

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

Maternal and Child Health Bureau  
Office of Epidemiology and Research

***Developmental Behavioral Pediatrics Research Network***

**Announcement Type:** New and Competing Continuation

**Announcement Number:** HRSA-13-172

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

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2013

**Application Due Date: February 4, 2013**

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

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

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

**Release Date: December 5, 2012**

**Issuance Date: December 6, 2012**

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

## EXECUTIVE SUMMARY

Thank you for your interest in applying for the **Developmental Behavioral Pediatrics Research Network**. Funding is available from the Division of Research, Office of Epidemiology and Research (OER) 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 carefully before completing the application.

### **Purpose:**

The purpose of the **Developmental Behavioral Pediatrics Research Network** is to foster a national scientific and clinical research network that will promote and coordinate research activities in behavioral, psychosocial, and developmental aspects of pediatric care to improve clinical services and health outcomes for, but not limited to, children with autism spectrum disorder (ASD) and other developmental disabilities. The network infrastructure will support the design and implementation of multi-site, interdisciplinary research that focuses on the translation of research to practice; provide the mentoring environment in which to train a new generation of developmental behavioral pediatric researchers; and leverage additional public and/or private funding sources to carry out critical research studies. (Combating Autism Act of 2006 (P.L. 109–416), as amended by the Combating Autism Reauthorization Act of 2011 (P.L. 112–32)).

**Qualified Applicants:** Only public and nonprofit agencies, including institutions of higher education, engaged in research or in programs relating, but not limited to, autism spectrum disorder, other developmental disabilities, maternal and child health and/or services for children with special health care needs are eligible.

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

### **Number of Awards and**

**Funds Available Per Year:** One (1) cooperative agreement of \$275,000 in total costs per year for up to three (3) years. Additional funds may be available in years two and three.

**Application Due Date:** February 4, 2013

**Project Period:** Approved project will be funded effective September 1, 2013 and will be awarded a project period of three (3) years.

**Programmatic Assistance:**

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

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**Business, Administrative and Fiscal Inquiries:**

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

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Grants Management Specialist  
HRSA, Division of Grants Management Operations  
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Rockville, MD 20857  
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# **I. Funding Opportunity Description**

## **1. Purpose**

The purpose of the **Developmental Behavioral Pediatrics Research Network** is to foster a national scientific and clinical research network that will promote and coordinate research activities in behavioral, psychosocial, and developmental aspects of pediatric care to improve clinical services and health outcomes for, but not limited to, children with autism spectrum disorder (ASD) and other developmental disabilities. The network infrastructure will support the design of multi-site, interdisciplinary research that focuses on the translation of research to practice; provide the mentoring environment in which to train a new generation of developmental behavioral pediatric researchers; and foster the implementation of research studies through both MCHB and external funding sources.

## **2. Background**

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

### **Combating Autism Act Initiative (CAAI)**

The Combating Autism Act Initiative is an initiative to address autism and related developmental disabilities through education, early detection, and intervention. In September 2011, the Combating Autism Reauthorization Act continued this legislation to 2014. Specifically these activities are to:

- 1) Increase awareness;
- 2) Reduce barriers to screening and diagnosis;
- 3) Promote evidence based interventions for individuals with ASDs or other developmental disabilities;
- 4) Promote guideline development for interventions; and
- 5) Train professionals to utilize valid and reliable screening tools to identify or rule out and to provide evidence based interventions for children with autism spectrum disorders and other developmental disabilities through an interdisciplinary approach (“similar to the” programs developed under section 501(a)(2) of the Social Security Act).

In response to the CAAI, the Maternal and Child Health Bureau has initiated programs in four areas:

- 1) Combating Autism Training Programs
  - Forty-three interdisciplinary Leadership Education in Neurodevelopmental Disabilities (LEND) training programs;
  - Expansions to Developmental Behavioral Pediatrics (DBP) training programs; and
  - An Interdisciplinary Training Autism Resource Center cooperative agreement.
- 2) Combating Autism Research Programs
  - Three autism intervention research networks that focus on intervention research, guideline development and information dissemination—one network focused on physical health interventions, one network focused on behavioral health interventions

and one focused on the interdisciplinary developmental behavioral pediatrics research and the translation to clinical practice.

- R40 MCH Autism Intervention Research and Secondary Data Analysis Studies grants have been awarded in the area of family support, service, transition, and intervention.

3) Combating Autism Demonstration and Policy Programs

- Thirteen State Autism Demonstration grants are implementing State Autism Plans and creating models for how to develop systems of services for children with autism and other developmental disabilities.
- A State Public Health Coordinating Center coordinates with the State Autism Demonstration grants and develops and implements strategies for defining, supporting, and monitoring the role of state public health efforts in assuring that children and youth with autism receive early and timely identification, diagnosis, and intervention.

4) Combating Autism National Evaluation

- Information and analysis from this evaluation contributed to the HHS Secretary's Report to Congress on progress related to ASD and other developmental disabilities as required in the CAAI. As a CAAI grantee, all DBP grantees will participate in the national evaluation of the program, providing both qualitative and quantitative data.

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

- The most recent surveillance data collected in 2008 by the CDC's Autism and Developmental Disabilities Monitoring Network shows that approximately 1 in 88 children have an Autism Spectrum Disorder (ASD) (<http://www.cdc.gov/Features/CountingAutism/>). ASDs are almost 5 times more common among boys (1 in 54) than among girls (1 in 252). Comparison of 2008 findings indicates an increase in estimated ASD prevalence of 23% when the 2008 data were compared with the 2006 data (from 9.0 per 1,000 children aged 8 years in 2006 to 11.0 in 2008). An estimated increase of 78% when the 2008 data were compared with the 2002 data (from 6.4 per 1,000 children aged 8 years in 2002 to 11.4 in 2008). The largest increases over time were among Hispanic children (110%) and black children (91%), which are partially attributed to greater awareness and better identification among these groups. On average, children are not diagnosed until between the ages of 3 ½ and 5 years, a delay which compromises the outcomes and prevents effectiveness of early intervention treatments. Early intervention for two year olds can lead to substantial improvements in social and communication skills. ([http://iacc.hhs.gov/news/news\\_updates/2012/news\\_2011\\_summary\\_of\\_advances.shtml](http://iacc.hhs.gov/news/news_updates/2012/news_2011_summary_of_advances.shtml))
- In the United States, approximately 13% of children under the age of 18 have been diagnosed with a developmental disability (<http://www.cdc.gov/ncbddd/dd/ddsurv.htm>), ranging from mild disabilities such as speech and language impairments to serious developmental disabilities, such as intellectual disabilities, cerebral palsy, and autism.

### **Objectives and Function of the Developmental Behavioral Pediatrics Research Network**

The Developmental Behavioral Pediatric Research Network is encouraged to forge partnerships with researchers, clinicians, educators, advocates, families, State public health programs and other organizations/agencies critical to improving the health and well-being with a focus on, but not limited to, children with ASD and other developmental disabilities. Establishment of strong partnerships between researchers and practitioners is essential to assure that new interventions

are applied in the clinical care system for the translation of vital research findings to assure better access and quality services for individuals with ASD and other developmental disabilities. Funding is intended to support the development of research studies aligned with the Consensus Research Priorities for Developmental-Behavioral Pediatrics (<http://www.ncbi.nlm.nih.gov/pubmed/22710856>).

The following describes multiple aspects of the Developmental Behavioral Pediatric Research Network that applicants should consider in the development of their application:

### Organization and Functions

The Research Network consists of a Network Coordinating Center (NCC) and multiple Collaborating Research Entities/Sites (CREs). The NCC is the administrative center of the Research Network and provides leadership and maintains a partnership with its CREs. A sample of this structure is depicted in the following diagram:

### **Research Network Organizational Structure**



The NCC is located at the Principal Investigator's institution, which is the recipient of the cooperative agreement. The NCC provides a core of administrative and operational functions that include the following:

- 1) Support a Research Network infrastructure for partnership among CREs;
- 2) Provide the Network with administrative and operations support in activities including, but not limited to, meetings, multidisciplinary educational activities, and development of research studies;
- 3) Facilitate the process for the development, selection, implementation, and monitoring of scientific research studies;
- 4) Coordinate a plan for mentorship to a new generation of developmental behavioral pediatric researchers through small new investigator funding opportunities; and

- 5) Coordinate the dissemination findings to health professionals, policymakers, family members and the greater public; and
- 6) Collaborate with MCHB funded Autism Intervention Research Networks to assure synergy in research efforts.

All major scientific decisions are determined by majority vote of the Network Steering Committee. All participating CREs must agree to abide by the study designs and policies approved by the Network Steering Committee.

The Network Steering Committee, by majority vote, will elect a Chair from among the representatives of the CREs. The Network Steering Committee will meet monthly by phone and in person at least once a year.

Data Collection and Management. The NCC will facilitate data gathering, data management training, and data quality assurance according to developed protocol. CREs must follow the policies and procedures to (1) monitor adverse events; (2) report data and other information to the NCC, and (3) ensure good clinical practice (GCP) or other applicable regulatory requirements.

#### ***Collaborating Research Entities (CREs)***

CREs will be public and nonprofit institutions of higher learning and public or private nonprofit agencies engaged in research or research and training relating to, but not limited to, ASD and other developmental disabilities. The applicant institutions must include faculty members who are well qualified professionals in the areas of developmental behavioral pediatrics, psychology, and psychiatry; furthermore, institutions must currently support research scientists, post-doctoral fellows and graduate students. Moreover, CREs may have affiliate faculty from other relevant disciplines such as MCH nursing, child development, nutrition, social work, child neurology, speech and language pathology, education, physical therapy, occupational therapy, and public health (e.g., health policy, organization and administration of services, program development, evaluation).

#### ***Product and Data Rights***

The Developmental Behavioral Pediatric Research Network is intended as a national resource for the translation of research findings to practice, mentoring a new generation of developmental behavioral pediatric researchers, and for information dissemination for individuals with ASD and other developmental disabilities.

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

### ***Quality Control and Monitoring***

For protocols requiring an investigational new drug application (IND), the principal investigator or study specific sponsor is primarily responsible for study control and monitoring as defined by FDA rules and regulations. The Principal Investigator of the cooperative agreement and all CRE investigators assume and accept the primary responsibility for ensuring Network studies are conducted in compliance with all Federal regulations and HHS policies and procedures. All participants under this award will cooperate with HRSA/MCHB and the NCC to review Network operations and advise investigators of specific requirements concerning investigational drug management.

With regards to laboratory quality control and data management issues, the awardees and CRE sites agree to participate in protocol-defined measures to follow methodological and analytic guidelines established by the Developmental Behavioral Pediatric Research Network and HRSA/MCHB.

### ***Subject Safety/Oversight***

The NCC and CREs will adhere to protocol-specific measures approved by the Network Steering Committee to assure the safety and protection of the rights of volunteers who may participate in clinical trials and observational studies to be conducted as a result of this cooperative agreement. The Principal Investigator and all CRE investigators assume and accept the primary responsibility for ensuring Network studies are conducted in compliance with all Federal regulations and HHS policies and procedures. All investigators agree and assure that adequate records will be maintained, and that access to these records will be available to enable outside monitors (including MCHB or its designee) to assess compliance with applicable Federal laws and regulations.

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

### ***Adverse Experience Reporting***

The Principal Investigator of the NCC agrees to implement and adhere to an adverse event tracking system.

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

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

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

### ***Publication of Data***

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

### ***Progress Review***

The Network Steering Committee will establish procedures for monitoring the performance of the CREs participating in research under this cooperative agreement. Performance metrics, such as budget execution, subject enrollment, data acquisition and transmission, meeting objectives and timelines, and study analysis and reports will be defined to permit MCHB a means to assess progress of the Network and provide information needed to support future funding decisions.

### ***Data Management and Coordination***

The NCC will establish a central repository to manage and pool the data collected throughout the Network to ensure the reliable collection and analysis of data.

The Principal Investigators of the Network agree to cooperate with the NCC by implementing Network-wide data standards for collection and analysis of data generated under the Network, and to provide the NCC timely information for purposes of monitoring the safety and progress of

studies conducted, guidelines developed, and tools validated under the Network. The Network agrees to provide the NCC final study data according to schedules developed and approved by the Network Steering Committee. All CREs must agree to cooperate with the NCC to enable monitoring and assure regulatory compliance and adherence to GCP in all Network activities.

## **II. Award Information**

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

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

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

- 1) Assurance of the availability of MCHB personnel or designees to participate in the planning and development of all phases of this activity;
- 2) Participation in meetings and seminars conducted during the period of the cooperative agreement;
- 3) Review of policies and procedures established for carrying out project activities;
- 4) Participation in periodic meetings and/or communications with the award recipients to review mutually agreed upon goals and objectives and to assess progress;
- 5) Assistance in establishing and maintaining Federal interagency and interorganizational contacts necessary to carry out the project;
- 6) Participation in the dissemination of information about project activities;
- 7) Facilitation of effective communication and accountability to HRSA/MCHB regarding the project with special attention to new program initiatives and policy development in the public health field that has the potential to advance the utility of DBP focused research; and
- 8) Review of all documents and products prior to submission for publication or public dissemination.

**The cooperative agreement recipient's responsibilities shall include:**

- 1) Support a national network of developmental behavioral pediatrics research entities who collaborate in research designed to improve care and treatment for, but not limited to, children with ASD and other developmental disabilities;
- 2) Enhance research capacity in the field of developmental behavioral pediatrics with a focus on, but not limited to, ASD and other developmental disabilities;
- 3) Develop scientific studies aligned with research priorities for Developmental Behavioral Pediatrics;
- 4) Pilot scientific protocols;
- 5) Foster the research environment to train a new generation of developmental behavioral pediatrics researchers;

- 6) Foster the implementation of critical research studies on a range of topics relevant to the field of developmental behavioral pediatrics through both MCHB and other external funding sources;
- 7) Translate network's research findings into practice;
- 8) Establish links with State Title V MCH and Children with Special Health Care Needs (CSHCN) Programs and other key MCH stakeholders, including families;
- 9) Collaborate with other partners within the CAAI (see Background section – LEND, Developmental Behavioral Pediatric training programs, MCH Training Autism Resource Center, State Autism Demonstration Grants, State Public Health Coordinating Center);
- 10) Participate in the national evaluation of HRSA/MCHB's Combating Autism Act Initiative;
- 11) Provide an electronic copy of any products supported by award funds -- including guidelines, publications, books, pamphlets, slide sets, CD-ROMS, curricula, assessment tools, videos, etc., to be made available to the general public and to the MCH Research Program;

## **2. Summary of Funding**

This program will provide funding during Federal fiscal years 2013 - 2015. Approximately \$275,000 is expected to be available annually to fund one (1) awardee. Applicants may apply for a ceiling amount of up to \$275,000 per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for **Developmental Behavioral Pediatrics Research Network** in subsequent fiscal years, satisfactory awardee performance, and a decision that continued funding is in the best interest of the Federal Government.

## **III. Eligibility Information**

### **1. Eligible Applicants**

Only public and nonprofit agencies, including institutions of higher education, engaged in research or in programs relating, but not limited to, autism spectrum disorder, other developmental disabilities, maternal and child health and/or services for children with special health care needs are eligible.

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

Cost sharing/matching is not required for this program.

### **3. Other**

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

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement. Please see other limitations, including page limit and font/margin requirements in 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.**

NOTE: Multiple applications from an organization are not allowable.

## **IV. Application and Submission Information**

### **1. Address to Request Application Package**

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

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. The 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 an 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. If requesting a waiver, include the following in the e-mail request: the HRSA announcement number for which the organization is 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 the submission along with a copy of the “Rejected with Errors” notification as received from Grants.gov. HRSA’s Division of Grants Policy is the only office authorized to grant waivers. **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.

#### **IMPORTANT NOTICE: CCR moved to SAM** **Effective July 30, 2012**

The Central Contractor Registration (CCR) transitioned to the System for Award Management (SAM) on July 30, 2012. Any registrations in process submitted to CCR will be migrated to SAM.

If a record was scheduled to expire between July 16, 2012 and October 15, 2012, CCR is extending the expiration date by 90 days. The registrant received an e-mail notification from CCR when the expiration date was extended. The registrant then will receive standard e-mail reminders to update their record based on the new expiration date. Those future e-mail notifications will come from SAM.

SAM will reduce the burden on those seeking to do business with the government. Vendors will be able to log into one system to manage their entity information in one record, with one

expiration date, through one streamlined business process. Federal agencies will be able to look in one place for entity pre-award information. Everyone will have fewer passwords to remember and see the benefits of data reuse as information is entered into SAM once and reused throughout the system.

**Active SAM registration is a pre-requisite to the successful submission of grant applications!**

Items to consider are:

- When does the account expire?
- Does the origination need to complete the annual renewal of registration?
- Who is the eBiz POC? Is this person still with the organization?
- Does anything need to be updated?

To learn more about SAM, please visit <https://www.sam.gov>.

Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. Do not wait until the last minute to register in SAM. According to the SAM Quick Guide for Grantees

([https://www.sam.gov/sam/transcript/SAM Quick Guide Grants Registrations-v1.6.pdf](https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf)), an entity's registration will become active after 3-5 days. Therefore, ***check for active registration well before the application deadline.***

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

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

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

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

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

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

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

### **Application Format Requirements**

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The total file size may not exceed 10 MB. The 80-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard forms are NOT included in the page limit. **HRSA strongly urges applicants to print their 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.**

**Submission of materials that were omitted from the Grants.gov submission after the deadline date is not allowed. Please note that all pages, even a page that is only partially filled with text, are counted by HRSA. For example, an attachment that is 3 ¼ pages of text will be counted as 4 pages by HRSA.**

### **Application Format**

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

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

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

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

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		all additional site location(s)	
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit.
Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list.	Not counted in the page limit.
Attachments 1-15	Attachment	Can be uploaded in Other Attachments form 1-6.	Refer to the attachment table provided below for <b>specific</b> sequence. Counted in the page limit.

At

- 🔔 To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.
- 🔔 Evidence of Non-Profit status and invention related documents, if applicable, must be provided in the other attachment form.
- 🔔 Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.
- 🔔 Merge similar documents into a single document. Where several documents are expected in the attachment, ensure that a table of contents cover page is included specific to the attachment. The Table of Contents page will not be counted in the page limit.
- 🔔 Please use only the following characters when naming attachments: A-Z, a-z, 0-9, underscore (\_), hyphen (-), space, period, and limit the file name to 50 or fewer characters. Attachments that do not follow this rule may cause the entire application to be rejected or cause issues during processing.

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Biographical Sketches of Key Personnel
Attachment 2	Letters of Agreement <i>and/or Description(s) from Participating Sites</i>
Attachment 3	Chart/Table of Partners and Collaboration
Attachment 4	Summary Progress Report (For Competing Continuation Application Only)
Attachment 5	Evidence of Non-profit status (not counted in the page limit)
Attachments 6-15	Other Relevant Documents

## **Application Format**

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

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

### **DUNS Number**

All applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://fedgov.dnb.com/webform> or call 1-866-705-5711. Please include the DUNS number in form SF-424 - item 8c on the application face page. Applications **will not** be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being “Rejected for Errors” by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS number. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with SAM in order to conduct electronic business with the Federal Government. SAM 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 the applicant organization SAM registration is active and the Marketing Partner ID Number (MPIN) is current. Information about registering with SAM can be found at <http://www.sam.gov>. Please see Section IV of this funding opportunity announcement for **SAM registration requirements.**

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

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

### **iii. Budget**

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

Please complete Sections A, B, E, and F, and then provide a line item budget for each year of the project period using Section B Budget Categories of the SF-424A. Applicants must use the Section B columns (2) and (3) for subsequent budget years.

In Section C, if applicable, provide the amounts of funding from non-Federal sources that are expected to support the Network.

The amount of financial support (direct and indirect costs) entered on the SF 424 face page is the amount an applicant is requesting from the Federal granting agency for the first project year. Projected amounts for future budget periods should be entered on SF 424A, Section E.

**Salary Limitation:**

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

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

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

**iv. Budget Justification**

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

### **Budget for Multi-Year Award**

This announcement is inviting applications for project periods up to three (3) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be for up to three (3) years. Submission and HRSA approval of the Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the three-year project period is subject to availability of funds, satisfactory progress of the awardee and a determination that continued funding would be in the best interest of the Federal government.

Include the following in the Budget Justification narrative:

*Personnel Costs:* Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percentage of full-time equivalency, and annual salary. The budget justification for personnel addresses time commitment and skills required by the project plan. If personnel in the application are also covered by other grant programs, the percentage of time such personnel are covered by other funding sources should be indicated in the application.

Reminder: Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II or \$179,700. An individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements. Please provide an individual's actual base salary if it exceeds the cap. See the sample below.

Sample:

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

\*Actual annual salary = \$350,000

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

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

In addition, the following travel is required to be budgeted for the PI of the Network.

- The annual CAAI grantee meeting will be held in the Washington, D.C. metropolitan area in 2013. It is also expected that this meeting will be held in Washington, D.C. in 2015.

Listed below are cost estimates that applicants may find helpful in preparing their application:

CAAI Grantee Meeting in Washington, D.C.

Lodging: 2 nights @ \$201 per night

Per Diem: 2.5 days @ \$64 per day

Travel to meeting location

Travel: Airfare average of \$600 per person depending upon meeting location

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

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

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

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

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

*Indirect Costs:* Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization,

e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term “facilities and administration” is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS’s Division of Cost Allocation (DCA). Visit DCA’s website at: <http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them. Please note that if indirect costs are requested, the applicant must submit a copy of the latest negotiated rate agreement. **The indirect cost rate agreement will not count toward the page limit.**

Applicants for this announcement should use the “Other Sponsored Program/Activities” indirect cost rate. Applicants without an established indirect cost rate for “other sponsored programs” may only request 10% of salaries and wages.

**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 the Budget Justification, under Personnel costs. The Budget Justification is to be uploaded into the Budget Narrative Attachment Form. Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included as Attachment 1. Due to the HRSA 80-page limit, we recommend that all biosketches are no more than two (2) pages in length.

**vi. *Assurances***

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

If research involving human subjects is anticipated, applicants must meet the requirements of the HHS 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.

**Please note the following requirements related to research misconduct:**

**Research Misconduct**

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

In checking the “I agree” box on line 21 of the SF-424, 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

### **Financial Conflict of Interest**

The U.S. Department of Health and Humans Services require 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.” These requirements promote objectivity in research by establishing standards to ensure there is no reasonable expectation that the design, conduct, or reporting of research funded under PHS grants or cooperative agreements will be biased by any conflicting financial interest of an investigator.

In checking the “I agree” box on line 21 of the SF-424, the Authorized Organization Representative of the applicant organization certifies compliance with the requirements of 42 CFR Part 50, Subpart F, including that:

- 1) There is in effect at the organization a written and enforced administrative process to identify and manage, reduce, or eliminate conflicting financial interests with respect to research projects for which Federal funding is sought.
- 2) Prior to the expenditure of any funds awarded under a new award, the organization will inform HRSA of the existence of any conflicting financial interests of the type covered by 42 CFR 50.605 and assure that the interest has been managed, reduced, or eliminated in accordance with the regulations.
- 3) The Institution will continue to make similar reports on subsequently identified conflicts within 60 days of identification.
- 4) When the Institution determines that a financial conflict of interest exists (see #2 and #3 above), the Institution must notify the HRSA and provide the following information:
  - Grant number and Principal Investigator;
  - Name of Investigator with FCOI; and
  - Distinguish which method was used to protect the involved PHS funded research from bias (i.e., managed, reduced, or eliminated).
- 5) When requested, the Institution will make information available to HRSA regarding all identified conflicting interests and how those interests have been managed, reduced, or eliminated to protect the research from bias.

### **viii. Project Abstract**

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

Please place the following at the top of the abstract:

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

Abstract content:

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

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

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

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

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

**ANNOTATION:** Provide a three- to - five-sentence description of the 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.

From the list of key terms found in Appendix B, select up to eight (8) key terms that describe your project. You may also select an additional 9<sup>th</sup> key term that is not found in Appendix B.

The project abstract must be single-spaced and limited to one page in length. Attach the abstract in Box 15 on page 2 of the SF-424.

**ix. *Project Narrative***

This section provides a comprehensive framework and description of all aspects of the proposed project. 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:

The project narrative should be structured in four (4) sections described below. Appendices may be used to provide supporting documentation, but substantive information corresponding to review criteria must be contained within the program narrative. The reviewers are required to evaluate a proposal based only upon the information provided in the application. Any other information may not be considered in the review. The project narrative should be responsive to the Review Criteria of this funding opportunity announcement (See Section V. Review Criteria).

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

Use the following section headers for the Narrative:

*Section I. Background and Significance*

*Section II. Specific Goals and Objectives*

*Section III. Project Design: Methods and Evaluation*

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

**Section I - Background and Significance (Related Review Criteria: Need, Response, Impact)**

In this section, the applicant should demonstrate a thorough knowledge and understanding of the national significance of conducting multi-site developmental-behavioral pediatrics research on ASD and other developmental disabilities. In particular, the applicant will need to identify current research gaps in developmental-behavioral pediatrics for improving clinical care and developing evidence-based intervention for children with ASD and other developmental disabilities. The applicant should provide a brief literature review that discusses the capacity and impact of how multi-site developmental-behavioral pediatrics research can address issues for children with ASD and other developmental disabilities.

**Section II - Specific Goals and Objectives (Related Review Criteria: Response, Impact, Resources/Capabilities)**

This section of the narrative should include a numbered list of the specific goals and objectives (e.g. research, quality improvement, patient-centered common outcome measures, mentorship of new investigators, and translation of research) to be accomplished during the funding period. The specific objectives should be succinctly stated. The applicant should be innovative with respect to specific objectives, but should direct attention to the scope of expected activities listed below and earlier in the funding opportunity announcement.

Some of these activities may not be accomplished immediately (within the first year of funding), but the applicant should provide a plan that shows progressive implementation of the activities within the three-year funding period.

The application should provide documentation (letters of agreement) of participation of Collaborating Research Entities (CREs) with detailed descriptions of each CRE's characteristics, including patient population characteristics, average patient numbers, types of treatment or service currently delivered, number, characteristics and structure of staff.

**Letters of agreement from CRE sites should be included in Attachment 2.** At least one CRE should demonstrate success in recruiting from underserved population(s) such as low-income, racial/ethnic minorities, immigrants, individuals who have limited access to services, and/or other underserved populations as defined by the applicant.

**Responsibility toward the Collaborating Research Entities (CREs):**

The application should also address how the Network will manage CRE sites.

The Network provides the CREs with resources to ensure:

- 1) staff and training needed for the CREs to implement a study protocol, validate tools and/or develop guidelines;
- 2) a data acquisition system to collect intake, treatment and outcome data for all study participants, according to protocol-specific requirements; and
- 3) additional support such as quality control to ensure the successful completion of the scientific goals of a research project, tool validation and/or guidelines development.

### Responsibility of Each CRE Site:

Each CRE should, as appropriate, in conducting studies, validating tools, developing and/or updating guidelines, developing/mentoring new investigators, and transferring network findings to practice:

- Participate in Network subcommittees and agree to attend Network monthly teleconferences and in-person meetings. Applicant should include budgets for CRE travel support to these meetings in their application;
- Participate in the development of concept and protocol of observational and clinical trial studies to be conducted by the Network;
- Agree to participate in observational studies and controlled clinical trials, including subject enrollment, data collection, patient record maintenance, adherence to good clinical practice (GCP), compliance with protocol requirements, randomization methods for assignment of patients to experimental or control groups or randomization of care delivered to different conditions;
- Participate in Network activities that will foster the development and mentoring of new investigators; and,
- Participate in the translation of critical network findings to practice settings and educational training that will result in improved care and access to care for children with ASD and other DD, including those from underserved populations.

### **Section III - Project Design: Methods and Evaluation (Related Review Criteria: Evaluative Measures, Impact, Resources/Capabilities)**

#### **Methods:**

This section of the narrative should provide detailed descriptions of the methodology for accomplishing each of the specific objectives outlined in Section II. The applicant should provide sufficient technical detail to demonstrate the necessary steps to accomplish each objective, and to convey to reviewers adequate information to assess the methodology. Applicants should anticipate potential problems and challenges that may arise in this process, and propose mechanisms for collaborative resolution among the CREs.

**One important aspect of successful application is the ability to develop conceptual proposal in a research priority area for developmental-behavioral pediatric to improve care for children with ASD and other developmental disabilities.** Applicants should include one (1) short concept proposal using one of the research questions identified in Consensus Research Priorities for Developmental-Behavioral Pediatrics (<http://www.ncbi.nlm.nih.gov/pubmed/22710856>). The concept proposal should be no more than two (2) pages in length and address the following;

- Specific objectives
- Research methods (study design, sampling frame and plan for evaluation)

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

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

NOTE: Peer-reviewed publications are the cardinal measure of success of the MCH Research Program. The number of publications resulting from each funded project contributes to the total number of publications by which the MCH Research Program is evaluated annually. Evidence of publications in peer-reviewed journals resulting from previous involvement in multi-institute projects should be included as a record of success in disseminating findings. It is expected that a minimum of three peer-reviewed publications will result from each research study that is conducted by the research network.

**Section IV - Plan and Schedule of Implementation, and Capability of the Applicant (Related Review Criteria: Evaluative Measures, Impact, Resources/Capabilities, Support Requested)**

In this section of the narrative, the applicant should provide a description of the organizational plan for management of the project, including an explanation of the roles and responsibilities of project personnel, project collaborators, and consultants.

In addition, an implementation schedule or project timeline should be provided for each activity described in previous sections. The material should be presented in a succinct manner, with a brief listing of specific milestones and expected outcomes.

The applicant should describe their experience in carrying out multi-site research projects in developmental-behavioral pediatrics for children with ASD and other developmental disabilities. The applicant should also describe how the Network will build the capacity to conduct critical research studies on a range of topics relevant to the field of developmental behavioral pediatrics through both MCHB and other external funding sources.

The applicant should document their ability to enroll a sufficient number of research participants for the Network and CRE sites. Include information for research studies on ASD and other developmental disabilities (both observational and randomized controlled trials) that each site has participated in over the past five (5) years, the numbers enrolled in each trial and the percentage that the numbers enrolled at the site represents of the total enrolled from all sites in that trial.

***x. Program Specific Forms, if applicable***

***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 Developmental-Behavioral Pediatrics Research Network, an Autism Intervention Research Networks Programs and Submission of Administrative Data*

To prepare successful applicants of their reporting requirements, the administrative forms and performance measures are presented in the appendices of this funding opportunity announcement. The forms found in the appendices have expired and are currently undergoing OMB review, with the expectation that they will remain relatively unchanged. 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 Developmental Behavioral Pediatrics Research Network would fit under "Infrastructure Building Services.")
- Form 6, Abstract
- Form 7, Discretionary Grant Project Summary Data
- Performance Measure 03, The percentage of MCHB-funded projects submitting and publishing findings in peer-reviewed journals.
- Performance Measure 07, The degree to which MCHB-funded programs ensure family, youth and consumer participation in program and policy activities.
- Performance Measure 10, The degree to which MCHB-funded programs have incorporated cultural and linguistic competence elements into their policies, guidelines, contracts and training.
- Performance Measure 27, The degree to which awardees have mechanisms in place to ensure quality in the design, development, and dissemination of new information resources that they produce each year.
- Products, Publications and Submissions Data Form

**xi. Attachments**

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

*Attachment 1: Biographical Sketches of Key Personnel*

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

*Attachment 2: Letters of Agreement and/or Description(s) from Participating Sites*

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

*Attachment 3: Chart/Table of Partners and Collaboration*

Please provide a project organizational chart that describes the functional structure of Network and CRE operations. The chart should provide the following information: Institution, Person as appropriate, Responsibilities/Activities agreed to be provided, Date, Type of commitment (e.g., in kind, dollars, staff, equipment).

*Attachment 4: Summary Progress Report*

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

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

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

- (1) The period covered (dates).
- (2) Specific Objectives - Briefly summarize the specific objectives of the project as actually funded. Because of peer review recommendations and/or budgetary modifications made by the awarding unit, these objectives may differ in scope from those stated in the competing application.
- (3) Results- Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

*Attachment 5: Evidence of Non-Profit Status (not counted in the page limit)*

*Attachments 6-15: Other Relevant Documents*

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

- Tables, charts, etc. to give further details about the proposal.

- Key publications, manuscripts (accepted for publication), abstracts, or other printed materials relevant to this project.
- Surveys, questionnaires, data collection instruments, or clinical protocols.
- Letters of support. Letters of support must be dated.

### 3. Submission Dates and Times

#### Application Due Date

The due date for applications under this funding opportunity announcement is *February 4, 2013 at 11:59 P.M. Eastern Time*. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically to the correct funding opportunity number, by the organization's Authorized Organization Representative (AOR) through Grants.gov and 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 to document the progress of an application through the system.

1. The first will confirm receipt in the system;
2. The second will indicate whether the application has been successfully validated or has been rejected due to errors;
3. The third will be sent when the application has been successfully downloaded at HRSA; and
4. 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 Autism Intervention Research Networks Programs, which include the Developmental Behavioral Pediatrics Research Network, are not subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

### 5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than \$275,000 total cost per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

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

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

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

Per Division F, Title V, Section 508 (a) None of the funds made available in this Act may be used for (1) the creation of a human embryo or embryos for research purposes; or (2) research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)). The term "human embryo or embryos" includes any organism, not protected as a human subject under 45 CFR 46 as of the date of the enactment of this Act (December 23, 2011), that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cells.

## 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 applicants 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 organizations **immediately register** in Grants.gov and become familiar with the Grants.gov site application process. Applicants that do not complete the registration process 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 to complete all of the following required actions:

- Obtain an organizational Data Universal Numbering System (DUNS) number
- Register the organization with System for Award Management (SAM)
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's SAM "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, an organization is urged to submit an application in advance of the deadline. If an application is rejected by Grants.gov due to errors, it must be corrected and resubmitted 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 Grants.gov application due date as the final and only acceptable application.**

**Tracking an 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 an application can be found at <https://apply07.grants.gov/apply/checkAppStatus.faces>. Be sure the application is validated by Grants.gov prior to the application deadline.

## V. Application Review Information

### 1. Review Criteria

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

Review Criteria are used to review and rank applications. The *Developmental Behavioral Pediatrics Research Network Program* has six (6) review criteria:

Criterion 1.	<u>Need</u>	10 points
Criterion 2.	<u>Response</u>	25 points
Criterion 3.	<u>Evaluative Measures</u>	20 points
Criterion 4.	<u>Impact</u>	15 points
Criterion 5.	<u>Resources/Capabilities</u>	20 points
Criterion 6.	<u>Support Requested</u>	10 points
TOTAL:		100 points

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

The extent to which multi-site network research will demonstrate the problem and associated contributing factors and advance knowledge for evidence-based intervention for children with ASD and other developmental disabilities. The one (1) research concept proposal addressing research priority area for developmental-behavioral pediatrics should be considered under this criterion (refer to the Program Narrative section of this funding opportunity announcement for detailed information about the concept proposal).

*Criterion 2: RESPONSE (25 points) (Related Program Narrative Section: Background and Significance, Specific Goals and Objectives)*

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

- The extent to which the investigator demonstrates awareness of previous work in the area of this project, including citation of relevant literature and justification for the need of this research infrastructure.
- The extent to which the goals and objectives are clear, concise, thoughtful, logical and appropriate.
- The extent to which aims of the project will advance scientific knowledge, technical capability, and/or clinical practice and act as a game changer in methodology,

treatments, services, or preventative interventions that drive the field of developmental-behavioral pediatrics.

- The extent to which the application challenges and seeks to shift current research or clinical practice paradigms by utilizing novel theoretical concepts, approaches or methodologies, instrumentation, or interventions. The extent to which a refinement, improvement, or new application of theoretical concepts, approaches or methodologies, instrumentation, or interventions is proposed.
- The extent to which the application addresses and includes information on all activities described in the “Purpose” for this competition; i.e. research, quality improvement, patient-centered common outcome measures, mentorship of new investigators, and translation of research.

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

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

- The degree to which the plan and methodology for establishing and managing the Network described in the proposal is appropriate, feasible and of high quality.
- The degree to which a familiarity and experience with data gathering procedures as they relate to multi-site studies are described.
- The degree to which experience with multi-site study design (clinical trials and/or observational studies) is evident in the application.
- The degree to which the evaluation includes an effective publication and dissemination plan for research, tools and guidelines generated by this project.

*Criterion 4: IMPACT (15 points) (Related Program Narrative Section: Background and Significance, Specific Goals and Objectives, Project Design: Methods and Evaluation, Plan and Schedule of Implementation, and Capability of Applicant)*

The extent to which the applicant organization provides a detailed proposed plan for overall Network management and operations that highlight collaborative research among the CREs within the Network. The extent to which project results may be national in scope. The significance of the project in terms of its potential impact for improving developmental-behavioral pediatric care for children with ASD and other developmental disabilities nationally.

- The extent to which there is an effective management and operations plan that can provide a model for research translation for others engaged in ASD and other developmental disabilities research.
- The extent to which the applicant provides evidence of publications in peer-reviewed journals resulting from previous involvement in multi-institute projects.
- The extent to which there is an effective publication and dissemination plan of project results that includes health professionals and the public

- The extent to which the applicant’s proposal suggests a sufficiently significant number of individuals with ASD or other developmental disabilities and their families would benefit from studies and activities in which the Network would be engaged.

*Criterion 5: RESOURCES/CAPABILITIES (20 points) (Related Program Narrative Section: Specific Goals and Objectives, Project Design: Methods and Evaluation, Plan and Schedule of Implementation, and Capability of Applicant)*

The extent to which the applicant organization provides evidence of infrastructure capabilities to carry out research, operational management, protocol development, clinical data information systems, quality improvement projects, mentorship of new investigators, and translation research for children with ASD and other developmental disabilities. Biographical sketches should document education, skills, and experience that are relevant and necessary for the proposed project.

- The extent to which the PI, collaborators, and other researchers are well qualified by training and/or expertise to conduct multi-site collaborative research.
- The extent to which the NCC and CRE institutions have faculty members who are well qualified professionals in the areas of developmental behavioral pediatrics, psychology, psychiatry, and other affiliated disciplines and currently support research scientists, post-doctoral fellows and graduate students.
- The extent to which the PI and other key personnel demonstrate current and/or past success in publishing the findings of their research.
- The extent to which the applicant has the existing resources/facilities to achieve project objectives and to successfully support the developmental behavioral pediatric research network described in the proposal.
- The extent to which the PI has provided leadership in multi-site research experience as well as the ability for patient enrollment as evidenced by previous studies to support multi-site clinical trials, observational studies, and other research designs.
- The extent to which the CRE sites have a demonstrated history of subject recruitment and enrollment in research studies, as detailed in the descriptions of each CREs characteristics, including patient population characteristics, average patient numbers, types of treatment or service currently delivered, number, characteristics, and structure of staff.
- The extent to which the applicant describes how the CREs will function in partnership within the Network in terms of study origination, design, execution, and administration.

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

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

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which the budget line items are well described and justified in the budget justification.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

- The extent to which the applicant provides a plan to foster the implementation of research studies through both MCHB and external funding sources.”

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

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

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in Section V. 1. Review Criteria of this funding opportunity announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

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

It is anticipated that awards will be announced prior to the start date of September 1, 2013.

# **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 (NoA) 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, 2013.

## **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 any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the NoA).

### **Non-Discrimination Requirements**

To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see <http://www.hhs.gov/ocr/civilrights/understanding/index.html>. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P.L. 88-352, as amended and 45 CFR Part 80). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html> to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.

### **Human Subjects Protection**

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

### **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>.

### **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 incorporate diversity within specific cultural groups including but not limited to cultural uniqueness within Native American populations, Native Hawaiian, Pacific Islanders, and other ethnic groups, 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? \(AHRO\)](#)

### **Acknowledgement of Funding Support:**

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

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

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

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

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

“This project was supported by the Combating Autism Reauthorization Act of 2011, Public Law 112-32, as amended, cooperative agreement (*include cooperative agreement number*) from the Maternal and Child Health Research Program, Maternal and Child Health Bureau, Health Resources and Services Administration, Department of Health and Human Services.”

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

### 3. Reporting

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

a. **Audit Requirements**

Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at [http://www.whitehouse.gov/omb/circulars\\_default](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 according to the following schedule: <http://www.hrsa.gov/grants/manage/technicalassistance/federalfinancialreport/ffrschedule.pdf>. 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 NoA.

2) **Progress Report(s).** The awardee must submit a progress report to HRSA on an annual basis. *Submission and HRSA approval of the Progress Report(s) triggers the budget period renewal and release of subsequent year funds.* The Progress Report contains a performance narrative which provides a comprehensive picture of the project and provides documentation of project activities and accomplishments for the reporting period, a budget narrative which provides an explanation for the amounts requested for each line in the budget, and may include additional information to be submitted through attachments. Further information will be provided in the NoA.

3) **Semi-Annual Performance Report.** Within 30 days following the end of five months from the award date, a semi-annual performance report shall contain:

- A concise summary of the most significant achievements and problems encountered during the reporting period.
- A comparison of work progress with objectives established for the quarter using the awardee's implementation schedule.
- Other pertinent information which will permit monitoring and overview of project operations.

Further information will be provided to the award recipient.

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

5) **Tangible Personal Property Report.** If applicable, the awardee must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all federally-owned property and acquired equipment with an acquisition cost of \$5,000 or more per unit. Tangible personal property means property of any kind, except real property, that has physical existence. It includes equipment and supplies. Property may be provided by HRSA or acquired by the recipient with award funds. Federally-owned property consists of items that were furnished by the Federal Government. Tangible personal property reports must be submitted electronically through EHB. More specific information will be included in the NoA.

6) **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 successful applicants for their reporting requirements, the designated performance measures for this program and other program data collection are presented in the appendices of this funding opportunity announcement. The forms and performance measures found in the appendices have expired and are currently undergoing OMB review, with the expectation that they will remain relatively unchanged.

### **2. Performance Reporting**

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

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

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

Successful applicants receiving funding will be required, within 90 days from the end of the project period, to electronically complete the program specific data forms that appear in the appendices of this funding opportunity announcement. The requirement includes providing expenditure data for the final year of the project period, the project abstract and cooperative agreement 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 NoA.

The following are additional reporting requirements that the awardee agrees to provide to HRSA/MCHB:

Protocol-Specific Reports: Awardees are required and agree to provide periodic reports of protocol-specific projects according to the policies and procedures that will be established by the Network Steering Committee. At a minimum, the Network must provide timely enrollment information in a format and according to a schedule defined by the Network Steering Committee. Other protocol-specific reports, such as those needed to monitor the safety and clinical effectiveness of drugs, treatments, or other interventions under investigation or development will be required to allow the Network Steering Committee to monitor the projects undertaken in the Network. The Steering Committee will determine the nature, frequency, and content of reports as part of the protocol review and approval process.

Investigational New Drug (IND) Reports: In regard to projects involving IND, awardees are required and agree to provide reports according to regulations and guidelines established by the Food and Drug Administration (FDA). The Principal Investigator of the cooperative agreement and all CRE investigators assume and accept the primary responsibility for ensuring that all Network activities are conducted in compliance with all Federal regulations and HHS policies and procedures.

## VII. Agency Contacts

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

Devon Cumberbatch  
Grants Management Specialist  
Attn.: UA3 Developmental Behavioral Pediatric Research Network Competition  
HRSA Division of Grants Management Operations, OFAM  
Parklawn Building, Room 11-101  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-7532  
Fax: (301) 443-6686  
Email: [dcumberbatch@hrsa.gov](mailto:dcumberbatch@hrsa.gov)

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

Hae Young Park  
Program Officer, MCH Research Program  
Attn: UA3 Developmental Behavioral Pediatric Research Network Competition  
Division of Research, Office of Epidemiology and Research  
Maternal and Child Health Bureau, HRSA  
Parklawn Building, Room 18A-55  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-2207  
Fax: (301) 443-4842  
Email: [hpark@hrsa.gov](mailto:hpark@hrsa.gov)

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

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

Successful applicants/awardees may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Contact Center  
Telephone: (877) 464-4772  
TTY: (877) 897-9910  
E-mail: [CallCenter@HRSA.GOV](mailto:CallCenter@HRSA.GOV)

## **VIII. Other Information**

### **MCH Research Web Site**

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

### **MCH Training Web Site**

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

### **Human Subjects Assurances**

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

### **Inclusion of Children**

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

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

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

### **Healthy People 2020**

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

### **Surgeon General's Health Reports**

<http://www.surgeongeneral.gov/library/>

### **Bright Futures**

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

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

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

### **Medical Home**

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

### **Institute of Medicine**

<http://www.iom.edu>

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

HRSA has designed a technical assistance webpage to assist applicants in preparing applications. Resources include help with system registration, finding and applying for funding opportunities, writing strong applications, understanding the review process, and many other topics which applicants will find relevant. The website can be accessed online at:

<http://www.hrsa.gov/grants/apply/index.html>.

In addition, a concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at: <http://dhhs.gov/asfr/ogapa/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 AIR Networks would fit under “Infrastructure Building Services.”)
- Form 6, MCH Abstract
- Form 7, Discretionary Grant Project Summary Data
- Performance Measure 03, The percentage of MCHB-funded projects submitting and publishing findings in peer-reviewed journals.
- Performance Measure 07, The degree to which MCHB-funded programs ensure family, youth and consumer participation in program and policy activities.
- Performance Measure 10, The degree to which MCHB-funded programs have incorporated cultural and linguistic competence elements into their policies, guidelines, contracts and training.
- Performance Measure 27, The degree to which awardees have mechanisms in place to ensure quality in the design, development, and dissemination of new information resources that they produce each year.
- Products, Publications and Submissions Data Form

**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**

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

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

**Instructions:**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**I. PROJECT IDENTIFIER INFORMATION**

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

**II. BUDGET**

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

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

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

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

A. Project Description

1. Problem (in 50 words, maximum):

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

Goal 1:

Objective 1:

Objective 2:

Goal 2:

Objective 1:

Objective 2:

Goal 3:

Objective 1:

Objective 2:



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

2. Website URL and annual number of hits

**V. KEY WORDS**

**VI. ANNOTATION**

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

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

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

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

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

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

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

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

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

### **Section V – Key Words**

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

### **Section VI – Annotation**

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

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

**1. Project Service Focus**

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

**2. Project Scope**

- Local                     Multi-county     State-wide  
 Regional                 National

**3. Grantee Organization Type**

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

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

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

5. Demographic Characteristics of Project Participants

Indicate the service level:

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

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

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

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

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

Answer all that apply.

a. Characteristics of Primary Intended Audience(s)

Policy Makers/Public Servants

Consumers

Providers/Professionals

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

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

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

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

f. Major Type of TA or Training Provided:

continuing education courses,

workshops,

on-site assistance,

distance learning classes

other

## INSTRUCTIONS FOR THE COMPLETION OF FORM 7 PROJECT SUMMARY

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

Select all that apply

### **Section 2 – Project Scope**

Choose the one that best applies to your project.

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

Choose the one that best applies to your organization.

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

If applicable, choose all that apply.

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

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

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

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

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

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

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

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

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

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

Answer all that apply.

**03 PERFORMANCE MEASURE**

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

**Level: Grantee**

**Category: Information Dissemination**

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

---

**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:**

**07 PERFORMANCE MEASURE**

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

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

**Level: Grantee**

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

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**GOAL**

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

**MEASURE**

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

**DEFINITION**

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

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

**DATA SOURCE(S) AND ISSUES**

Attached data collection form is to be completed by grantees.

**SIGNIFICANCE**

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

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

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

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

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

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

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

**NOTES/COMMENTS:**

**10 PERFORMANCE MEASURE**

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

**Level: Grantee**

**Category: Cultural Competence**

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

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**GOAL**

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

**MEASURE**

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

**DEFINITION**

Attached is a checklist of 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://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlid=11>)

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

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

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

#### **HEALTHY PEOPLE 2010 OBJECTIVE**

Related to the following HP2010 Objectives:

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

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

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

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

#### **DATA SOURCE(S) AND ISSUES**

Attached data collection form is to be completed by grantees.

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

**SIGNIFICANCE**

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

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

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

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

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

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

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

**NOTES/COMMENTS:**

**27 PERFORMANCE MEASURE**

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

**Level: Grantee**

**Category: Infrastructure**

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

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**GOAL**

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

**MEASURE**

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

**DEFINITION**

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

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

This measure can be applicable to any MCHB grantee.

**HEALTHY PEOPLE 2010 OBJECTIVE**

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

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

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

Related to Goal 23 – Public Health Infrastructure:

Ensure that Federal, tribal, State, and local health agencies have the infrastructure to provide essential public health services effectively.  
Specific objective: 23.2.

**DATA SOURCE(S) AND ISSUES**

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

**SIGNIFICANCE**

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

**DATA COLLECTION FORM FOR DETAIL SHEET #27**

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

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

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

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

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

**NOTES/COMMENTS:**

## 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