and secondary (if applicable) areas to be addressed by the research. The topic(s) should be from those listed in the *Maternal and Child Health Bureau (MCHB) Strategic Research Issues: Fiscal Years (FYs) 2004 – 2009*.

**Section VIII – Abstract**

**Section IX - -Key Words**

Provide up to 10 key words to describe the project, including populations served. A list of key words used to classify active projects is included. Choose keywords from this list when describing your project.

**Section X – 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.

**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; sited from DHHS Office of Minority Health-  
<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=11> )

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

practices, procedures, and dedicated resources to support this capacity. (Goode, T. and W. Jones, 2004. National Center for Cultural Competence; <http://www.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:**

## 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