

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

Maternal and Child Health Bureau
Office of Epidemiology and Research

Life Course Research Network

Announcement Type: New and Competing Continuation

Announcement Number: HRSA-13-173

Catalog of Federal Domestic Assistance (CFDA) No. 93.110

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2013

Application Due Date: March 11, 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.*

***Modified 2/22/13 –Funding availability clarification added to:
Executive Summary (page ii) and Section II. 2. Summary of Funding (page 4)***

Release Date: January 8, 2013

Issuance Date: January 9, 2013

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Authority: Social Security Act, Title V, § 501(a)(2) (42 USC 701)

EXECUTIVE SUMMARY

Maternal and Child Health Research Program

Thank you for your interest in the **Life Course Research Network (LCRN) competition**. Funding, in the form of a cooperative agreement, is available from the Division of Research, Office of Epidemiology and Research, part of the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services (HHS). We are aware that preparation of this application will involve a considerable commitment of time and energy. **Please read this funding opportunity announcement carefully before completing the application.**

This announcement includes instructions for the following research program:

Life Course Research Network (LCRN):

Purpose

The Maternal and Child Health Bureau will award a cooperative agreement to support a LCRN focused on improving the understanding of the socio-environmental determinants of health experienced at different life course stages for the maternal and child health (MCH) population through engagement of researchers, practitioners, policymakers and consumers in a collaborative, innovative, and multidisciplinary research project. The LCRN is designed to accelerate the translation of the life course theory to MCH practice and policy and foster its rapid adoption into clinical and public health practice through systems integration and collaboration with entities that have a common goal of improving MCH outcomes (e.g., Title V programs, state and local health departments, community safety net programs and other public health programs serving underserved communities).

The life course theory posits that multiple determinants, such as healthcare, nutrition, stress and supports, and environmental exposures, operating over the life course are the real drivers of MCH outcomes. The improvement of these outcomes requires rethinking of current practice, policy, and investment strategies including workforce development. For example, what does the life course perspective tell us about how we should invest in MCH? The LCRN will develop a translational research agenda and, similar to other research networks that MCHB supports, carry out the research agenda through other funding sources.

The LCRN will:

- Advance the research agenda on MCH life course health development in identifying the influences of early growth and development, childhood disease, poor nutrition, cultural and economic intricacies, and social and psychosocial disadvantage across the life-course in the healthy development of the MCH population;
- Foster collaboration among network members through ongoing interaction, sharing of information and tools, and development and implementation of research studies;
- Facilitate the process for the development, selection, and implementation of scientific research studies focused on how the social and physical contextual factors in childhood underlie socioeconomic and racial/ethnic disparities in shaping various life course pathways for the MCH population;

- Advance and implement critical research that will address the gaps and priorities identified by the LCRN, through both MCHB and other funding sources;
- Accelerate the synthesis, analysis and translation of existing and future knowledge so that it can be applied to practice and effective health policy at the state and national levels; and
- Coordinate the dissemination of findings to health professionals, policymakers, family members and the greater public.

Qualified Applicants: Per MCHB’s grant regulations, only public and nonprofit institutions of higher learning and public or private nonprofit agencies engaged in research or in programs relating to maternal and child health and/or services for children with special health care needs are eligible to apply. 42 C.F.R. §51a.3(b).

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

Number of Awards and

Funds Available Per Year: One (1) cooperative agreement of up to \$150,000 in total costs per year.

This funding opportunity announcement is subject to availability of appropriated funds. If associated funding is not available for the LCRN program, this announcement will be withdrawn and a cooperative agreement will not be awarded.

Application Due Date: March 11, 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:

Jessica DiBari
 Maternal and Child Health Bureau
 5600 Fishers Lane, Room 18A-55
 Rockville, MD 20857
 Telephone: (301) 443-2207
 Fax: (301) 443-4842
 E-Mail: jdibari@hrsa.gov

Business, Administrative and Fiscal Inquiries

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

Devon Cumberbatch, Grants Management Specialist
HRSA, Division of Grants Management Operations
5600 Fishers Lane, Room 11-101
Rockville, MD 20857
Telephone: (301) 443-7532
Fax: (301) 443-6686
E-mail: dcumberbatch@hrsa.gov

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I. FUNDING OPPORTUNITY DESCRIPTION

1. Purpose

The Maternal and Child Health Bureau will award a cooperative agreement to support a LCRN focused on improving the understanding of the socio-environmental determinants of health experienced at different life course stages for the maternal and child health (MCH) population through engagement of researchers, practitioners, policymakers and consumers in a collaborative, innovative, and multidisciplinary research project. The LCRN is designed to accelerate the translation of the life course theory to MCH practice and policy and foster its rapid adoption into clinical and public health practice through systems integration and collaboration with entities that have a common goal of improving MCH outcomes (e.g., Title V programs, state and local health departments, community safety net programs and other public health programs serving underserved communities).

The life course theory posits that multiple determinants, such as healthcare, nutrition, stress and supports, and environmental exposures, operating over the life course are the real drivers of MCH outcomes. The improvement of these outcomes requires rethinking of current practice, policy, and investment strategies including workforce development. For example, what does the life course perspective tell us about how we should invest in MCH? The LCRN will develop a translational research agenda and, similar to other research networks that MCHB supports, carry out the research agenda through other funding sources.

The LCRN will:

- Advance the research agenda on MCH life course health development in identifying the influences of early growth and development, childhood disease, poor nutrition, cultural and economic intricacies, and social and psychosocial disadvantage across the life-course in the healthy development of the MCH population;
- Foster collaboration among network members through ongoing interaction, sharing of information and tools, and development and implementation of research studies;
- Facilitate the process for the development, selection, and implementation of scientific research studies focused on how the social and physical contextual factors in childhood underlie socioeconomic and racial/ethnic disparities in shaping various life course pathways for the MCH population;
- Advance and implement critical research that will address the gaps and priorities identified by the LCRN, through both MCHB and other funding sources;
- Accelerate the synthesis, analysis and translation of existing and future knowledge so that it can be applied to practice and effective health policy at the state and national levels; and
- Coordinate the dissemination of findings to health professionals, policymakers, family members and the greater public.

Objectives and Function of the LCRN:

The LCRN is encouraged to forge multidisciplinary partnerships with researchers, clinicians, educators, advocates, families, State public health programs and other organizations/agencies who share an interest in the life course approach to maternal and child health. Funding

associated with this award is intended to support the advancement of the MCH research agenda and the translation of research related to the epidemiology, nutrition, social and psychosocial determinants of health, and racial/ethnic health disparities from a life course perspective.

Product and Data Rights

The awardee of this cooperative agreement acknowledges that the MCHB has uncontested access to any and all data generated under this cooperative agreement and the Awardee agrees to provide royalty-free, nonexclusive, and irrevocable license for the 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.

Publication of Data

Prompt and timely presentation and publication in the scientific literature of findings resulting from research undertaken in the Network is required. In addition, prompt and timely dissemination of 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 publication of Network studies. 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.

2. Background

The Maternal and Child Health (MCH) Research Program: The Maternal and Child Health Research Program is authorized by Title V, §501(a)(2) of the Social Security Act (42 U.S.C. 701), as amended. The program is administered by the Division of Research, Office of Epidemiology and Research, Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA). The MCH Research Program, built on nearly 50 years of experience, has supported ground-breaking investigations which have significantly influenced clinical management, organization and delivery of health care services, preventive care, and early intervention for the maternal and child health population.

For more information about MCHB, please visit <http://mchb.hrsa.gov/index.html>.

II. Award Information

1. Type of Award

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

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, **MCHB's responsibilities shall include the following:**

- 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 Life Course 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 the following:

- 1) Develop and maintain a national network of LCRN researchers who collaborate in the development and implementation of research designed to improve understanding of the life course perspective on maternal and child health development;
- 2) Develop new ideas for areas of study;
- 3) Develop papers on LCRN research methods;
- 4) Analyze longitudinal and cross-sectional data sets to address key questions regarding the changing epidemiology, determinants and origins of disparities in maternal and child health and develop landmark research papers;
- 5) Dissemination of the LCRN's research findings;
- 6) Provide an electronic copy of any products supported by award funds -- including publications, books, pamphlets, slide sets, CD-ROMS, curricula, assessment tools, videos, etc., to be made available to the general public via the MCH Research Program; and

- 7) Build the capacity to conduct critical research studies on a range of topics relevant to life course health development through both MCHB and other external funding sources.

The Network will develop a schedule of on-going communication among Network members. The MCHB encourages the use of web-based technology that does not require travel for in-person meetings.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2013 - 2015. Approximately \$150,000 is expected to be available annually to fund one (1) grantee. Applicants may apply for a ceiling amount of up to \$150,000 per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for LCRN in subsequent fiscal years, satisfactory awardee performance, and a decision that continued funding is in the best interest of the Federal Government.

This funding opportunity announcement is subject to availability of appropriated funds. If associated funding is not available for the LCRN program, this announcement will be withdrawn and a cooperative agreement will not be awarded.

III. Eligibility Information

1. Eligible Applicants

As cited in 42 CFR Part 51a.3(b), only public and nonprofit institutions of higher learning and public or private nonprofit agencies engaged in research or in programs relating to maternal and child health and/or services for children with special health care needs are eligible.

2. Cost Sharing/Matching

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, 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.

For any registrations in process during the transition period, data submitted to CCR was 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), 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

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 Project Narrative document.	Not counted in the page limit.
Budget Narrative	Attachment	Can be uploaded in Budget Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
SF-424B Assurances - Non-Construction Programs	Form	Supports assurances for non-construction programs.	Not counted in the page limit.
Project/Performance Site Location(s)	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.
Additional Performance Site Location(s)	Attachment	Can be uploaded in the SF-424 Performance Site Location(s) form. Single document with	Counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		all additional site location(s)	
Grants.gov Lobbying Form	Form	Supports required lobbying assurances.	Required. Not counted in the page limit.
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.
Attachment 1-15	Attachment	Can be uploaded in Other Attachments form 1-15.	Refer to the attachment table provided below for specific sequence. Counted in the page limit.

-  To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.
-  Evidence of Non-Profit status and invention related documents, if applicable, must be provided in the other attachment form.
-  Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.
-  Merge similar documents into a single document. Where several documents are expected in the attachment, ensure that 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 for Key Personnel
Attachment 2	Letters of Agreement/Letters of Support
Attachment 3	Project Organizational Chart
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 the System for Award Management (SAM) in order to conduct electronic business with the Federal Government. CCR (or 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 the SAM can be found at <https://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
Amount that may be claimed on the application budget due to the legislative salary limitation:	
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	\$89,850
Fringe (25% of salary)	\$22,462.50
Total amount	\$112,312.50

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-424. 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.

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. 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." Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included as Attachment 1. Biographical sketches should document education, skills, and experience that are relevant and necessary for the proposed project. 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 <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
Phone: (240) 453-8200
Fax: (301) 443-5351

Financial Conflict of Interest

The U.S. Department of Health and Humans Services require grantees 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 the project. Applicants may also select an additional 9th 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.

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 FOA (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)

Briefly describe the background of the present proposal, critically evaluating the national and regional significance for the research network. Specifically, the applicant will need to identify the gaps in the current MCH life course research through a brief literature review and discuss the capacity and impact of LCRN to address these issues. Concisely state the importance of the project by relating the specific objectives to the potential of the project to meet the purpose of the cooperative agreement program described in the program announcement.

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 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. Applicants must summarize the relationship of their project and identify which of their program's objectives and/or sub-objectives relate to the goals of the Healthy People 2020 initiative.

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.

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. The applicant should provide a plan to foster the implementation of research studies through both MCHB and external funding sources.

The applicant must also indicate the specific methods that will 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. The applicant should describe the extent and effectiveness of plans for dissemination of project results and the extent to which project results are national in scope.

In addition, the evaluation should include an effective publication and dissemination plan for the research agenda and activities generated by this project. It is expected that the grantee will produce at least 1-2 peer-reviewed publications per funding year. The dissemination plan should include information on how the applicant will accomplish the minimum number of publications. NOTE: Peer-reviewed publications are the cardinal measure of success of the MCH Research Program. The number of publications resulting from each funded project contributes to the total number of publications by which the MCH Research Program is evaluated annually.

Section IV - Plan and Schedule of Implementation, and Capability of the Applicant (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 the previous sections. The material should be presented in a succinct manner, with a brief listing of specific milestones and expected outcomes.

This section should also describe the resources available through the applicant institution to implement the project. Further, it should describe the expertise and experience of proposed staff to conduct the work proposed.

x. Program Specific Forms

1) Performance Standards for Special Projects of Regional or National Significance (SPRANS) and Other MCHB Discretionary Projects

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

2) Performance Measures for the LCRN 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 and performance measures 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 Form 6, Abstract
- Form 7, Discretionary Grant Project Summary Data
- Performance Measure 03, The percentage of MCHB-funded projects submitting and publishing findings in peer-reviewed journals
- Performance Measure 10, The degree to which MCHB-funded programs have incorporated cultural and linguistic competence elements into their policies, guidelines, contracts and training.
- Performance Measure 27, The degree to which awardees have mechanisms in place to ensure quality in the design, development, and dissemination of new information resources that they produce each year.
- Products, Publications and Submissions data form

xi. Attachments

Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. 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 the key positions described in the proposal. 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/Letters of Support

Provide any documents that describe working relationships between the applicant agency and other agencies and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverable. Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). Letters of agreement and letters of support must be dated.

Attachment 3: Project Organizational Chart

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

Attachment 4: Summary Progress Report

ACCOMPLISHMENT SUMMARY (FOR COMPETING CONTINUATIONS ONLY)

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

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

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

Attachment 5: Evidence of Non-profit Status (Not counted in 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.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *March 11, 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 LCRN is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than \$150,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this announcement may not be used for the following purposes:

- foreign travel
- tuition remission for graduate research assistants.

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 the 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 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 LCRN utilizes 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)

The extent to which the application describes an important MCH problem and associated contributing factors to the problem.

- Project adequately demonstrates the problem and associated social-environmental contextual factors in early childhood that contribute to life course pathways for healthy development of the MCH population.

Criterion 2: RESPONSE (25 points)

The extent to which the applicant responds to the “Purpose” included in this funding opportunity announcement. 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 goals and objectives are clear, concise, appropriate, thoughtful and logical.
- 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 aims of the project will advance scientific knowledge, technical capability, and/or clinical practice.
- In terms of innovation, 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.

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. Evaluative measures must be able to assess 1) to what extent the program objectives have been met; 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 extent to which the objectives are time-framed and measurable.
- The extent to which the proposed activities are capable of attaining project goals and objectives.
- The extent to which the applicant provides a plan to foster the implementation of research studies through both MCHB and external funding sources.
- The degree to which the evaluation includes an effective publication and dissemination plan of all Network activities and research.

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 quality of the applicant’s plan for the establishment of a Network, as described in this FOA, and the nature and technical quality of the activities proposed. The adequacy of the proposed plans for overall Network management and operations. The extent and effectiveness of plans for dissemination of project results and/or the extent to which project results may be national in scope. The significance of the project in terms of its potential for advancing research on MCH life course health development, catalyzing and implementing new research studies, accelerating the synthesis, analysis and translation of knowledge into practice and policy, and disseminating findings.

- The extent to which there is an effective publication and dissemination plan for project results that includes health professionals and the public.
- The extent to which there is an effective management and operations plan that can provide a model for research translation for others engaged in research activities designed to inform and change practice and policy.
- The extent to which the project plan will provide feedback to health care researchers, public health practitioners, and other healthcare and related service providers, especially within the MCH community.
- The extent to which the project is of national significance.
- For competing continuation application, the extent to which the Accomplishment Summary includes the previously stated goals and objectives and details the progress made in attaining these goals and objectives. The extent to which the previously stated goals and objectives have been achieved.

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)*

Adequacy of the applicant organization's infrastructure and capability to carry out the activities of the Network.

Adequacy of the available resources and personnel for administration of the Network. The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capability of the applicant organization, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

- The extent to which the PI, staff and collaborators are well qualified by training and/or expertise to conduct the project.
- The extent to which the applicant has the existing resources/facilities to achieve project objectives and to successfully support the life course research network described in the proposal.
- 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 PI and other key personnel demonstrate current and/or past success in publishing the findings of their research in peer-reviewed journals.

CRITERION 6: SUPPORT REQUESTED (10 points) *(Related Program Narrative Section: Plan and Schedule of Implementation, and Capability of Applicant; 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 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.

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, grantees 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.

Financial Conflict of Interest

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

Trafficking in Persons

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.html>.

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? \(AHRQ\)](#)

Acknowledgement of Funding Support:

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

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

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

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

Credit to the funding source should be given as stated below:

“This study was supported by cooperative agreement (include grant number) from the Maternal and Child Health Research Program, Maternal and Child Health Bureau, (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services.”

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

3. Reporting

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

a. **Audit Requirements**

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

b. **Payment Management Requirements**

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

c. **Status Reports**

1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required 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 grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.

5) 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 applicants for these reporting requirements, the designated performance measures for this program and other program data collection are presented in the appendices of this funding opportunity announcement. 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 grant 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 grant award amount, the project abstract and other grant summary data as well as providing objectives for the performance measures.

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

3. Project Period End Performance Reporting

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

d. Transparency Act Reporting Requirements

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

Competing continuation awardees, etc. may be subject to this requirement and will be so notified in the NoA.

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.: UA6 Life Course 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

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

Jessica DiBari
MCH Research Program, Division of Research
Attn: UA6 Life Course Research Network Competition
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: jdibari@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
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

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 Policy Implementation

<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 MCH Research 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 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 _____

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

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

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

**FORM 2
 PROJECT FUNDING PROFILE**

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

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

Instructions:

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

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

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

FORM 4
PROJECT BUDGET AND EXPENDITURES
By Types of Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FORM 6
MATERNAL & CHILD HEALTH DISCRETIONARY GRANT
PROJECT ABSTRACT
FOR FY _____

PROJECT: _____

I. PROJECT IDENTIFIER INFORMATION

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

II. BUDGET

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

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

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

IV. PROJECT DESCRIPTION OR EXPERIENCE TO DATE

- A. Project Description
1. Problem (in 50 words, maximum):

 2. Goals and Objectives: (List up to 5 major goals and time-framed objectives per goal for the project)
 - Goal 1:
 - Objective 1:
 - Objective 2:
 - Goal 2:
 - Objective 1:
 - Objective 2:
 - Goal 3:
 - Objective 1:
 - Objective 2:

- 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:

10 PERFORMANCE MEASURE

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

Level: Grantee

Category: Cultural Competence

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

GOAL

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

MEASURE

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

DEFINITION

Attached is a checklist of 15 elements that demonstrate cultural and linguistic competency. Please check the degree to which the elements have been implemented. The answer scale for the entire measure is 0-45. Please keep the completed checklist attached.

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from Cross, 1989; cited from DHHS Office of Minority Health--
<http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlid=11>)

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

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

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

HEALTHY PEOPLE 2010 OBJECTIVE

Related to the following HP2010 Objectives:

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

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

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

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

DATA SOURCE(S) AND ISSUES

Attached data collection form is to be completed by grantees.

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

SIGNIFICANCE

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

DATA COLLECTION FORM FOR DETAIL SHEET #10

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

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

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

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

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

NOTES/COMMENTS:

27 PERFORMANCE MEASURE

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

Level: Grantee

Category: Infrastructure

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

GOAL

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

MEASURE

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

DEFINITION

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

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

This measure can be applicable to any MCHB grantee.

HEALTHY PEOPLE 2010 OBJECTIVE

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

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

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

Related to Goal 23 – Public Health Infrastructure:

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

DATA SOURCE(S) AND ISSUES

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

SIGNIFICANCE

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

DATA COLLECTION FORM FOR DETAIL SHEET #27

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

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

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

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

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

NOTES/COMMENTS:

Products, Publications and Submissions Data Collection Form

Part 1

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

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

Part 2

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

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

*Title: _____
*Author(s): _____
*Publication: _____
*Volume: _____ *Number: _____ Supplement: _____ *Year: _____ *Page(s): _____
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
*To obtain copies (URL): _____
Key Words (No more than 5): _____
Notes: _____

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

*Title: _____
*Author(s): _____
*Publication: _____
*Year Submitted: _____
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
Key Words (No more than 5): _____
Notes: _____

Data collection form: Books

*Title: _____
*Author(s): _____
*Publisher: _____
*Year Published: _____
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
Key Words (No more than 5): _____
Notes: _____

Data collection form for: Book chapters

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

*Chapter Title: _____

*Chapter Author(s): _____

*Book Title: _____

*Book Author(s): _____

*Publisher: _____

*Year Published: _____

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

Key Words (no more than 5): _____

Notes: _____

Data collection form: Reports and monographs

*Title: _____

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

*Year Published: _____

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

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Conference presentations and posters presented

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

*Title: _____

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

*Meeting/Conference Name: _____

*Year Presented: _____

*Type: Presentation Poster

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

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Web-based products

*Product: _____

*Year: _____

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

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

*To obtain copies (URL): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Electronic Products

*Title: _____

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

*Year: _____

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

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

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Press Communications

*Title: _____

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

*Year: _____

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

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

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Newsletters

*Title: _____

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

*Year: _____

*Type: Electronic Print Both

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

*To obtain copies (URL or email): _____

*Frequency of distribution: weekly monthly quarterly annually Other (Specify)

Number of subscribers: _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Pamphlets, brochures or fact sheets

*Title: _____

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

*Year: _____

*Type: Pamphlet Brochure Fact Sheet

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

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Academic course development

*Title: _____

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

*Year: _____

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

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Distance learning modules

*Title: _____

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

*Year: _____

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

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

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Doctoral dissertations/Master's theses

*Title: _____

*Author: _____

*Year Completed: _____

*Type: Doctoral dissertation Master's thesis

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

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Other

(Note, up to 3 may be entered)

*Title: _____

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

*Year: _____

*Describe product, publication or submission: _____

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

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Appendix B: Key Terms for Project Abstracts

Access to Health Care

Acculturation

ADD/ADHD

Asthma

Autism

Breastfeeding

Capacity & Personnel

Cesarean

Child Care

Chronic Illness

Clinical Practice

Cognitive & Linguistic Development

Coordination of Services

Cost Effectiveness

Cultural Competence

Depression

Developmental Disabilities

Down Syndrome

Early Childhood Education

Early Intervention

Emergency Care

Fathers

Health Care Costs

Health Care Utilization

Health Disparities

Health Education & Family Support

Home Visiting

Hospitalization

Immigrant Populations

Immunization

Infections & Illness

Labor & Delivery

Low Birthweight

Medicaid, SCHIP, & Health Insurance

Medical Home

Mental Health & Wellbeing

Mortality

Neighborhood
Nutrition & Diet

Obesity & Weight Gain
Oral Health

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

Rural
Risk Behaviors

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

Telehealth & Health Information Technology
Trauma & Injury

Violence & Abuse

Well-Child Pediatric Care