

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

Maternal and Child Health Bureau
Family/Professional Partnerships Program

National Center for Family/Professional Partnerships

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FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2013

Revised on 4/25 to extend application deadline to 4/26.

Application Due Date: April 26, 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)(1)(D); (42 U.S.C. 701(a)(1)(D))

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for a cooperative agreement for the **National Center for Family/Professional Partnerships**.

The **Family Professional Partnerships Program (FPP)** promotes the following objectives to improve the health delivery system and quality of life for children (and youth) with special health care needs (CSHCN) and their families: (1) family-centered care, (2) cultural and linguistic competence, and (3) shared decision-making for families of CSHCN at all levels of decision-making (individual, peer, community, etc.). Program activities will primarily be carried out through federal leadership strategies and one cooperative agreement – the National Center for Family/Professional Partnerships and the Family-to-Family Health Information Centers. To ensure continued effectiveness and positive program outcomes, the scope of this center is being realigned to focus on significant priorities in a changing health care environment that have been identified by State Title V agencies, the Health Resources and Services Administration (HRSA) and the U.S. Department of Health and Human Services (HHS). **The FY 2013 priority needs are: 1) full implementation of the 2010 Patient Protection and Affordable Care Act (ACA); 2) strengthening the primary care workforce; and 3) improving access to quality care/innovation.**

The National Center for Family/Professional Partnerships

The Institute of Medicine (IOM) Report *Crossing the Quality Chasm: A New Health System for the 21st Century* established shared decision-making and patient/family centered care as key elements of a quality health care system. Since the IOM Report, national quality indicators of family/professional partnership, shared-decision-making, and patient/family-centered care have been established and have shown that CSHCN benefit from family/patient-centered care by improved transition, fewer unmet needs and fewer problems accessing needed referrals. Moreover, research has shown that an increase in shared-decision making is significantly associated with lower total health care out-of-pocket costs and decreased utilization (hospitalizations and emergency department visits) for CSHCN. This supports the importance of shared decision-making in the ACA provisions.

Anticipated needs that states will likely have include finding effective ways to bring consumer perspectives into health care policies, planning, implementation and quality improvement activities based upon evidence-based strategies; and preparing the workforce to inform families of changes in services and access.

In order to assist State Title V programs and their partners to better partner in full implementation of the ACA this center will provide: 1) support to a broad national, regional and state network of informed family leaders who can partner, not only at the individual and peer levels of decision-making, but also at the community, state and systems levels; 2) assistance in connecting states with appropriate contacts for family perspectives and participation, including those of minority and rural populations, in the development of state Health Insurance Marketplaces (Exchanges), Medicaid expansion plans, community health teams, etc.; and

3) family-friendly, culturally and linguistically appropriate information and explanation of coverage to states, patient navigators, families and providers in collaboration with other HRSA funded grants .

To assist in workforce development in state public health programs, this center will 1) provide training on family-centered care and FPP as the foundation of shared decision-making through their national, regional and state networks to the state, primary care and community workforce (such as state public health programs, care coordinators, interdisciplinary care teams, patient navigators, community health workers, primary care extension hub sites, and when possible, in federally-qualified health centers and National Health Service Corps clinicians.)

In order to assist in access to quality care/innovation, this center will: 1) document and spread innovative, evidence-based and best practices on shared decision-making to inform policy, practice and quality improvement activities in public health; and 2) disseminate and provide technical assistance on utilization of tools such as scientifically validated measures for family-centered care in order to help states measure and track impact of changes in quality of care that result from integration of family-centered care and CSHCN shared decision-making into medical practice.

The grantee will conduct ongoing evaluation and annual impact assessments of activities in all three priority areas mentioned which may include follow-up calls/emails to states and/or review of Title V Block Grant applications.

Expected outcomes include:

- As a result of training, there will be an increased number of states (Title V CSHCN programs and their partners) that successfully facilitate incorporation of family-centered, culturally competent care and shared decision-making principles into ACA policies, planning and implementation;
- Documented measures of impact on quality of care/services.

Although this center has been in existence for a number of years, this effort will have an emphasis on evaluating the spread, impact and outcomes of activities on service delivery systems, policies, practices/providers and families using those services. The center should collect information from targeted state Title V CSHCN programs and partner organizations on gaps and successes in reaching project goals of 1) full implementation of the ACA; 2) strengthening the primary care workforce; and 3) improving access to quality care/innovation.

Once gaps are identified, small changes to the system/organization can be planned, implemented and results measured by states to determine if these changes were effective in improving systems, services and supports to families. Those changes that are proven effective can be spread within the state, organization, and to other grantees.

Required Evaluation of Effectiveness

The Center is 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 achieved prospective/desired outcomes. 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. (See more on pp. 18, 20, 21, 29 and 34).

2. Background

This funding opportunity announcement is authorized by the Social Security Act, Title V, § 501(a)(1)(D); (42 U.S.C. 701(a)(1)(D)) to “enable each state...to provide and to promote family-centered, community-based, coordinated care, (including care coordination services, for children with special health care needs, and to facilitate the development of community-based systems of services for such children and their families”. The core values of family-centered care, family/professional partnerships and cultural and linguistic competence **MUST** be documented throughout the National Center’s policies, procedures and activities.

Family-Centered Care, Family Professional Partnerships, and Cultural and Linguistic Competence Definitions and Principles

Family-Centered Care assures the health and well-being of children and their families through a respectful family-professional partnership. It honors the strengths, cultures, traditions and expertise that everyone brings to this relationship. Family-Centered Care is the standard of practice which results in high quality services.

The foundation of family-centered care is the partnership between families and professionals. Key to this partnership are the following principles:

- Families and professionals work together in the best interest of the child and the family.
- As the child grows, s/he assumes a partnership role.
- Everyone respects the skills and expertise brought to the relationship.
- Trust is acknowledged as fundamental.
- Communication and information sharing are open and objective.
- Participants make decisions together.
- There is a willingness to negotiate.

Based on this partnership, family-centered care:

- 1) Acknowledges the family as the constant in a child’s life.
- 2) Builds on family strengths.
- 3) Supports the child in learning about and participating in his/her care and decision-making.
- 4) Honors cultural diversity and family traditions.
- 5) Recognizes the importance of community-based services.
- 6) Promotes an individual and developmental approach.
- 7) Encourages family-to-family and peer support.
- 8) Supports youth as they transition to adulthood.
- 9) Develops policies, practices, and systems that are family-friendly and family-centered in all settings.
- 10) Celebrates successes.

Cultural Competence is intricately linked to the concept and practice of “family-centered care.” Family-Centered Care honors the strengths, cultures, traditions and expertise that everyone brings to a respectful family/professional partnership, where families feel they can be decision

makers with providers at different levels - in the care of their own children and as advocates for systems and policies supportive of children and youth with special health care needs. It requires culturally competent attitudes and practices in order to develop and nurture those partnerships and to have the knowledge and skills that will enable you to be “family-centered” with the many diverse families that exist. It also often requires building relationships with community cultural brokers, who can assist you in understanding community norms and link you with other families and organizations, such as churches, beauty shops, social clubs, etc. that can help promote your message or conduct outreach for services.

Cultural competence is defined as a set of values, behaviors, attitudes, and practices within a system, organization, program or among individuals and which enables them to work effectively cross culturally. Further, it refers to the ability to honor and respect the beliefs, language, interpersonal styles and behaviors of individuals and families receiving services, as well as staff who are providing such services. At a systems, organizational, or program level, cultural competence requires a comprehensive and coordinated plan that includes interventions at all the levels from policy-making to the individual, and is a dynamic, ongoing, process that requires a long-term commitment. A component of cultural competence is linguistic competence, the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who are not literate or have low literacy skills, and individuals with disabilities.

An organization should:

- 1) Value diversity in families, staff, providers and communities;
- 2) Have the capacity for cultural self-assessment;
- 3) Be conscious of the dynamics inherent when cultures interact, e.g. families and providers;
- 4) Institutionalize culture knowledge; and
- 5) Develop adaptations to service delivery and partnership building reflecting an understanding of cultural diversity.

An individual should:

- 1) Examine one’s own attitude and values;
- 2) Acquire the values, knowledge, and skills for working in cross cultural situations; and
- 3) Remember that everyone has a culture.

Linguistic competence is the capacity of an organization and its personnel to effectively communicate with persons of limited English proficiency, those who are illiterate or have low literacy skills, and individuals with disabilities. This may include, but is not limited to, bilingual/bicultural staff and other organizational capacity such as telecommunication systems, sign or foreign language interpretation services, alternative formats, and translation of legally binding documents (e.g. consent forms, confidentiality and patient rights statements, release of information), signage and health education materials. The organization must have policy, structures, practices, procedures and dedicated resources to support this capacity

The Maternal & Child Health Bureau

The MCHB is a Bureau of HRSA within the HHS. Since its inception, Maternal and Child Health (MCH) Services Grants, through Title V of the Social Security Act, have provided a foundation for ensuring the health of our Nation's mothers and children. The mission of the MCHB is to provide national leadership in partnership with key stakeholders, to reduce disparities, assure the availability of quality care, and strengthen the nation's MCH infrastructure in order to improve the physical and mental health, safety, and well-being of the MCH population – *all* women, infants, children, adolescents and their families, including fathers and CSHCN. The Bureau will be providing these services within the context of the life course (life span), social determinants and health equity. Learn more about the MCHB at <http://www.mchb.hrsa.gov/about>.

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” (American Academy of Pediatrics, 1998). We include youth when referencing CSHCN.

The Division's mission to assure access to care through systems improvement is reflected in the *Healthy People 2010 Objectives* and will continue to be reflected in the *Healthy People 2020 Objectives*. Through these national initiatives, MCHB, through the Division, is specifically charged with developing and implementing a plan to achieve appropriate Community-Based Systems of Services for children and youth with special health care needs and their families.

Components of the plan include:

1. Family/professional partnership at all levels of decision-making.
2. Access to comprehensive health and related services through the medical home.
3. Early and continuous screening, evaluation and diagnosis.
4. Adequate public and/or private financing of needed services.
5. Organization of community services so that families can use them easily.
6. Successful transition to all aspects of adult health care, work, and independence.

The Integrated Services Branch

The Integrated Services Branch within the DSCSHN is the lead for implementing these systems components, and has dedicated all program resources to the achievement of this agenda as it works to assure that all CSHCN receive appropriate health care through a comprehensive, Community-Based System of Services. Each of the six program areas correspond with one of the six core outcomes mentioned previously. The program areas are:

Family Professional Partnerships: promotes the following objectives to improve the health delivery system and quality of life for children (and youth) with special health care needs (CSHCN) and their families: (1) family-centered care, (2) cultural and linguistic competence, and (3) shared decision-making for families of CSHCN at all levels of decision-making (individual, peer, community, etc.). Program activities will be primarily carried out through federal leadership strategies, one cooperative agreements and state implementation grants in the form of Family-to-Family Health Information Centers (F2F HICs).

HRSA's MCHB currently supports F2F HICs in all 50 States and the District of Columbia. Prior to the passage of the Family Opportunity Act of 2005, funding from the Centers for Medicare and Medicaid Services (CMS) and MCHB supported F2F HICs in many States, while a few other family organizations obtained state funding to conduct F2F HIC activities. F2F HICs are family-staffed/run, non-profit organizations that help families of CSHCN and the professionals who serve them state-wide. Staff at F2F HICs understand the issues that families face, provide advice, offer a multitude of resources, and tap into a network of other families and professionals for support and information. The National Center for Family/Professional Partnerships provides technical assistance, training, and connections to other F2F HICs and partnering organizations, whether or not they are Family Voices members. The National Center for Cultural Competence provides technical assistance, and training around disparities, outreach and the provision of information and services to underserved, minority populations.

Learn more about the F2F HICs at

<http://www.mchb.hrsa.gov/programs/familytofamily/index.html> and http://www.fv-ncfpp.org/f2fhic/about_f2fhic/

Medical Home: This program improves access to quality sources of ongoing primary health care, appropriate referral to specialty care and the integration of medical services with the community services required by CSHCN and their families. The medical home defines care for CSHCN as accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. The Branch's program is a collaborative effort among child health professionals, CSHCN, and their families to assure universal access to medical homes, as well as support systems for the providers who serve these children. Partnerships with families, State Title V programs and other national and State constituents have been established for the planning, development, and oversight of the medical home. The program funds one national center.

Health Insurance and Financing: This program works to improve access to adequate, affordable health insurance of CSHCN by employing three strategies: 1) expand insurance to include uninsured CSHCN, 2) assure that currently insured CSHCN have access to the full array of

benefits and services they need, and 3) improve the financing and reimbursement of services. This program currently funds a national center.

Community Integrated Services: The purpose of this program is to: 1) identify barriers to coordinating and integrating multiple and fragmented health and related services in Community-Based Service Systems, and 2) to implement model solutions state wide addressing identified barriers facing families in accessing community health and related services that are coordinated and easy to use. This grant program supports one national center and state implementation grants.

Early and Continuous Screening: This program supports periodic developmental screening for all children in conjunction with the medical home. To achieve this goal, the program works through “Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents”. In addition, the Branch supports a national program of grants to states for the implementation of universal newborn hearing screening prior to hospital discharge and a national technical assistance center. A cooperative agreement assists states with vision screening planning. The goal is to link all identified infants to a medical home, family-to-family support and early intervention by 6 months of age.

Transition to Adult Health Care: The purpose of this program is to provide the necessary support systems to ensure that youth with special health care needs and their families make the successful transition to adulthood, including moving from the pediatric to the adult health care system; from secondary to post-secondary education; and to employment and self-sufficiency. This program currently supports a national center.

Other Integrated Services Branch programs are disease specific but are also concerned with systems issues that are common across all programs. These grant programs are Traumatic Brain Injury, Epilepsy, and Autism.

II. Award Information

1. Type of Award

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

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

- a. Participation in meetings conducted during the period of the cooperative agreement;
- b. Ongoing review of activities and procedures to be established and implemented for accomplishing the proposed project;
- c. Review of project information prior to dissemination;
- d. Review of information/data on project activities;
- e. Assistance 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 and referrals to these agencies; and

- f. Assistance in the establishment of State and Federal interagency partnerships, collaboration, and cooperation that may be necessary for carrying out the project.

The cooperative agreement recipient's responsibilities shall include:

- a. Completion of activities proposed in response to application review criteria listed in *Section V* of this funding opportunity announcement and scope of work.
- b. Maintaining a website; providing technical assistance and training opportunities; and producing and disseminating materials, including publishing articles.
- c. Provision of leadership, in collaboration with the Federal Office, in data collection; analysis of evidence-based data; State/grantee impact and quality improvement data; any relevant Healthy People 2020 data, and any relevant data trends.
- d. Participation in face-to-face meetings and conference calls with the Federal Office conducted during the period of the cooperative agreement.
- e. Identification of a representative to serve on an Evaluation Team (referenced in *Section IV.2.ix*) that will meet periodically..
- f. 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.

2. Summary of Funding

This program will provide funding for three (3) years during Federal fiscal years 2013 – 2015 for one (1) awardee. Approximately \$475,000 is expected to be available annually to fund this awardee.

Funding beyond the first year is dependent on the availability of appropriated funds in subsequent fiscal years, satisfactory grantee performance, and a decision that continued funding is in the best interest of the Federal Government.

This funding opportunity announcement is subject to availability of appropriated funds. If associated funding is not available for the Family/Professional Partnerships Program, this announcement will be withdrawn and grants will not be awarded.

III. Eligibility Information

1. Eligible Applicants

As cited in 42 CFR Part 51 a.3(a), any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450(b)). Faith-based and community-based organizations are also eligible.

Applicants should be able to document previous experience to address and fulfill review criteria in the funding opportunity announcement requirements. Applicants must have national experience and be able to document outcomes. Applications that fail to show such experience will not be competitive.

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.

NOTE: Multiple applications from an organization are not allowable.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Electronic Submission Information

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

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

The Central Contractor Registration (CCR) transitioned to the System for Award Management (SAM) on July 30, 2012. For any registrations in process during the transition period, the data that has been submitted to CCR will be migrated to SAM.

If a record was scheduled to expire between July 16, 2012 and October 15, 2012, CCR is extending the expiration date by 90 days. The registrant received an e-mail notification from

CCR when the expiration date was extended. The registrant then will receive standard e-mail reminders to update their record based on the new expiration date. Those future e-mail notifications will come from SAM.

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

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

Items to consider are:

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

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

Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. Do not wait until the last minute to register in SAM. According to: the SAM Quick Guide for Grantees (https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf), an entity's registration will become active after 3-5 days. Therefore, ***check for active registration well before the application deadline.***

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

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

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

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

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

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

2. Content and Form of Application Submission

Application Format Requirements

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The total file size may not exceed 10 MB. The 80-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard forms are NOT included in the page limit. **HRSA strongly urges applicants to print their application to ensure it does not exceed the 80-page limit. Do not reduce the size of the fonts or margins to save space. See the formatting instructions in Section 5 of the *Electronic Submission User Guide* referenced above.**

Applications must be complete, within the 80-page limit, within the 10 MB limit, and submitted prior to the deadline to be considered under this announcement.

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.
Attachment 1-15	Attachment	Can be uploaded in Other Attachments form 1-15.	Refer to the attachment table provided below for specific sequence. Counted in the page limit.

-  To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.
-  Evidence of Non-Profit status and invention related documents, if applicable, must be provided in the other attachment form.
-  Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.
-  Merge similar documents into a single document. Where several documents are expected in the attachment, ensure that a table of contents cover page is included specific to the attachment. The Table of Contents page will not be counted in the page limit.
-  Please use only the following characters when naming 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	Logic Model, Tables, Charts, Committees, Publications, 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	Accomplishment Summary (applicable for COMPETING CONTINUATION APPLICANTS ONLY)
Attachment 7	Current Indirect Cost Rate Agreement, if applicable
Attachments 8-15	Other Relevant Documents (i.e., 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 of the SF-424A Budget Form, and then provide a line item budget for each year of the project period. In Section A use rows 1 - 3 to provide the budget amounts for the first three years of the project. Please enter the amounts in the “New or Revised Budget” column- not the “Estimated Unobligated Funds” column. In Section B Object Class Categories of the SF-424A, provide the object class category breakdown for the annual amounts specified in Section A. In Section B, use column (1) to provide category amounts for Year 1 and use columns (2) through (3) for subsequent budget years.

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

iv. Budget Justification

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

Budget for Multi-Year Award

This announcement is inviting applications for project periods up to three (3) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be 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. For long distance travel, include reason for travel, number of days, staff member(s) traveling, and cost for flight, per diem, hotel, etc. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops.

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

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

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

subrecipients that entities receiving subawards must be registered in SAM and provide the recipient with their DUNS number.

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

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

Evaluation Activities: A minimum of \$5,000 of the annual awarded budget should be devoted to evaluation activities per grant year. Accordingly, data collection activities and procedures that are required by the grantee evaluation should be accounted for and included within the scope of that budget (e.g., baseline and period data collection per grant year).

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term "facilities and administration" is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS's Division of Cost Allocation (DCA). Visit DCA's website at: <http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them. Include a copy of the current federally negotiated rate agreement (as Attachment 7). 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. Position 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.

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 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, and the objectives are presented in a numbered list.

METHODOLOGY: Briefly describe the programs and activities used to attain the objectives and comment on innovation, cost, and other characteristics of the methodology. This section typically 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: Briefly 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.

ANNOTATION: Provide a brief summary 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 and well organized so that reviewers can understand the proposed project. Refer also to *Section V.1. Review Criteria*.

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 community and/or organization. The target population and its unmet health needs must be described and documented in this section. Include socio-cultural determinants of health and health disparities impacting the population or communities served and unmet. Demographic data should be used and cited whenever possible to support the information provided. Please discuss any relevant barriers in the service area that the project hopes to overcome. This section should help reviewers understand the community and/or organization that will be served by the proposed project.

- **METHODOLOGY**

Propose methods that will be used to address the stated needs and meet each of the previously-described program requirements and expectations in this funding opportunity announcement. As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families and communities of culturally, linguistically, socio-economically and geographically diverse backgrounds if applicable. Include the development of effective tools and strategies for collecting impact data. Applicants must incorporate dissemination and evaluation of resources such as the National Center for Cultural Competence's Toolkit for Community Health Providers: Outreach to Ethnic Media about SUID into their proposal.

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)

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 Cross-Site Evaluation Team, noted in the *EVALUATION* section, below, can work to identify a common set of data collection instruments, if appropriate.

Grantees should utilize formal and informal feedback mechanisms for data collection (e.g. survey, interview). Grantees 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 time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support

and collaboration with key stakeholders in planning, designing, implementing and evaluating all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served. The Center MUST coordinate with State Title V CSHCN agencies.

- ***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***

As appropriate, describe the data collection/quality improvement strategies to collect, analyze and track data to measure process and **impact/outcomes/desired changes** with states, organizations, families including different cultural groups (e.g., race, ethnicity, language) and explain how the data will be used to inform program development, support/enabling/health services and infrastructure in states and communities service delivery. States may be provided forms, etc. to assist in this effort.

Applicants MUST develop and include a logic model (refer to the *Appendix* for sample logic model elements) that delineates the program's vision, mission, objectives, population(s) of focus, objectives and activities. A logic model is a graphic of how an initiative, project, or program works. It is a systematic way to show the connections among parts of a project and makes explicit the "theory of change" within context of activities. A logic model may include: resources (including those of partners); activities/inputs (showing how resources will be used); outputs (short, mid and long term outcomes showing how the audience(s) will benefit; impact (changes to systems, organizations and or communities that are expected); assumptions (about how change might occur); challenges; strengths; and continuous quality improvement processes. See *Section VIII. Other Information* of this funding opportunity announcement for additional information on developing logic models.

The logic model must also draw the relationships between these components of the plan for activities and immediate outputs, short-term and long-term outcomes, as well as overall impact. The data collected by awardees to demonstrate achievement of these output, short-term and long-term outcomes, and impact will be integral to the conduct and activities included within the project's evaluation.

Evaluation Team and Grantee Liaisons: Each awardee will be required to identify a representative to serve on a HRSA/grantee Evaluation Team that will meet monthly during the six months of the grant award. The representative should be authorized to represent the awardee and have expertise in evaluation measurement and data collection. During Year 1, the Evaluation Team will meet with HRSA project and Office of Planning, Analysis and Evaluation officers by conference call and identify a common set or "core" of grantee program indicators and measures. These "core measures" will reflect a minimum of 3-5 indicators that assess performance by grantee, relative to program objectives. The awardee will be required to collect data for these mutually agreed upon and commonly prescribed "core measures" to indicate whether anticipated program outcomes were achieved.

During Year 1 of the award, awardees will also 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, awardees will meet via conference call at a minimum of 2 times a year to identify data collection strategies, monitor data collection activities, and evaluate ongoing program performance. In preparation for closeout of the Center, year 3 will also be spent in determining how to best present and disseminate data to show advancement in the content areas.

▪ ***TECHNICAL SUPPORT CAPACITY***

Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Applicants must have national experience and be able to document outcomes as a result of their previous activities as they relate to the “purpose” for the National Center for Family/Professional Partnerships.

▪ ***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 provision of culturally and linguistically competent and health literate services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

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 *Family/Provider Partnerships Program* and Submission of Administrative Data

To prepare successful applicants of 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/U40_3.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: Logic Model, 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 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.

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: Summary Progress Report

ACCOMPLISHMENT SUMMARY (FOR COMPETING CONTINUATIONS ONLY)

A well planned accomplishment summary can be of great value by providing a record of accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program specific accomplishments. The accomplishments of competing continuation applicants are carefully considered during

the review process; therefore, applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. Because the Accomplishment Summary is considered when applications are reviewed and scored, **competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do.** The Accomplishment Summary will be evaluated as part of Review Criterion 4: IMPACT.

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

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

Attachments 7: Current Indirect Cost Rate Agreement, if applicable

Refer to the *Budget Justification* section, above, of this funding opportunity announcement for additional information regarding indirect cost rate agreements.

Attachments 8-15: Other Relevant Documents (i.e., letters of support)

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is ***April 26, 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 Family/Professional Partnerships Program 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. Applicants for the **National Center for Family/Professional Partnerships** may apply for a ceiling amount of up to \$450,000 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 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 FPP Program has six (6) review criteria:

Criterion 1: NEED (15 points) – refer to Narrative Sections “Introduction” and “Needs Assessment”

The extent to which the application demonstrates the problem, explains the associated contributing factors to the problem, and describes the target populations. This includes the relationship between issues faced by CSHCN, their families, CSHCN Title V programs and other providers and health professionals, and the purpose described in the program description of **your National Center**.

- a. The degree to which the applicant identifies gaps in reaching their/targeted populations goals of:
 - 1) Full implementation of the ACA such as, providing technical assistance around
 - Title III-Improving Quality & Efficiency of Health Care / Sec. 3502. Establishing community health teams to support the patient-centered medical home (involving families).
 - Partnering with Medicaid to outreach to underserved populations eligible for medical assistance including CSHCN, racial and ethnic minorities, rural populations.
 - Families partnering with Health Insurance Marketplaces (Exchanges).
 - Families partnering with community networks (i.e., community transformation grants, collaborative care networks, Primary Care Extension Hubs, etc.).
 - 2) Strengthening the primary care workforce, such as:
 - Training and education for states, providers and family leaders.
 - Mentoring approaches.
 - Tools and curricula.
 - 3) Improving access to quality care and innovation in care and services, such as:
 - Outreach and enrollment.

- Removing barriers to access, especially Tribal, Hispanic and rural populations.
- Measuring impact.
- Quality improvement.

b. The extent to which the applicant demonstrates its understanding of how their focus area relates to barriers for achieving the six core outcomes.

Criterion 2: RESPONSE (30 points) – refer to Narrative Sections “Methodology,” “Work Plan,” and “Resolution of Challenges.”

The extent to which the proposed project responds to the “Purpose” included in the program description and the needs described in *Criterion 1*. This includes:

- a. The extent to which the activities described in the proposal are capable of addressing the problem and attaining the project objectives.
- b. The extent to which the application addresses how the described target population and partners will participate in the implementation of the project.
- c. The extent to which the applicant has appropriately targeted activities to the wide range of stakeholders critical in assuring project outcomes as they relate to the program description. This would include describing capacity to meet the needs of culturally and linguistically diverse populations and to meet ADA requirements.
- d. The extent to which the applicant can respond to CSHCN Title V program needs.
- e. The extent to which the applicant assists Federal, State and local CSHCN/MCH programs, families, youth, health professionals and partners in promoting and implementing documented evidence-based and model policies and strategies related to their focus area.
- f. The extent to which, as a National Center, the applicant describes how it will:
 - 1) Facilitate the development and dissemination of resource materials and products including published articles and fact sheets;
 - 2) Develop a viable technical assistance and training process that includes tracking and impact;
 - 3) Coordinate with and learn from other MCHB funded national centers (including National Center Calls), grant programs, state and local CSHCN/MCHB programs, families and consumers; and
 - 4) Convene an active advisory committee of stakeholders and new collaborative entities with subject matter expertise in the focus areas and MCH/CSHCN programs if appropriate.

Criterion 3: EVALUATIVE/IMPACT MEASURES (25 points) – refer to Narrative Sections “Methodology,” “Evaluation,” “Technical Support Capacity,” and “Organizational Information.”

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) the extent to which the program process objectives have been met, and 2) the extent to which outcome objectives can be attributed to the project.

This includes:

- a. The extent to which the applicant can evaluate and measure the demand for and the impact of resources and services.
 - 1) The capacity of the applicant to collect meaningful data on the demand for resources and impact of services on the national, state, and local levels.
 - 2) The capacity to conduct an evaluation that will determine the effectiveness of the program on intended populations. (See b.3 below)
- b. The extent to which the application incorporates a carefully designed and well-planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the project's and outcome goals.
 - 1) A quality logic model construct should inform how the grantee's activities intend to achieve measurable success. A Logic Model is a graphic of how an initiative, project, or program works. It is a systematic way to show the connections among parts of a project and makes explicit the "theory of change" within context of activities.
 - 2) The description of how data collected and analyzed helps to determine:
 - The degree of success in implementing strategies;
 - The degree to which disseminated resources and services have benefited organizations and populations;
 - Specific impact and outcomes based upon objectives and activities around the provision of technical assistance and consultation; and
 - The use of cooperative agreement generated assessments.
 - 3) Indicators of success should be described in terms of how Center **consumers** have changed a program, practice, policy or system (Core outcome) as a result of the Center's intervention. A few common measures for states could be developed with recipients of technical assistance to answer the following:
 - AIM: Where do you want to go with your program? (or what are we trying to accomplish?)
 - INDICATORS/STRATEGIES: How are you going to successfully get there? (Approximately 3-5 indicators/strategies should be developed)
 - MEASURES OF OUTCOMES: How will you know you got there? (e.g. how will we know that a change is an improvement). For example:
 - State/community levels – Have agencies and/or organizations changed systems to improve access to targeted populations?
 - Individual level – Have families been able to more easily access systems of care to receive needed services?
 - PARTNERS: Who is essential for you to partner with in order to enhance and increase success in accomplishing the AIM?
- c. The extent to which the National Center for Family/Professional Partnerships collects, analyzes and aggregates data from their -target audiences about the number of families with CSHCN that have been provided information, education and/or training and the proportion of families with CSHCN who received services that they were better able to partner in decision making at any level.

- d. The extent to which program outcomes are focused and re-evaluated annually (at minimum), in accordance with the annual goals specified in the applicant’s logic model and/or action plans. Expected outcomes include:
 - 1) Increased number of states that successfully incorporate family perspectives into ACA policies, planning and implementation; and
 - 2) Documented measures of impact on access to quality care/services.
- e. The extent to which the application describes a plan to monitor and evaluate process and outcome based measures and data related to program objectives.

(See Evaluation section, p. 20 and Evaluation Reports, p.33.)

Criterion 4: DISSEMINATION/IMPACT (10 points) – refer to Narrative Sections “Work Plan,” “Methodology,” “Evaluation,” “Technical Support Capacity,” and “Organizational Information.”

The feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the Federal funding.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – refer to Narrative Sections “Evaluation,” “Technical Support Capacity,” and “Organizational Information.”

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization and personnel to maintain a viable and strong organization that can fulfill the needs and requirements of the proposed project should be described. The application should also provide evidence of collaborative relationships and activities with the identified partners, national experience, and previous activities as they relate to the “purpose” for the National Center for Family/Professional Partnerships.

Criterion 6: SUPPORT REQUESTED (5 points) – refer to Narrative Sections “Methodology,” and “Budget.”

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

- a. Costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- b. Key personnel have adequate time devoted to the project to achieve project objectives.
- c. Reasonable funding is provided to support evaluation activities. Grantees are required to allocate a minimum of \$5,000 their awarded budget which should be devoted to evaluation activities per grant year.

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 June 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 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 June 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.

Trafficking in Persons

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

Smoke-Free Workplace

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

Cultural and Linguistic Competence

HRSA programs serve culturally and linguistically diverse communities and multiple cultures. Although race and ethnicity are often thought to be dominant elements of culture, HRSA-funded programs embrace a broader definition to incorporate diversity within specific cultural groups including but not limited to cultural uniqueness within Native American populations, Native Hawaiian, Pacific Islanders, and other ethnic groups, language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities, clients and students served. HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>. Additional cultural competency and health literacy tools, resources and definitions are available online at <http://www.hrsa.gov/culturalcompetence> and <http://www.hrsa.gov/healthliteracy>.

Healthy People 2020

Healthy People 2020 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has four overarching goals: (1) attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; (2) achieve health equity, eliminate disparities, and improve the health of all groups; (3) create social and physical environments that promote good health for all; and (4) promote quality of life, healthy development, and healthy behaviors across all life stages. The program consists of over 40 topic areas, containing measurable objectives. HRSA has actively participated in the work groups of all the topic areas and is committed to the achievement of the Healthy People 2020 goals. More information about Healthy People 2020 may be found online at <http://www.healthypeople.gov/>.

National HIV/AIDS Strategy (NHAS)

The National HIV/AIDS Strategy (NHAS) has three primary goals: (1) reducing the number of people who become infected with HIV; (2) increasing access to care and optimizing health outcomes for people living with HIV; and (3) reducing HIV-related health disparities. The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of early entrance into care for people living with HIV to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention, care and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

To the extent possible, program activities should strive to support the three primary goals of the NHAS. As encouraged by the NHAS, programs should seek opportunities to increase collaboration, efficiency, and innovation in the development of program activities to ensure success of the NHAS. Programs providing direct services should comply with federally-approved guidelines for HIV Prevention and Treatment (see <http://www.aidsinfo.nih.gov/Guidelines/Default.aspx> as a reliable source for current guidelines). More information can also be found at <http://www.whitehouse.gov/administration/eop/onap/nhas>.

Health IT

Health information technology (Health IT) provides the basis for improving the overall quality, safety and efficiency of the health delivery system. HRSA endorses the widespread and consistent use of health IT, which is the most promising tool for making health care services more accessible, efficient and cost effective for all Americans.

Related Health IT Resources:

- [Health Information Technology \(HHS\)](#)
- [What is Health Care Quality and Who Decides? \(AHRQ\)](#)

3. Reporting

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

a. Audit Requirements

Comply with audit requirements of Office of Management and Budget (OMB) Circular

A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at http://www.whitehouse.gov/omb/circulars_default.

b. Payment Management Requirements

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

c. Status Reports

1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required according to the following schedule: <http://www.hrsa.gov/grants/manage/technicalassistance/federalfinancialreport/ffrschedule.pdf>. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the NoA.

2) **Progress Report(s).** The awardee must submit a progress report to HRSA on an annual basis. For multi-year awards: Submission and HRSA approval of grantee Progress Report(s) triggers the budget period renewal and release of subsequent year funds. This report has two parts. The first part demonstrates grantee 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, the awardee will provide an abbreviated summary report of evaluation activities completed during the prior 12 months. Evaluation activities for Years 1-3 are listed in previous sections of this funding opportunity announcement.

For Year 3, the awardee will focus on analyzing evidence of program effectiveness in achieving identified outcomes through an independent evaluation. The Center is encouraged to also collect data relative to their activities around the "core measures." 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 grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.

5) **Tangible Personal Property Report.** If applicable, the awardee must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be

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

6) Performance Report(s). HRSA has modified its reporting requirements for Special Projects of Regional and National Significance (SPRANS) projects, Community Integrated Service Systems (CISS) projects, and other grant programs administered by the 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.

a) Performance Measures and Program Data

To prepare successful applicants of their reporting requirements, the designated performance measures for the **Family/Provider Partnerships** program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U40_3.HTML.

These forms are not to be included as part of the application for funding but are provided as a reference for future reporting, as stated in part b (Performance Reporting), below. In summary, the forms and performance measures for this program are:

Administrative Forms

- Form 1, Project Budget Details
- Form 2, Project Funding Profile
- Form 4, Project Budget and Expenditures by Type of Services
(*Note, this program typically provides "Enabling and/or Infrastructure Building" Services*)
- Form 6, Abstract
- Form 7, Discretionary Grant Project Summary Data (including section 7)

Performance Measures

- Performance Measure 3, Peer-Reviewed Journals.
- Performance Measure 7, Family Participation
- Performance Measure 10, Cultural Competence
- Performance Measure 24, MCH Infrastructure Development
- Performance Measure 26, Technical Assistance and Training
- Performance Measure 27, Information Resources

- Performance Measure 31, Health Infrastructure & Systems of Care
- Performance Measure 41, Medical Home B: Infrastructure Building

b) Performance Reporting

Successful applicants receiving grant funds will be required, within 120 days of the Notice of Award (NoA), to register in HRSA’s EHBs and electronically complete the program specific data forms (mentioned above) that appear for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U40_3.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. Grantees will be required, within 120 days of the NoA, to enter HRSA’s EHBs and complete the program specific forms. This requirement includes providing expenditure data, finalizing the abstract and grant summary data as well as finalizing indicators/scores for the performance measures.

c) 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/U40_3.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. 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:

Linda Kittrell
Grants Management Specialist
Attn: HRSA-13-206 Family/Professional Partnerships Program: National Centers
HRSA Division of Grants Management Operations, OFAM

Parklawn Building, Room 11-103
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 594-4461
Fax: (301) 594-6096
Email: LKittrell@hrsa.gov

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

Diana Denboba
Branch Chief, Integrated Services Branch
Division of Services for Children with Special Health Needs
Attn: HRSA-13-206 Family/Professional Partnerships Program: National Centers
Maternal and Child Health Bureau, HRSA
Parklawn Building, Room 13-61
5600 Fishers Lane
Rockville, MD 20857
Phone (301) 443-9332/2370
Fax: (301) 443-2960
Email: DDenboba@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International callers, please dial 606-545-5035)
E-mail: support@grants.gov
iPortal: <http://grants.gov/iportal>

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

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

VIII. Other Information

Technical Assistance Call:

MCHB would like to host a pre-submission technical assistance conference call for all prospective applicants. If interested in submitting an application, please email Diana Denboba (ddenboba@hrsa.gov) with contact information within three (3) days of the release of this funding opportunity announcement. Call-In number is 1-888-987-0060, passcode 557426. The call will be held on Friday, March 29, 2013 at 11:00 am ET.

Logic Models:

Additional information on developing logic models can be found at the following website: http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm.

Below are resources on logic models:

- Kellogg Foundation
<http://www.wkkf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development-Guide.aspx>
- University of Wisconsin Cooperative Extension
<http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html>
- CDC Program Evaluation Resources
<http://www.cdc.gov/healthyouth/evaluation/pdf/brief2.pdf>
- Innovation Network
http://www.innonet.org/client_docs/File/logic_model_workbook.pdf

Although there are similarities, a logic model is not a work plan. A work plan is an ‘action’ guide with a timeline used during program implementation; the work plan provides the ‘‘how to’’ steps. Information on how to distinguish between a logic model and work plan can be found at the following website: <http://www.cdc.gov/healthyouth/evaluation/pdf/brief5.pdf>

IX. Tips for Writing a Strong Application

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

In addition, a concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at: <http://dhhs.gov/asfr/ogapa/grantinformation/apptips.html>.

APPENDIX

SAMPLE LOGIC MODEL ELEMENTS

