

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

Maternal and Child Health Bureau  
Division of Services for Children with Special Health Needs

***Coordinating Center for Access to Services for  
Children and Youths with Epilepsy***

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**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2013

**Application Due Date: June 17, 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.*

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Authority: Social Security Act Title V, § 501(a)(2), (42 U.S.C. 701(a)(2))

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# I. Funding Opportunity Description

## 1. Purpose

This funding opportunity announcement solicits applications for a Coordinating Center for Access to Services for Children and Youths with Epilepsy (Epilepsy Program).

The purpose of this activity is to fund a coordinating center to: (1) support state and regional epilepsy grantees in their efforts to implement a community-based system of services<sup>1</sup> for children and youths with epilepsy (CYE), particularly those residing in rural and medically underserved areas<sup>2</sup> by improving the early identification of epilepsy and its co-morbid health conditions and improving access to health care and other services for CYE, (2) promote a collaborative team-based model of care for CYE; (3) provide models, best practices, and dissemination strategies for ensuring optimal integration of epilepsy clinical guidelines and/or evidence-based or evidence-informed management concepts and practices into primary care practice; (4) support efforts for building knowledge and skills of CYE and their families to partner in decision making and care management; and (5) support public health and primary care collaboration for improved data sharing and community engagement around epilepsy.

It is expected the coordinating center will:

- Provide coordination and technical assistance to epilepsy program grantees, facilitate communication and information sharing among the grantees, monitor and assess their outcomes, and disseminate information on promising and best practices to ensure successful implementation and sustainability of regional and state strategies to enhance access to services for CYE, utilizing methods, including webinars, prospective topical communities of practice, and web site;
- Provide tools and methods to support grantees in their quality improvement efforts to implement promising and innovative strategies for improving access to comprehensive coordinated family-centered epilepsy care in the medical home;
- Design, develop, evaluate, and implement the coordination of ongoing opportunities for grantees to share model programs, best practices and to support grantees in data management, and performance reporting efforts;
- Develop and support primary care learning communities, particularly in medically underserved areas, to enhance dissemination of evidence-based or evidence-informed clinical guidelines and practices on diagnosis and management of epilepsy, to model integrated and team-based care among patients, families, primary and subspecialty care

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<sup>1</sup> <http://mchb.hrsa.gov/about/factsheets/dschenfacts.PDF>

<sup>2</sup> Medically Underserved Areas are areas designated by HRSA as having too few primary care providers, high infant mortality, high poverty and/or high elderly population. It may be a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of person health services.

<sup>3</sup> <http://www.epilepsyfoundation.org/projectaccess>

practitioners in a patient/family centered medical home, and to address the transition of adolescents and young adults with epilepsy from pediatric to adult system of care;

- Support grantees' efforts to enhance knowledge and skills of CYE and their families about epilepsy and receipt of care in a patient/family-centered medical home;
- Develop and implement a plan with the Cross-Site Evaluation Team, comprised of representatives from the H98 epilepsy awardees, to identify a common set of evaluative tools and performance metrics to quantitatively and qualitatively evaluate the epilepsy program;
- Coordinate, when appropriate, the provision of assistance to the epilepsy program grantees by other MCHB-funded cooperative agreements, including the National Coordinating Center for the Regional Genetic and Newborn Screening Service Collaboratives and the seven Regional Genetic and Newborn Screening Service Collaboratives, and other HRSA partners such as Association of Maternal and Child Health Programs (AMCHP) and the National Association for Community Health Centers (NACHC);
- Promote public-private partnerships and coordinate efforts, when possible, with HRSA grantees and other federal agencies that carry out activities regarding epilepsy, including the Centers for Disease Control and Prevention, National Institutes of Health, and Centers for Medicare and Medicaid Services; and
- Convene an active advisory committee of stakeholders, to include in particular youth and young adults with epilepsy and parents and siblings of CYE, Epilepsy Foundation affiliates, and collaborative entities with subject matter expertise and knowledge of Children with Special Health Care Needs (CSHCN)/MCHB programs that would advise and guide the center on its activities.
- Develop and implement a detailed plan that will entail the methodology which will be used to collect the data to track the improvements toward the expected outcomes and program objectives listed below.

Expected outcomes and program objectives include:

- Increased family and provider awareness of signs and symptoms and co-occurring conditions associated with epilepsy;
- Increased number of families satisfied with their role as partners in shared decision making;
- Increased number of CYE in medically underserved and rural communities with a medical home;
- Improved coordination of care and communication among providers caring for CYE;
- Increased number of CYE and families reporting linkages to pertinent community-based organizations;
- Increased number of CYE and families reporting ease accessing and using services;
- Increased number of youths and young adults with epilepsy who take responsibility for his/her health care needs; and

- Increased use of advanced technology, including health information technology, to outreach to and serve populations in medically underserved areas

### **Required Evaluation of Effectiveness**

The Coordinating Center for Access to Services for Children and Youths with Epilepsy will be required to collect data to evaluate the effectiveness of their interventions and demonstrate that awarded federal funding has yielded demonstrable programmatic outcomes. Specifically, the purpose of evaluation activities will be to ascertain whether the Center's prospective/desired outcomes identified by the grant recipient were achieved. The prospective/desired outcomes must be reflective of the program's priorities. The collection of evaluation data is consistent with the federal government's desire to promote fiscal transparency. Awardees will help ensure the transparency and documentation of awardee processes, policies and activities and enhance program monitoring, program improvement and program decision-making.

## **2. Background**

This program is authorized by Social Security Act, Title V, § 501(a)(2), (42 U.S.C. 701(a)(2))

Seizures and epilepsy have a serious impact on the lives of children and youth. The potentially devastating effect of epilepsy on brain development in early childhood is one of the most challenging aspects of the disorder, and childhood seizures can have a measurably negative effect on educational achievement. Research indicates that children and youth with epilepsy tend, on average, to be one year behind the expected reading level. Delays in language, visual-spatial function, problem solving and adaptive behaviors are not uncommon. Severe seizures, injuries, side effects of medication, pain, lifestyle restrictions, stigma and depression can all contribute to a poor quality of life for children and youth with epilepsy. In addition, poorer adult functioning have been attributed to the effects of recurrent seizures, medications, and social stigma. Organized systems of services are not in place to uniformly provide timely access to care that could improve the quality of life for children and youth with epilepsy. Children living in medically underserved and rural areas as well as racial and ethnic minority populations often lack access to a medical home and specialists and encounter difficulties in having their epilepsy diagnosed. There is a shortage of pediatric neurologists, and experts in the treatment of epilepsy among them are even fewer.

The Children's Health Act of 2000 authorized the agencies of the Department of Health and Human Services to: (1) expand current epilepsy surveillance activities, (2) implement public and professional education activities, (3) enhance research initiatives, (4) strengthen partnerships with government agencies and organizations that have experience addressing the health needs of people with disabilities, and (5) implement demonstration projects in medically underserved areas to improve access to health services regarding seizures to encourage early detection and treatment for children. In response, HRSA created a new program in 2003, "Awareness and Access to Care for Children and Youth with Epilepsy" (Project Access) and since then has awarded a number of grants in the development of statewide demonstration projects to enhance access to services for children with youth with epilepsy. The demonstration projects have achieved progress in addressing access, care coordination, cultural competency, and quality of care. Telehealth has been utilized in West Virginia, Michigan, and Nebraska to improve access to care while the University of Southern California UCEDD used video conferencing to conduct epilepsy awareness training for health professionals and families in rural and frontier communities in California, Nevada, Alaska, and Wyoming. The coordinating center for Project

Access based at the Epilepsy Foundation has provided support to states, local Epilepsy Foundation affiliates, and state health agencies to: (1) build partnerships at the state and community level, (2) develop public education campaigns to raise awareness about epilepsy, (3) develop skill building programs for youth and families with epilepsy, (4) provide forums for discussion about strategies to reduce the shortage of epilepsy care providers, and (5) enhance communication between primary and subspecialty care providers. The projects' participation in multidisciplinary learning collaboratives based on the Institute for Healthcare Improvement's Breakthrough Series learning collaborative model has been a successful strategy to improve access to care for CYE.

In spite of such promising practices, CYE and their families continue to face significant challenges in seeking medical services, adequate health insurance, coordinated systems of care, support services, access to a medical home and transition services to adult system of care. Of particular concern are those CYE residing in rural and medically underserved areas and/or medically underserved. Improving access to high quality patient/family-centered, comprehensive, coordinated epilepsy care for this population will involve improving communication between clinicians and patients and their families, building stronger connections and improving co-management between primary care and subspecialty care providers, improving linkage between public health and primary care, developing partnerships between clinicians and community agencies to enable patients and families to obtain the assistance they require, and improving quality of care through the development and implementation of clinical performance measures and other performance metrics and coordinated approach to both health and community services and meet the range of physical, behavioral, cognitive, and social needs.

The Institute of Medicine (IOM), in its 2012 report, *Epilepsy across the Spectrum: Promoting Health and Understanding* emphasized the critical need for improved access to epilepsy specialists and comprehensive systems of epilepsy care, including the early detection and treatment of seizures; the need for CYE to be supported in their efforts towards improved seizure control and improved quality of life. In the care of persons with epilepsy, the primary care practitioners have a significant role. Particularly, "people with epilepsy who were racial/ethnic minorities, had low incomes, or were uninsured or insured through public programs (e.g., Medicaid, Medicare) were less likely to receive specialty care and more likely to receive care through generalists". Thus, building the primary health care workforce's knowledge base and skill sets in diagnosing, treating, supporting CYE is necessary to ensure their access to high-quality care. Primary care health professionals need current knowledge about epilepsies, including seizure recognition and diagnosis, prevention strategies and treatment options, co-morbidities, necessary psychosocial services and the need to counter stigma. They need to recognize when referrals to subspecialists are necessary, medication therapies and side effects, diagnosis and referral, how to give advice about lifestyle, and non-medication therapies. Clarifying clinical pathways for referrals and care by subspecialists will strengthen epilepsy care by primary care practitioners, as will having in place a collaborative, patient/family-centered, team-based approach to care. In addition, public education and awareness are necessary to improve seizure recognition. This funding initiative seeks to address some of these issues.

## **The Maternal & Child Health Bureau**

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

## **Division of Services for Children with Special Health Needs**

- With the Omnibus Budget Reconciliation Act (OBRA) of 1989, Public Law 101-239 amended Title V of the Social Security Act to extend the authority and responsibility of MCHB, Division of Services for Children with Special Health Needs (DSCSHN) to address core elements of Community-Based Systems of Services for children with special health care needs and their families. With this amendment, State Programs for CSHCN, under the MCH Services Block Grant, were given the responsibility to provide and promote family-centered, community-based, coordinated care for CSHCN, and facilitate the development of Community-Based Systems of Services for such children and their families. CSHCN are defined as those children who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally. DSCSHN and MCHB has adopted the following as core indicators of a well functioning system of services for CSHCN:
  - Children and youth with special health care needs and their families will partner in decision-making at all levels and will be satisfied with the services they receive.
  - Children and youth with special health care needs will receive coordinated, ongoing, comprehensive care within a medical home.
  - Children and youth will be screened early and continuously for special health care needs.
  - Families of children and youth with special health care needs will have access to adequate private and/or public insurance and financing to pay for the services they need.
  - Community-based service systems will be organized so families can use them easily.
  - Youth with special health care needs will receive the services necessary to make transitions to all aspects of adult life, including health care, work, and independence.

## **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 include the following:**

- Provision of services of experienced Federal personnel as participants in the planning and development of all phases of this activity;
- Participation, as appropriate, in meetings conducted during the period of the cooperative agreement;

- On-going review of all activities and procedures to be established and implemented for accomplishing the scope of work;
- Participation in the preparation of project information prior to dissemination; and
- Assistance and referral with the establishment of contacts with Federal and State agencies, MCHB grant projects, and other contacts that may be relevant to the project's mission.

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

- Completion of activities proposed in response to project requirements and scope of work;
- Maintaining a website;
- Providing technical assistance and training opportunities;
- Producing and disseminating materials, including publishing articles;
- Provision of leadership, in collaboration with the Federal Office in data collection and analysis of evidence based data and State/grantee impact and quality improvement data, any relevant HP 2020 data, and data trends; and
- Collaboration with the Federal Office on ongoing review of activities, budget items, procedures, information/publications prior to dissemination, contracts and interagency agreements through conference calls and face-to-face meetings.
- Identification of a representative to serve on a Cross-site Evaluation Team (referenced in *Section IV.2.ix*) which will include the evaluation subcontractor, H98's awardees and HRSA Federal staff. This team will meet monthly during the first year of the grant award.

## **2. Summary of Funding**

This program will provide funding during Federal fiscal years **2013 - 2015**. Approximately **\$650,000** is expected to be available annually to fund one (1) awardee. Applicants may apply for a ceiling amount of up to **\$650,000** per year. The project period is **three (3) years**. Funding beyond the first year is dependent on the availability of appropriated funds for "Coordinating Center for Access to Services for Children and Youths with Epilepsy" in subsequent fiscal years, satisfactory awardee performance, and a decision that continued funding is in the best interest of the Federal Government.

## **III. Eligibility Information**

### **1. Eligible Applicants**

Applicants must be national organizations with knowledge of epilepsy and expertise in the care of individuals with epilepsy and in the education of health professionals. Applications that fail to show such experience will not be considered. Eligible entities include any public or private entity (as cited in 42 CFR Part 51a.3(a)), including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450(b)). Community-based and faith-based organizations that are otherwise eligible and believe they can contribute to HRSA's program objectives are urged to consider this initiative.

## 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.

Multiple applications from an organization are not allowed.

## IV. Application and Submission Information

### 1. Address to Request Application Package

#### Application Materials and Required Electronic Submission Information

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. The registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting an application. All applicants *must* submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from [DGPWaivers@hrsa.gov](mailto:DGPWaivers@hrsa.gov), and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. If requesting a waiver, include the following in the e-mail request: the HRSA announcement number for which the organization is seeking relief, the organization's DUNS number, the name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to the submission along with a copy of the "Rejected with Errors" notification as received from Grants.gov. HRSA's Division of Grants Policy is the only office authorized to grant waivers. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. Suggestion: submit application to Grants.gov at least two days before the deadline to allow for any unforeseen circumstances.

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

The Central Contractor Registration (CCR) transitioned to the System for Award Management (SAM) on July 30, 2012.

For any registrations in process during the transition period, data submitted to CCR will be migrated to SAM.

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

SAM will reduce the burden on those seeking to do business with the government. Vendors will be able to log into one system to manage their entity information in one record, with one expiration date, through one streamlined business process. Federal agencies will be able to look in one place for entity pre-award information. Everyone will have fewer passwords to remember and see the benefits of data reuse as information is entered into SAM once and reused throughout the system.

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

Items to consider are:

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

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

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

([https://www.sam.gov/sam/transcript/SAM\\_Quick\\_Guide\\_Grants\\_Registrations-v1.6.pdf](https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf)), your entity 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 and/or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

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

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

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

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

### **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 structured data for lobbying activities.	Optional, as applicable. 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.
Attachments 1-15	Attachment	Can be uploaded in Other Attachments form 1-15.	Refer to the attachment table provided below for <b>specific</b> sequence. Counted in the page limit.

-  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 your 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	Tables, Charts, etc.
Attachment 2	Staffing Plan and Job Descriptions for Key Personnel
Attachment 3	Biographical Sketches of Key Personnel
Attachment 4	Letters/Memoranda of Agreement and/or Description(s) of Proposed/Existing Contracts
Attachment 5	Project Organizational Chart
Attachment 6	Logic Model with Target, Content/Activities, and Intended Impact
Attachments 7-15	Other Relevant Documents, including Letters of Support

## **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. SAM registration must be maintained with current, accurate information at all times during which an entity has an active award or an application or plan under consideration by HRSA. It is extremely important to verify that the applicant organization SAM registration is active and the Marketing Partner ID Number (MPIN) is current. Information about registering with SAM can be found at <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***

Please complete Sections A, B, E, and F, and then provide a line item budget for each year of the project period. In Section A use rows 1 - 3 to provide the budget amounts for the three years of the project. Please enter the amounts in the “New or Revised

Budget” column- not the “Estimated Unobligated Funds” column. In Section B Object Class Categories of the SF-424A, provide the object class category breakdown for the annual amounts specified in Section A. In Section B, use column (1) to provide category amounts for Year 1 and use columns (2) through (3) for subsequent budget years.

Provide travel costs for up to four individuals to travel to the Washington, DC area for two days for each of the project’s budget years for technical assistance and/or national meetings at a time to be determined by MCHB/DSCSHN. These costs should be included in the budget and budget justification sections of the application.

**Salary Limitation:**

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

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

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

**iv. Budget Justification**

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. However,

the applicant **must** submit one-year budgets for each of the subsequent budget periods within the requested project period at the time of application. Line item information must be provided to explain the costs entered in the SF-424A. Be very careful about showing how each item in the “other” category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification **MUST** be concise. Do **NOT** use the justification to expand the project narrative.

**Budget for Multi-Year Award**

This announcement is inviting applications for project periods up to three (3) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be 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. 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 language 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.

**Evaluation Activities:** At a minimum 2.5 percent of the annual awarded budget should be devoted to the evaluation sub-contract. Accordingly, data collection activities and procedures that are required by the grantee evaluation, including all cross-site evaluation activities, should be accounted for and included within the scope of that budget (e.g., baseline and period data collection per grant year). This cooperative agreement then has responsibility to see that the evaluation sub-contract fulfills its responsibilities.

*Indirect Costs:* Indirect costs are those costs incurred for common or joint objectives which cannot be readily and specifically identified with a particular project or program 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.

**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. Job descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in Attachment 2. Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included in Attachment 3. When applicable, biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs.

**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.

**viii. *Project Abstract***

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

Please place the following at the top of the abstract:

- Project Title

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

**Abstract content:**

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

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

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

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

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

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

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

**ix. *Project Narrative***

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, well organized, and aligned with the review criteria in Section V so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

- *INTRODUCTION*  
This section should briefly describe the purpose of the proposed project.
  
- *NEEDS ASSESSMENT*  
This section outlines the needs of the communities and populations to be served. The target populations and their unmet health needs must be described and documented in this section. Additionally, the needs of the state grantees pertaining to how they will achieve the required objectives of MCHB must also be addressed. Demographic data should be used and cited whenever possible to support the information provided. Please discuss any relevant barriers that the project hopes to overcome.
  
- *METHODOLOGY*  
Propose methods that will be used to address the stated needs and meet each of the previously-described program requirements and review criteria outlined in Section V of this funding opportunity announcement. This section should describe the following: (1) gathering of participants, particularly those in medically underserved areas, and support for them to participate in the project, (2) establishment of substantive public-private partnerships to provide the relevant subspecialty expertise, patient/family involvement, public health, and community engagement, (3) strategies for effective communication and coordination between partners and among epilepsy program grantees, (4) an effective dissemination plan with timeframes and methods, (5) coordinated approach for the provision of technical assistance, (6) plan, including the use of innovative strategies and advanced technologies, for effective training and educational opportunities for primary care practitioners and families and patients with attention to culture, language proficiency, and health literacy, (7) provision of tools and methods for supporting grantees' quality improvement efforts that are measurable, including the identification of a common set of performance metrics, and approach to data collection and analysis, (8) approach to identifying essential knowledge, skills, and clinical guidelines that would assist primary care practitioners in early identification, diagnosis, and management of epilepsies, (9) training/strategies and tools to improve the family-centeredness and cultural competence of the pediatric workforce caring for CYE, and (10) provision of support to states, regions, and communities in their efforts to improve access to a medical home for CYE.

**Portfolio of Tools:** Grantees are free to select data collection tools from a portfolio of tools identified by HRSA. (Program Evaluation resources, [http://navigator.mchtraining.net/?page\\_id=187](http://navigator.mchtraining.net/?page_id=187) )

Grantees may also propose their own tools in-house development tools as well as other tools that have been researched in the literature and for which there is evidence of reliability, validity and meaningful relationship to grantee program objectives and activities. The Coordinating Center for Access to Services for Children and Youths with Epilepsy will lead the Cross-Site Evaluation Team,

comprised of representatives from the H98 epilepsy awardees to identify a common set of evaluative tools.

Each grantee should utilize formal and informal feedback mechanisms for data collection (e.g. survey, interview). Every grantee must show that their activities were implemented as designed and determine areas for improvement on an annual basis. Ineffective program components should be revisited and revised/improved on a continuous basis.

- *WORK PLAN*

Describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology section. Use a Logic Model with a time line that includes each activity and identifies responsible staff. Identify meaningful support, e.g. stipends, honoraria, travel and childcare support, and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of the application.

- *RESOLUTION OF CHALLENGES*

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY*

Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Describe the strategy to collect, analyze and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and improvement, health professional and public education, and health system improvement.

**Cross-Site Evaluation Team:** The coordinating center will convene a Cross-site Evaluation Team, made up of representatives from each H98 grants as well as coordinating center staff with expertise in evaluation and applicable consultants will meet regularly during the course of the grant award. During Year 1, the Cross-site Evaluation Team will confer with the HRSA project officer, and if necessary, the HRSA Office of Planning, Analysis and Evaluation officers by conference calls, webinars, or/and meetings to identify a common set of "core" measures. These "core measures" will reflect the expected outcomes and program objectives previously identified. The coordinating center will assist H98 grantees in their efforts to collect data for these mutually agreed upon and commonly prescribed "core measures." These core measures will be summarized across all epilepsy awardees for federal reporting purposes to indicate whether all grantees achieved these anticipated program outcomes.

During Year 1 of the award, awardee will also assist H98 grantees to identify performance goals/indicators that will guide program activities and provide

empirical support for program effectiveness while appropriately utilizing the awarded funds.

For Years 2-3, the epilepsy awardees will continue to meet via conference calls or other mechanisms to identify data collection strategies, monitor data collection activities, and evaluate ongoing program performance. In preparation for ending of the grant, year 3 will also be spent in determining how to best present and disseminate data to show advancement in the content areas.

▪ **ORGANIZATIONAL INFORMATION**

Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Provide information on the program's resources and capabilities to support proposed activities, provision of services, and evaluation.

**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 **Coordinating Center for Access to Services for Children and Youth with Epilepsy** and Submission of Administrative Data*

To prepare successful applicants for their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: [https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U23\\_2.HTML](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U23_2.HTML)

NOTE: The performance measures and data collection information is for your PLANNING USE ONLY. These forms are not to be included as part of this

application. However, this information would be due to HRSA within 120 days after the Notice of Award.

**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: Tables, Charts, etc.*

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

*Attachment 2: Staffing Plan and Job Descriptions for Key Personnel*

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

*Attachment 3: Biographical Sketches of Key Personnel*

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length. 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 4: Letters/Memoranda of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)*

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

*Attachment 5: Project Organizational Chart*

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

*Attachment 6: Logic Model with Target, Content/Activities, and Intended Impact*

*Attachment 7-15: Other Relevant Documents, including Letters of Support*

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

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

#### **Application Due Date**

The due date for applications under this funding opportunity announcement is ***June 17, 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 Coordinating Center for Access to Services for Children and Youths with Epilepsy is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

### **5. Funding Restrictions**

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than \$930,000 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.

**Salary Limitation:** The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an

individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$179,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

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

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

## **6. Other Submission Requirements**

As stated in Section IV.1, except in very rare cases HRSA will no longer accept applications in paper form. Applicants submitting for this funding opportunity are **required** to submit **electronically** through Grants.gov. To submit an application electronically, please use the APPLY FOR GRANTS section at <http://www.grants.gov>. When using Grants.gov 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](mailto:support@grants.gov) or by phone at 1-800-518-4726 (International Callers, please dial 606-545-5035). 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/checkApplStatus.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 *Coordinating Center for Access to Services for Children and Youths with Epilepsy* has six (6) review criteria:

*Criterion 1: NEED (5 points)*

The extent to which the applicant describes the problem and associated contributing factors; and the extent to which the demonstrated need(s) of the targeted populations to be served are adequately described and supported in the needs assessment. The extent to which the applicant describes the methods that will be utilized to support the state grantees with any assistance that they may need in effectively meeting the objectives of their grants.

*Criterion 2: RESPONSE (45 points)*

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

The extent to which the application describes an effective collaborative approach to:

1. Gathering participants, particularly those in medically underserved areas, and support for them to participate in the project (5 pt)
2. Exhibiting substantial public-private partnerships to provide the relevant subspecialty expertise and patient/family involvement (6 pt)
3. Identify strategies for effective communication and coordination between partners and among epilepsy program grantees; addressing the needs of the state grantees (5 pt)
4. Providing for effective dissemination plan with timeframes and methods (3 pt)
5. Providing for coordinated approach for provision of technical assistance (4 pt)
6. Providing a plan, including the use of innovative strategies, for effective training and educational opportunities for primary care practitioners and families and patients with attention to culture, language proficiency, and health literacy (6 pt)

7. Describing the approach for supporting quality improvement efforts that are measurable, including the identification of a common set of performance metrics and approach for data collection and analysis (6 pt)
8. Describing the approach to identifying essential knowledge, skills, and clinical guidelines that would assist primary care practitioners in early identification, diagnosis, and management of epilepsies (5 pt)
9. Addressing training/strategies and tools to improve the family-centeredness and cultural competence of the pediatric workforce caring for CYE (5 pt)

*Criterion 3: EVALUATIVE MEASURES (15 points)*

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

- The extent to which the application incorporates a well-designed and well-organized evaluation plan capable of demonstrating and documenting measurable progress toward achieving the stated goals and objectives, including the coordinating center's activities involving quality improvement, information sharing, and technical assistance delivery, as well as health professional and public education, and health system improvement; and
- The extent to which the application describes the strategy for a cross-grantee evaluation, to assist grantees in collecting, analyzing, and tracking data to measure outcomes and program objectives listed on page 2, and explains how the data will be reported and used to inform the work of the epilepsy program,

*Criterion 4: IMPACT (10 points)*

The feasibility and effectiveness of plans for dissemination of project results, maintenance of up-to-date resources, tools, and models for sharing and dissemination, and the extent to which project results are national in scope, and the degree to which the project activities are replicable.

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

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project; the capabilities and past accomplishments of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project; the extent to which the application describes the experiences and appropriateness of the listed personnel and clearly indicates where such personnel are utilized in the work plan and their specific tasks; and the requisite partnerships.

*Criterion 6: SUPPORT REQUESTED (5 points)*

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

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- The extent the application addresses support for youth, family, and health professional involvement, collaboration with key partners, requisite travel, and the organizational structures and processes necessary for the applicant to serve as an effective coordinating center.
- Reasonable funding is provided to support evaluation activities. This cooperative agreement is required to allocate a minimum of 20 percent of their awarded budget towards evaluation.

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

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

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

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

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

## **VI. Award Administration Information**

### **1. Award Notices**

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

The Notice of Award (NoA) sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the start date of **September 1, 2013**.

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

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

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

#### **Non-Discrimination Requirements**

To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see <http://www.hhs.gov/ocr/civilrights/understanding/index.html>. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P.L.

88-352, as amended and 45 CFR Part 80). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html> to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.

### **Human Subjects Protection**

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

### **Trafficking in Persons**

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

### **Smoke-Free Workplace**

The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

### **Affordable Care Act Outreach and Education**

It is important to note that a healthier country is one in which more Americans are able to access the care they need to prevent the onset of disease and manage disease when it is present. Insurance coverage is strongly related to better health outcomes for both children and adults. Access to insurance improves health outcomes by helping people obtain preventive and screening services, prescription drug benefits, mental health and other services, and by improving continuity of care.

The Affordable Care Act (ACA), the health care law of 2010, creates new state-based marketplaces, also known as exchanges, to offer millions of Americans new access to affordable health insurance coverage. Individuals with incomes between 100 to 400 percent FPL may be eligible to receive advance payments of premium tax credits and/or cost-sharing reductions to help pay for the cost of enrolling in a qualified health insurance plan and paying for coverage of essential health benefits. In states that choose to participate in the ACA expansion of Medicaid to non-disabled adults with incomes of up to 133 percent of Federal Poverty Level (FPL), this provision will provide new coverage options for many individuals who were previously ineligible

for Medicaid. In addition, the law helps make prevention affordable and accessible for Americans by requiring health plans to cover certain recommended preventive services without cost sharing.

Outreach efforts would ensure that families and communities understand these new developments and would provide eligible individuals the assistance they need to secure and retain coverage as smoothly as possible during the transition and beyond. You are encouraged to share information with your beneficiaries about these options and to assist them, to the extent it is an appropriate activity under your grant, in enrolling in available insurance plans or in finding other available sources of payment for the services you provide.

For more information on the marketplaces and the health care law, visit <http://www.healthcare.gov>.

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

### **Integrating Primary Care and Public Health**

Integration of primary care and public health links people, policy, programs and activities to increase efficiency and effectiveness and ultimately improve population health. Both primary care and public health emphasize prevention as a key driver of better health, and integration of the two fields can transform our focus on disease and treatment to health and wellness, as well as maximize our health care system investment. Integration occurs on a continuum and includes mutual awareness, cooperation, collaboration and partnership. Successful integration requires primary care and public health to work together along this continuum and address social and environmental determinants of health, engage communities, align leadership, develop the healthcare workforce, sustain systems, and share and collaborate on the use of data and analysis – all with an eye

toward achieving a shared goal of population health improvement. Integration of primary care and public health is a major focus for HRSA and HHS, and to the extent possible, applicants should consider ways to integrate primary care and public health in the activities they pursue. More information can be found at <http://www.hrsa.gov/publichealth/>.

### 3. Reporting

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

a. **Audit Requirements**

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

b. **Payment Management Requirements**

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

c. **Status Reports**

1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required according to the following schedule:

<http://www.hrsa.gov/grants/manage/technicalassistance/federalfinancialreport/ffrschedule.pdf>. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the NoA.

2) **Progress Report(s).** The awardee must submit a progress report to HRSA on an annual basis. Submission and HRSA approval of Progress Report(s) triggers the budget period renewal and release of subsequent year funds. This report has two parts. The first part demonstrates awardee progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project. Further information will be provided in the NoA.

3) **Evaluation Report(s):** In conjunction with the annual progress report, this cooperative agreement in collaboration with the evaluation sub-contractor will provide an abbreviated summary report of evaluation activities completed during the prior 12 months, as well as preliminary results stemming from the analysis of

data collection efforts. Evaluation activities for Years 1-3 are listed in previous sections of this funding opportunity announcement.

For Years 2-3, the cooperative agreement will focus on analyzing evidence of program effectiveness in achieving identified outcomes. The awardee is encouraged to also collect data relative to their independent activities to supplement the "core measures." This supplemental data, combined with "core measure" data, will provide a fuller picture of the grantee's activities and effectiveness at meeting program goals. The awardee will contribute data to the cross-site evaluation "core measures" that will be reported to HRSA annually. This cooperative agreement will also provide an independent report of their own evaluation progress to their HRSA Project Officer for Year 2 and Year 3, separately. This independent evaluation report will use core measure results and program-specific data to provide a fuller view of the work of the program, its success at meeting the needs of clients served, as well as an overall evaluation of effectiveness.

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

**4) 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.

**5) Performance Report(s).** The Health Resources and Services Administration (HRSA) has modified its reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by the Maternal and Child Health Bureau (MCHB) to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for Federal programs that can be reported as part of the

budgetary process, thus linking funding decisions with performance. Performance measures for States have also been established under the Block Grant provisions of Title V of the Social Security Act, the MCHB's authorizing legislation. Performance measures for other MCHB-funded grant programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect.

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

To prepare successful applicants for their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: [https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U23\\_2.HTML](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U23_2.HTML)

### **2. Performance Reporting**

Successful applicants receiving grant funds will be required, within 120 days of the Notice of Award (NoA), to register in HRSA's Electronic Handbooks (EHBs) and electronically complete the program specific data forms that appear for this program at [https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U23\\_2.HTML](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U23_2.HTML). This requirement entails the provision of budget breakdowns in the financial forms based on the grant award amount, the project abstract and other grant summary data as well as providing objectives for the performance measures.

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

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

Successful applicants receiving grant funding will be required, within 90 days from the end of the project period, to electronically complete the program specific data forms that appear for this program at [https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U23\\_2.HTML](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U23_2.HTML). 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.

**IMPORTANT:** The reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA

grants and cooperative agreement awards (e.g., a Type 5 (competing continuation) Type 7 (transfer of grant to another organization), etc.). 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:

Sarah E. Morgan  
HRSA Division of Grants Management Operations, OFAM  
Parklawn Building, Suite 15-19  
5600 Fishers Lane  
Rockville, MD 20857  
Email: [smorgan1@hrsa.gov](mailto:smorgan1@hrsa.gov)  
Telephone: (301) 443-4584  
Fax: (301) 443-6343

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

Sadie Silcott  
HHS/HRSA/MCHB/DSCSHN  
Parklawn Building, Suite 13-61  
5600 Fishers Lane  
Rockville, MD 20857  
Email: [SSilcott@hrsa.gov](mailto:SSilcott@hrsa.gov)  
Telephone: (301) 443-0133  
Fax: (301) 443-2960

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 (International Callers, please dial 606-545-5035)  
E-mail: [support@grants.gov](mailto:support@grants.gov)  
iPortal: <http://grants.gov/iportal>

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

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

## **VIII. 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>.

## SAMPLE LOGIC MODEL ELEMENTS

