

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

Maternal and Child Health Bureau
Office of Epidemiology and Research

Maternal and Child Health Measurement Research Network

Announcement Type: New
Announcement Number: HRSA-13-259

Catalog of Federal Domestic Assistance (CFDA) No. 93.110

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2013

Application Due Date: July 1, 2013

*Ensure your Grants.gov registration and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration may take up to one month to complete.*

Release Date: April 30, 2013

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

EXECUTIVE SUMMARY

We are pleased to provide guidance for the cooperative agreement competition for the Maternal and Child Health Measurement Research Network (MCH-MRN). Support is available from the Division of Research, Office of Epidemiology and Research (OER) within the Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services (HHS). Please read the entire funding opportunity announcement carefully before completing and submitting an application.

Purpose

The purpose of the Maternal and Child Health Measurement Research Network (MCH-MRN) is to support a forum that will create a national agenda for health measurement research by producing an evolving compendium of available high quality measures of maternal and child health, and by identifying gaps in existing measures for future development purposes. The MCH-MRN will thus provide national leadership in enhancing and developing a set of culturally competent health measures for: MCH programmatic planning; screening; service provision; interventions that promote physical and psychosocial health and well-being; and clinical decision-making for primary and secondary prevention of disease, injury, and behavioral issues among at-risk mothers, children (including children with special healthcare needs), adolescents, and families.

The MCH-MRN will address health measurement research for at-risk mothers, children (including children with special health care needs), adolescents, and families, with a focus on programmatic applications. The MCH-MRN will have a strategic focus on health measurements among at-risk MCH populations, which will complement existing investments by other HHS agencies, such as NIH and AHRQ.

The goals of the research network are as follows:

1. To establish a Research Network comprised of interdisciplinary experts who represent the MCH lifespan and who are active in the measurement of health and well-being of at-risk MCH populations;
2. To formulate a national research agenda with regard to existing and needed health measurements for MCH populations with high relevance to MCHB programs;
3. To collaborate in the development, validation and implementation of new MCH health measures that address identified gaps, using external public and private funding sources;
4. To translate and apply Network findings into a variety of practices, policies, and processes, such as Title V programs; home visiting programs; Healthy Start Programs; services for children with special health care needs; services that promote child, adolescent, and family health; state and local health departments; community safety net programs; and other public health programs serving MCH populations, particularly those that represent underserved communities, such as low socioeconomic status, racial and ethnic minorities, and rural communities.

Some possible tasks to be achieved during this project period include:

1. Identifying national priorities for health measurement research in MCH populations;
2. Collaborating synergistically with other Federal investments in measurement research to ensure the inclusion of MCH populations and underserved communities;
3. Compiling and evaluating the quality of existing health measures for MCH populations in general and with a special emphasis on at-risk MCH populations, to be disseminated to the public via website, which will serve as a portal of a comprehensive, dynamic electronic compendium of measures. Attention should be paid to the measurement's purpose, psychometric quality, targeted population, setting or conditions (e.g. clinical versus public health, stages of lifespan, health conditions, special populations, Title V performance measures);
4. Fostering and implementing the translation of knowledge into practice in order to provide MCH populations, researchers, practitioners, and stakeholders with useful clinical and public health information;
5. Contributing to the scientific literature and disseminating Network findings through development of a website, peer-reviewed publications (2-3 publications per year), webinars, meetings, and other related activities that will facilitate the transfer of Network findings broadly;
6. Providing an electronic copy of any products supported by award funds -- including guidelines, publications, books, pamphlets, slide sets, CD-ROMS, curricula, assessment tools, videos, etc., to be made available to the general public and to the MCH Research Program;
7. Building the capacity to advance and implement critical research that will address the gaps and promote the research agenda identified by the Network, through both MCHB and other funding sources;
8. Accelerating the impact of measurement research into programs, policies, and processes for the reduction of health disparities among at-risk MCH populations.

Qualified Applicants: Only public and nonprofit agencies, including institutions of higher education.

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

Number of Awards And Funds Available Per Year: One (1) cooperative agreement of \$300,000 in total costs per year for up to three (3) years.

Application Due Date: July 1, 2013

Project Period: Approved project will be funded effective September 1, 2013, and will be awarded a project period of up to three (3) years pending satisfactory awardee performance, the availability of appropriated funds, and a decision that continued funding is in the best interest of the Federal Government.

Programmatic Assistance

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

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Telephone: (301) 443-2207

Business, Administrative, and Fiscal Inquiries

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

Devon Cumberbatch, Grants Management Specialist
HRSA, Division of Grants Management Operations
5600 Fishers Lane, Room 11-101
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I. Funding Opportunity Description

We are pleased to provide guidance for the cooperative agreement competition for the Maternal and Child Health Measurement Research Network (MCH-MRN). Support is available from the Division of Research, Office of Epidemiology and Research (OER) within the Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services (HHS). Please read the entire funding opportunity announcement carefully before completing and submitting an application.

1. Purpose

The purpose of the Maternal and Child Health Measurement Research Network (MCH-MRN) is to support a forum that will create a national agenda for health measurement research by producing an evolving compendium of available high quality measures of maternal and child health, and by identifying gaps in existing measures for future development purposes. The MCH-MRN will thus provide national leadership in enhancing and developing a set of culturally competent health measures for: MCH programmatic planning; screening; service provision; interventions that promote physical and psychosocial health and well-being; and clinical decision-making for primary and secondary prevention of disease, injury, and behavioral issues among at-risk mothers, children (including children with special healthcare needs), adolescents, and families.

The MCH-MRN will address health measurement research for at-risk mothers, children (including children with special health care needs), adolescents, and families, with a focus on programmatic applications. The MCH-MRN will have a strategic focus on health measurements among at-risk MCH populations, which will complement existing investments by other HHS agencies, such as NIH and AHRQ.

The goals of the research network are as follows:

- 1) To establish a Research Network comprised of interdisciplinary experts who represent the MCH lifespan and who are active in the measurement of health and well-being of at-risk MCH populations;
- 2) To formulate a national research agenda with regard to existing and needed health measurements for MCH populations with high relevance to MCHB programs;
- 3) To collaborate in the development, validation and implementation of new MCH health measures that address identified gaps, using external public and private funding sources;
- 4) To translate and apply Network findings into a variety of practices, policies, and processes, such as Title V programs; home visiting programs; Healthy Start Programs; services for children with special health care needs; services that promote child, adolescent, and family health; state and local health departments; community safety net programs; and other public health programs serving MCH populations, particularly those that represent underserved communities, such as low socioeconomic status, racial and ethnic minorities, and rural communities.

Some possible tasks to be achieved during this project period include:

- 1) Identifying national priorities for health measurement research in MCH populations;

- 2) Collaborating synergistically with other Federal investments in measurement research to ensure the inclusion of MCH populations and underserved communities;
- 3) Compiling and evaluating the quality of existing health measures for MCH populations in general and with a special emphasis on at-risk MCH populations, to be disseminated to the public via website, which will serve as a portal of a comprehensive, dynamic electronic compendium of measures. Attention should be paid to the measurement's purpose, psychometric quality, targeted population, setting or conditions (e.g, clinical versus public health, stages of lifespan, health conditions, special populations, Title V performance measures);
- 4) Fostering and implementing the translation of knowledge into practice in order to provide MCH populations, researchers, practitioners, and stakeholders with useful clinical and public health information;
- 5) Contributing to the scientific literature and disseminating Network findings through development of a website, peer-reviewed publications (2-3 publications per year), webinars, meetings, and other related activities that will facilitate the transfer of Network findings broadly;
- 6) Providing an electronic copy of any products supported by award funds -- including guidelines, publications, books, pamphlets, slide sets, CD-ROMS, curricula, assessment tools, videos, etc., to be made available to the general public and to the MCH Research Program;
- 7) Building the capacity to advance and implement critical research that will address the gaps and promote the research agenda identified by the Network, through both MCHB and other funding sources;
- 8) Accelerating the impact of measurement research into programs, policies, and processes for the reduction of health disparities among at-risk MCH populations.

Consistent with HRSA's mission as the access agency to provide services to underserved populations, applicants for the MCH-MRN should describe network activities that will address the needs of underserved populations, such as low-income, racial/ethnic minorities, immigrants, individuals who have limited access to services, and/or other underserved populations as defined by the applicant.

The Maternal and Child Health Bureau's intent is to ensure that research activities are responsive to the cultural and linguistic needs of special populations, that services are family-centered and accessible to consumers, and that the broadest possible representation of culturally distinct and historically underrepresented groups is supported through programs and projects sponsored by the MCHB.

2. Background

Maternal and Child Health Measurement Research Network (MCH-MRN)

This program is authorized by Social Security Act, Title V, §501(a)(2), as amended (42 U.S.C. 701(a)(2)). To achieve HRSA Strategic Plan Goal I: Improve Access to Quality Health Care and Services and Goal IV: Improve Health Equity, scholars, health care professionals, and policy-makers are in great need of culturally competent health measures with specific emphasis on at-risk mothers, infants, children (including children with special health care needs), adolescents, and families. An interdisciplinary national research network is thus needed to provide leadership, coordination, and enhancement in the research activities in this area, which will

advance MCH programmatic planning, screening, service provision, interventions that promote physical and psychosocial health and well-being, and clinical decision-making for primary and secondary prevention of disease, injury, and behavioral issues among at-risk mothers, children (including children with special healthcare needs), adolescents, and families. This Research Network will become a national leader in addressing this critical gap.

The MCH Research Program has supported investigations that have significantly influenced clinical management, organization and delivery of health care services, preventive care, and early intervention for the maternal and child health population, including children with special health care needs.

More information about the Maternal and Child Health Bureau and all of its programs can be found at: <http://www.mchb.hrsa.gov>.

New Emphasis in MCHB on Life Course Model as a Strategic Organizing Framework

On October 20, 2010, MCHB released a draft concept paper on the Life Course Model which will inform the development of MCHB's next 5 year Strategic Plan. A life course development framework highlights broad social, economic, and environmental factors as underlying contributors to poor health and developmental outcomes for all children, including children with special health care needs. It also focuses on the persistent inequalities in the health and well-being of children and families. The socio-ecological framework emphasizes that children develop within families, families exist within a community, and the community is surrounded by the larger society. These systems interact with and influence each other to either decrease or increase risk factors or protective factors that affect a range of health and social outcomes.

The life course development and socio-ecological frameworks highlight the importance of positive interventions at sensitive developmental periods, and address social and environmental determinants critical in improving outcomes and reducing disparities.

Product and Data Rights

The Maternal and Child Health Measurement Research Network (MCH-MRN) is intended as a national forum to advance research in the measurement of health and well-being among at risk-mothers, children (including children with special health care needs), adolescents, and families.

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

Quality Control and Monitoring

For protocols requiring an investigational new drug application (IND), the principal investigator or study specific sponsor is primarily responsible for study control and monitoring as defined by FDA rules and regulations. The Principal Investigator (PI) of the cooperative agreement and all

collaborating investigators assume and accept the primary responsibility for ensuring Network studies are conducted in compliance with all Federal regulations and HHS policies and procedures. All participants under this award will cooperate with HRSA/MCHB and the Network to review operations and advise investigators of specific requirements concerning investigational drug management.

With regards to laboratory quality control and data management issues, the awardee and collaborators agree to participate in protocol-defined measures to follow methodological and analytic guidelines established by the Network and HRSA/MCHB.

Subject Safety/Oversight

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

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

II. Award Information

1. Type of Award

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

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

- 1) Assurance of the availability of MCHB personnel or designees to participate in the planning and development of all phases of this activity;
- 2) Participation in meetings and seminars conducted during the period of the cooperative agreement;
- 3) Review of policies and procedures established for carrying out project activities;
- 4) Participation in monthly phone meetings and/or communications with the award recipient to review mutually agreed upon goals and objectives and to assess progress and quality of research development, collaboration with community partners, and network coordination;
- 5) Assistance in establishing and maintaining Federal interagency and interorganizational contacts necessary to carry out the project;
- 6) Participation in the dissemination of information about project activities;

- 7) Facilitation of effective communication and accountability to HRSA/MCHB regarding the project, with special attention to new program initiatives and policy development in the public health that has the potential to advance the utility of the MCH-MRN; and
- 8) Review of all documents and products prior to submission for publication or public dissemination.

The cooperative agreement recipient's responsibilities shall include:

- 1) Establishing and maintaining a national network comprised of interdisciplinary experts who represent the MCH lifespan and who are active in the measurement of health and well-being of at-risk MCH populations;
- 2) Identifying national priorities for health measurement research in MCH populations;
- 3) Developing a national research agenda on health measurement for MCH populations with high relevance to MCHB programs;
- 4) Collaborating in the implementation of health measurement research studies across MCHB programs and with external public and private funding sources;
- 5) Collaborating synergistically with other Federal investments in measurement research to ensure the inclusion of MCH populations and underserved communities;
- 6) Compiling existing health measures for MCH populations in general and with a special emphasis on at-risk MCH populations. Attention should be paid to the measurement's purpose, psychometric quality, targeted population, setting or conditions (e.g, clinical versus non-clinical population, stages of lifespan, health conditions);
- 7) Translating and applying findings of health measurement research into practices, policies, and processes for Title V programs, home visiting programs, Healthy Start Programs, services for children with special health care needs, services that promote child, adolescent, and family health, state and local health departments, community safety net programs, and other public health programs serving MCH populations, particularly those that represent underserved communities, such as low socioeconomic status, racial and ethnic minorities, and rural communities;
- 8) Disseminating Network findings through development of a website, peer-reviewed publications (2-3 publications per year), webinars, meetings, and other related activities that will facilitate the transfer of Network findings broadly;
- 9) Accelerating the impact of measurement research into programs, policies, and processes for the reduction of health disparities among at-risk MCH populations;
- 10) Providing an electronic copy of any products supported by award funds -- including guidelines, publications, books, pamphlets, slide sets, CD-ROMS, curricula, assessment tools, videos, etc., to be made available to the general public and to the MCH Research Program, including the tracking of use statistics; and
- 11) Building the capacity to advance and implement critical research that will address the gaps and promote the research agenda identified by the Network, through both MCHB and other funding sources.

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

2. Summary of Funding

This program will provide funding for Federal fiscal years 2013 -2015. Approximately \$300,000 is expected to be available annually to fund one (1) awardee. Applicants may apply for a ceiling amount of up to \$300,000 in total costs per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for *Maternal and Child Health Measurement Research Network* in subsequent fiscal years, satisfactory awardee performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

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

Applicants should demonstrate significant experience with research related to the improvement and development of measures of maternal and child health across the MCH lifespan.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement. Please see other limitations, including page limit and font/margin requirements in the HRSA User Guide (<http://www.hrsa.gov/grants/apply/userguide.pdf>) that may cause an application to be deemed non-responsive and removed from consideration.

NOTE: Multiple applications from an organization are not allowable.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Electronic Submission Information

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. The registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting an application. All applicants *must* submit in this manner unless they

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

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

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

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

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

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

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

Items to consider are:

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

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

Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. Do not wait until the last minute to register in SAM. According to: the SAM Quick Guide for Grantees (https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf), 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 and/or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

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

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

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

- 1) Downloading from <http://www.grants.gov>, or
- 2) Contacting the HRSA Digital Services Operation (DSO) at: 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 Budget Narrative document.	Not counted in the page limit.
Budget Narrative	Attachment	Can be uploaded in Budget Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
SF-424B Assurances - Non-Construction Programs	Form	Supports assurances for non-construction programs.	Not counted in the page limit.
Project/Performance Site Location(s)	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.
Additional Performance Site	Attachment	Can be uploaded in the SF-424 Performance	Counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Location(s)		Site Location(s) form. Single document with 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 1-5	Attachment	Can be uploaded in Other Attachments form 1-5.	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 the attachments: A-Z, a-z, 0-9, underscore (_), hyphen (-), space, period, and limit the file name to 50 or fewer characters. Attachments that do not follow this rule may cause the entire application to be rejected or cause issues during processing.

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Biographical Sketches of Key Personnel
Attachment 2	Letters of Agreement and/or Descriptions of Proposed Collaborators
Attachment 3	Chart/Table of Partners and Collaboration
Attachment 4	Evidence of Non-profit status (not counted in the page limit)
Attachments 5-15	Other Relevant Documents

Application Format

i. Application Face Page

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

DUNS Number

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

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with the System for Award Management (SAM) in order to conduct electronic business with the Federal Government. 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

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

Please complete Sections A, B, E, and F, and then provide a line item budget for each year of the project period. In Section A use rows 1 - 3 to provide the budget amounts for the three years of the project. Please enter the amounts in the “New or Revised Budget” column- not the “Estimated Unobligated Funds” column. In Section B Object Class Categories of the SF-424A, provide the object class category breakdown for the annual amounts specified in

Section A. In Section B, use column (1) to provide category amounts for Year 1 and use columns (2) through (3) for subsequent budget years.

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

Salary Limitation:

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

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

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

iv. Budget Justification

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budgets for each of the subsequent budget periods within the requested project period (up to three years) at the time of application. Line item information must be provided to explain the costs entered in the appropriate form, Application Form SF-424A. Be very careful about showing how each item in the “other” category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive

budget changes during the project period. The budget justification MUST be concise. Do NOT use the justification to expand the project narrative.

Budget for Multi-Year Award

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

Include the following in the Budget Justification narrative:

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percentage of full-time equivalency, and annual salary. The budget justification for personnel addresses time commitment and skills required by the project plan. If personnel in the application are also covered by other grant programs, the percentage of time such personnel are covered by other funding sources should be indicated in the application. Reminder: Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II or \$179,700. An individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements. Please provide an individual's actual base salary if it exceeds the cap. See the sample below.

Sample:

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

*Actual annual salary = \$350,000

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

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

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

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

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

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

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

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives which cannot be readily and specifically identified with a particular project or program but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term "facilities and administration" is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS's Division of Cost Allocation (DCA). Visit DCA's website at: <https://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them. Please note that if indirect costs are requested, the applicant must submit a copy of the latest negotiated rate agreement. **The indirect cost rate agreement will not count toward the page limit.**

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

v. *Staffing Plan and Personnel Requirements*

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in the Budget Justification, under Personnel costs. The budget justification is uploaded into the Budget Narrative Attachment Form. Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included as **Attachment 1**. Due to the HRSA 80-page limit, we recommend that all biosketches are no more than two (2) pages in length and must follow the HRSA font/margin requirements. Biographical sketches should document education, skills, and experience that are relevant and necessary for the proposed project.

vi. *Assurances*

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

If research involving human subjects is anticipated, applicants must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in the Code of Federal Regulations, Title 45 – Public Welfare, Part 46 – Protection of Human Subjects (45 CFR 46), available online at <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>.

vii. *Certifications*

Use the Certifications and Disclosure of Lobbying Activities Application Form provided with the application package.

Please note the following requirements related to research misconduct:

Research Misconduct

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

In checking the “I agree” box on line 21 of the SF-424, the Authorized Organizational Representative of the applicant organization certifies that:

1. The institution will comply with the requirements of the PHS regulations for dealing with reporting possible scientific misconduct under 42 CFR Part 93, Subpart A
2. The institution has established policies and procedures incorporating the provisions set forth in 42 CFR Part 93, Subpart A;
3. The institution will provide its policies and procedures to the Office of Research Integrity upon request; and
4. The institution will submit an Annual Report on Possible Research Misconduct (Form 6349). A copy of Form 6349, covering the previous year, will be automatically sent to all PHS awardees by the Office of Research Integrity each January.

Research Misconduct is defined by the Public Health Service as “fabrication, falsification or plagiarism in proposing, performing, or reviewing research, or in reporting research results.”

- a) Fabrication is making up data or results and recording or reporting them.
- b) Falsification is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.
- c) Plagiarism is the appropriation of another person’s ideas, processes, results, or words without giving appropriate credit.
- d) Research misconduct does not include honest error or differences of opinion.

For further information, please contact:

U.S. Department of Health and Human Services
Office of Research Integrity
1101 Wootton Parkway, Suite 750
Rockville, MD 20852
AskORI@osophs.dhhs.gov
Phone: (240) 453-8200
Fax: (301) 443-5351

Financial Conflict of Interest

The U.S. Department of Health and Humans Services require grantees and investigators to comply with the requirements of 42 CFR Part 50, Subpart F, “Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is Sought.” These requirements promote objectivity in research by establishing standards to ensure there is no reasonable expectation that the design, conduct, or reporting of research funded under PHS grants or cooperative agreements will be biased by any conflicting financial interest of an investigator.

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

1. There is in effect at the organization a written and enforced administrative process to identify and manage, reduce, or eliminate conflicting financial interests with respect to research projects for which Federal funding is sought.
2. Prior to the expenditure of any funds awarded under a new award, the organization will inform HRSA of the existence of any conflicting financial interests of the type covered by 42 CFR 50.605 and assure that the interest has been managed, reduced, or eliminated in accordance with the regulations.
3. The Institution will continue to make similar reports on subsequently identified conflicts within 60 days of identification.

4. When the Institution determines that a financial conflict of interest exists (see #2 and #3 above), the Institution must notify the HRSA and provide the following information:
 - Grant number and Principal Investigator;
 - Name of Investigator with FCOI; and
 - Distinguish which method was used to protect the involved PHS funded research from bias (i.e., managed, reduced, or eliminated).
5. When requested, the Institution will make information available to HRSA regarding all identified conflicting interests and how those interests have been managed, reduced, or eliminated to protect the research from bias.

viii. Project Abstract

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

Please place the following at the top of the abstract:

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

Abstract content:

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

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

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

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

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

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

From the list of key terms found in Appendix A, select up to eight (8) key terms that describe the project. Applicants may also select an additional 9th key term that is not found in Appendix A.

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

ix. *Project Narrative*

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

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

Use the following section headers for the Narrative:

Section I. Background and Significance

Section II. Specific Goals and Objectives

Section III. Project Design: Methods and Evaluation

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

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

In this section, the applicant should demonstrate a thorough knowledge and understanding of interdisciplinary research related to available measures of maternal and child health. In addition, the applicant should critically evaluate the national significance of such a research network. Identify issues of concern to, and needs of the field in the use, improvement, and development of measures of maternal and child health. The applicant should demonstrate how interdisciplinary research studies can address these issues. The applicant should provide a brief literature review that discusses the significance of issues and gaps in the available measures of maternal and child health.

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

This section of the narrative should include a numbered list of the specific goals and objectives (listed in the Purpose section of this announcement) to be accomplished during the funding period. The specific objectives should be succinctly stated. The applicant should be innovative with respect to specific objectives, but should direct attention to the scope of expected activities listed below and earlier in this funding opportunity announcement. In the first year of the project, the applicant should describe the process of developing an integrated

research network and setting the research agenda in priority areas. The applicant should provide a plan for proposed activities in project year 2 and 3 that show progressive implementation of the activities within the 3-year funding period.

The application should provide documentation (letters of agreement) of participation of an interdisciplinary team that will collaborate to fulfill the goals and objectives of the research network. **Letters of agreement from collaborators should be included in Attachment 2.**

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

Methods:

This section of the narrative should provide detailed descriptions of the methodology for accomplishing each of the specific objectives. The applicant should provide sufficient technical detail to demonstrate the necessary steps to accomplish each objective, and to convey to reviewers adequate information to assess the methodology.

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

It is crucial that the applicant describe how the interdisciplinary team will function in true partnership within the Network to accomplish the goals and objectives. Applicants should anticipate potential problems and challenges that may arise in this process, and propose mechanisms for collaborative resolution.

Successful participation in the Network includes the ability to: (1) identify existing maternal and child health measures and compile these into an evolving compendium of available maternal and child health measures, (2) use this compendium to identify areas where existing measures need further improvement, as well as areas where new measures need to be created; and (3) fully participate in research protocols, dissemination and transfer of Network findings, and (4) build the capacity of the Network to advance and implement research and knowledge regarding the improvement and development of measures of maternal and child health, through both MCHB and other funding sources.

Evaluation:

This section of the narrative should include a way to evaluate progress for each described objective. Evaluative measures must be able to assess (a) to what extent the program objectives have been met and (b) to what extent these can be attributed to the project. A timeline for evaluation should be presented consistent with the plan and schedule of implementation for the goals and objectives.

In addition, the evaluation should include an effective publication and dissemination plan for the research agenda and activities generated by this project. It is expected that the awardee will develop a website, which will serve as a portal of a comprehensive, dynamic electronic compendium of measures, and produce at least 2-3 peer-reviewed publications per funding

year. The dissemination plan should include information on how you will accomplish the minimum number of publications. NOTE: Peer-reviewed publications are the prime measure of success of the MCH Research Program. The number of publications resulting from each funded project contributes to the total number of publications by which the MCH Research Program is evaluated annually.

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

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

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

The applicant should describe their experience in carrying out collaborative and interdisciplinary projects relating to the goals and objectives of the research network (described in the Purpose section of this announcement). In addition, applicants must provide information regarding their history of leadership in the conduct of complex, interdisciplinary research and substantial publication record with regard to maternal and child health measurement. The applicant should provide information regarding the capabilities of the applicant organization as well as all collaborators, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. The applicant should describe the extent to which they demonstrate prior successful experience in obtaining competitive external research and program funding.

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 Maternal and Child Health Measurement Research Network, 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/UA6_2.HTML

NOTE: The performance measures and data collection information is for 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.**

1) *Attachment 1: Biographical Sketches of Key Personnel*

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

2) *Attachment 2: Letters of Agreement and/or Description(s) of Proposed Collaborators*

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

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

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

4) *Attachment 4: Evidence of Non-Profit Status (Not counted in the page limit)*

5) *Attachments 5-15: Other Relevant Documents*

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

- Tables, charts, etc. to give further details about the proposal.
- Key publications, manuscripts (accepted for publication), abstracts, or other printed materials relevant to this project.
- Surveys, questionnaires, data collection instruments, or clinical protocols.
- Letters of support. Letters of support must be dated.

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

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *July 1, 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 MCH-MRN is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than \$300,000 total cost per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

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

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

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

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

6. Other Submission Requirements

As stated in Section IV.1, except in very rare cases HRSA will no longer accept applications in paper form. Applicants submitting for this funding opportunity are **required** to submit **electronically** through Grants.gov. To submit an application electronically, please use the APPLY FOR GRANTS section at <http://www.grants.gov>. When using Grants.gov applicants will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

It is essential that organizations **immediately register** in Grants.gov and become familiar with the Grants.gov site application process. Applicants that do not complete the registration process will be unable to submit an application. The registration process can take up to one month.

To be able to successfully register in Grants.gov, it is necessary to complete all of the following required actions:

- Obtain an organizational Data Universal Number 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 it to Grants.gov before the deadline date and time. Deadline extensions will not be provided to applicants who do not correct errors and resubmit before the posted deadline.

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

Tracking an application: It is incumbent on the applicant to track application by using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about tracking an application can be found at <https://apply07.grants.gov/apply/checkAppStatus.faces>. Be sure the application is validated by Grants.gov prior to the application deadline.

V. Application Review Information

1. Review Criteria

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

Review Criteria are used to review and rank applications. The Maternal and Child Health Measurement Research Network has six (6) review criteria:

Criterion 1.	<u>Need</u>	10 points
Criterion 2.	<u>Response</u>	20 points
Criterion 3.	<u>Evaluative Measures</u>	20 points
Criterion 4.	<u>Impact</u>	10 points
Criterion 5.	<u>Resources/Capabilities</u>	30 points
Criterion 6.	<u>Support Requested</u>	10 points
TOTAL:		100 points

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

The extent to which the application describes: (a) the need to systematically assess and identify gaps regarding available measures of maternal and child health; and (b) how an interdisciplinary research network can serve to compile a compendium of existing measures, generate a research agenda based on identified gaps, leverage Network activities to improve existing and develop new maternal and child health measures through MCHB and external funding sources, and disseminate information in order to address these issues.

Criterion 2: RESPONSE (20 points) (Related Program Narrative Section: Background and Significance, Specific Goals and Objectives)

The extent to which the proposed project responds to the “Purpose” included in the program description.

- The clarity of the proposed goals and objectives and their relationship to the identified project.
- The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.
- The extent to which the application demonstrates awareness of previous work in the area of this project, including citation of relevant literature and justification for the need for this research infrastructure.
- The extent to which the activities of the project will advance scientific knowledge regarding existing gaps in maternal and child health measures

- The extent to which the application challenges and seeks to shift current research or clinical practice paradigms by utilizing or proposing novel theoretical concepts, approaches or methodologies, or instrumentation.
- The extent to which activities proposed in year 2 and 3 demonstrate progressive implementation of the project.
- The quality of documentation supporting participation by an interdisciplinary team.

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

The strength and effectiveness of the method proposed to conduct, monitor, and evaluate the project results. Evaluative measures must be able to assess (a) to what extent the program objectives have been met and (b) to what extent these can be attributed to the project.

- The extent to which the plan and methodology for establishing and managing the Network described in the proposal is appropriate, feasible and of high quality.
- The degree to which experience with data gathering procedures as they relate to collaborative and interdisciplinary studies is described.
- The degree to which the evaluation includes an effective publication and dissemination plan that includes development of a website, which will serve as a portal of a comprehensive, dynamic electronic compendium of measures, and producing at least 2-3 peer-reviewed publications per funding year.

Criterion 4: IMPACT (10 points) (Related Program Narrative Section: Background and Significance, Specific Goals and Objectives, Project Design: Methods and Evaluation, Plan and Schedule of Implementation, and Capability of Applicant)

The quality of the applicant's plan for the establishment of a Network, as described in this FOA funding opportunity announcement, and the nature and technical quality of the investigations proposed; adequacy of the proposed plans for overall Network management and operations; the extent and effectiveness of plans for dissemination of project results extent to which project results may be national in scope; the significance of the project in terms of its potential impact for developing a new research agenda, developing and implementing new MCH measures that address identified gaps, translating and applying Network findings into a variety of practices, policies, and processes for MCH populations, and building the capacity of the Network to advance and implement research and knowledge through both MCHB and other funding sources.

- The extent to which there is an effective publication and dissemination plan that includes health professionals and the public.
- The extent to which the applicant's proposal suggests the benefit for practices, policies, and processes, such as Title V programs; home visiting programs; Healthy Start Programs; services for children with special health care needs; services that promote child, adolescent, and family health; state and local health departments; community safety net programs; and other public health programs serving MCH populations, particularly those that represent underserved communities, such as low socioeconomic status, racial and ethnic minorities, and rural communities, resulting from studies and activities in which the Network would be engaged.

- The extent to which the applicant describes a plan to ensure successful collaboration with all key partners identified in the proposal.
- The extent to which the applicant describes anticipated obstacles and how they will be resolved.

Criterion 5: RESOURCES/CAPABILITIES (30 points) (Related Program Narrative Section: Specific Goals and Objectives, Project Design: Methods and Evaluation, Plan and Schedule of Implementation, and Capability of Applicant)

Adequacy of the available resources and personnel for administration of the Network.

Quality of the organizational plan including: evidence of infrastructure capability in carrying out the goals and objectives, an explanation of the roles and responsibilities of project personnel, operational management, protocol development, clinical data information systems, and management of regulation documents. The extent to which project personnel are qualified by training and/or experience to implement and carry out the project.

The Principal Investigator's documented history of leadership in the conduct of complex, interdisciplinary research and substantial publication record with regard to maternal and child health measurement.

The capabilities of the applicant organization as well as all collaborators, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

- The extent to which the Principal Investigator, staff and collaborators are well qualified by training and/or expertise to develop the infrastructure of the research network. The extent to which they demonstrate prior successful experience in obtaining competitive external research and program funding.
- The extent to which the PI and network collaborators are well qualified to plan a relevant research agenda, write peer-reviewed papers, build capacity of the Network to advance and implement research through both MCHB and other funding sources, and effectively disseminate and transfer Network findings.
- The extent to which the PI and other key personnel demonstrate current and/or past success in publishing the findings of their research.

The extent to which the applicant has the existing resources/facilities to achieve project objectives and to successfully support the research network described in the proposal

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

The reasonableness of the proposed budget in relation to the objectives, the complexity of the activities, and the anticipated results.

- The extent to which costs outlined in the budget are reasonable given the scope of work.

- The extent to which the budget line items are well described and justified in the budget justification.
- The extent to which time allocated by key personnel is appropriate to achieve project objectives.

2. Review and Selection Process

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

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

3. Anticipated Announcement and Award Dates

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

VI. Award Administration Information

1. Award Notices

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

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

2. Administrative and National Policy Requirements

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

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

Non-Discrimination Requirements

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

Human Subjects Protection

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

Trafficking in Persons

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

Smoke-Free Workplace

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

Affordable Care Act Outreach and Education

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

The Affordable Care Act (ACA), the health care law of 2010, creates new state-based marketplaces, also known as exchanges, to offer millions of Americans new access to affordable health insurance coverage. Individuals with incomes between 100 to 400 percent FPL may be eligible to receive advance payments of premium tax credits and/or cost-sharing reductions to help pay for the cost of enrolling in a qualified health insurance plan and paying for coverage of essential health benefits. In states that choose to participate in the ACA expansion of Medicaid to non-disabled adults with incomes of up to 133 percent of Federal Poverty Level (FPL), this provision will provide new coverage options for many individuals who were previously ineligible for Medicaid. In addition, the law helps make prevention affordable and accessible for Americans by requiring health plans to cover certain recommended preventive services without cost sharing.

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

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

Cultural and Linguistic Competence

HRSA programs serve culturally and linguistically diverse communities and multiple cultures. Although race and ethnicity are often thought to be dominant elements of culture, HRSA-funded programs embrace a broader definition to incorporate diversity within specific cultural groups including but not limited to cultural uniqueness within Native American populations, Native Hawaiian, Pacific Islanders, and other ethnic groups, language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities, clients and students served. HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers

in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>. Additional cultural competency and health literacy tools, resources and definitions are available online at <http://www.hrsa.gov/culturalcompetence> and <http://www.hrsa.gov/healthliteracy>.

Healthy People 2020

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

National HIV/AIDS Strategy (NHAS)

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

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

Health IT

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

Related Health IT Resources:

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

Integrating Primary Care and Public Health

Integration of primary care and public health links people, policy, programs and activities to increase efficiency and effectiveness and ultimately improve population health. Both primary care and public health emphasize prevention as a key driver of better health, and integration of the two fields can transform our focus on disease and treatment to health and wellness, as well as maximize our health care system investment. Integration occurs on a continuum and includes mutual awareness, cooperation, collaboration and partnership. Successful integration requires primary care and public health to work together along this continuum and address social and environmental determinants of health, engage communities, align leadership, develop the healthcare workforce, sustain systems, and share and collaborate on the use of data and analysis – all with an eye toward achieving a shared goal of population health improvement. Integration of primary care and public health is a major focus for HRSA and HHS, and to the extent possible, applicants should consider ways to integrate primary care and public health in the activities they pursue. More information can be found at <http://www.hrsa.gov/publichealth/>.

3. Reporting

Acknowledgement of Funding Support

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

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

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

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

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

“This project was supported by cooperative agreement (include cooperative agreement number) from the Maternal and Child Health Research Program, Maternal and Child

Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services.”

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

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

a. **Audit Requirements**

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

b. **Payment Management Requirements**

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

c. **Status Reports**

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

2) **Progress Report(s).** The awardee must submit a progress report to HRSA on an annual basis. Submission and HRSA approval of your 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) **Semi-Annual Performance Report.** Within 30 days following the end of five months from the award date, a semi-annual performance report shall contain:

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

Further information will be provided to the award recipient.

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

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

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

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/UA6_2.HTML

NOTE: The performance measures and data collection information is for 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.

d. Transparency Act Reporting Requirements

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

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

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

Adverse Experience Reporting:

The PI agrees to implement and adhere to an adverse event tracking system.

Pursuant to 42 USC 299c-3(c), information obtained in the course of any HRSA-supported study that identifies an individual or entity must be treated as confidential in accordance with any explicit or implicit promises made regarding the possible uses and disclosures of such data. The awardee of the Research Network must provide procedures for ensuring the confidentiality of the identifying information to be collected, including who will be permitted access to this information, both raw data and machine readable files, and how personal identifiers and other identifying or identifiable data will be restricted and safeguarded. Identifiable patient health information collected by awardee under this Funding will be managed in accordance with 45 CFR Parts 160 and 164, the Federal Privacy Rule developed by the Department of Health and Human Services (HHS) pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). These regulations serve to limit the disclosure of personally identifiable patient information by covered entities and define when and how such information can be disclosed. Thus, health care plans ordinarily will require either patient authorization for disclosures of identifiable information to be made to researchers or waivers of such authorizations obtained from an IRB or Privacy Board (defined in the regulations), which will involve review to ensure that identifiable health information will be appropriately safeguarded by the investigators. The HHS Office of Civil Rights is the enforcement body for this regulation. Additional information about the regulations, their implementation, and alternative methods of permissible disclosures to researchers (limited data sets with data use agreements, de-identified data sets, data about deceased persons, and data use to develop protocols) can be obtained from: <http://www.hhs.gov/ocr/hipaa/>.

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

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

Investigational New Drug (IND) Reports: In regard to projects involving IND, the awardee is required and agrees to provide reports according to regulations and guidelines established by the Food and Drug Administration (FDA).

Publication of Data

Prompt and timely presentation and publication in the scientific literature of findings resulting from research undertaken in the Network is required. As per HHS guidelines, the awardee agrees to acknowledge HRSA support in the publications and oral presentations resulting from research and/or activities conducted under this cooperative agreement. Investigators must agree to abide by Network policies concerning all publication of Network studies. Peer-reviewed publications are the cardinal measure of success of the MCH Research Program. The number of publications resulting from each funded project contributes to the total number of publications by which the MCH Research Program is evaluated annually.

Data Management and Coordination

For research protocols to be conducted by the Network, the PI and collaborators will establish a central repository to manage and pool the data collected throughout the Network to ensure the reliable collection and analysis of data.

The PI and collaborators agree to implement Network-wide data standards for collection and analysis of data generated under the Network, and to provide timely information for purposes of monitoring the safety and progress of studies conducted. The PI and collaborators agree to provide final study data according to schedules developed and approved by the Network and to enable monitoring and assure regulatory compliance and adherence to GCP in all Network activities.

VII. Agency Contacts

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

Devon Cumberbatch, Grants Management Specialist
HRSA, Division of Grants Management Operations
Parklawn Building, Room 11-101
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-7532

E-mail: dcumberbatch@hrsa.gov

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

Stella Yu, Sc.D., M.P.H. and Hae Young Park, M.P.H.
MCH Research Program
Attn: UA6 Maternal and Child Health Measurement Research Network
Maternal and Child Health Bureau, HRSA
Parklawn Building, Room 18A-55
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-2207
E-mail: syu@hrsa.gov, hpark@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (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

MCH Research Web Site
<http://www.mchb.hrsa.gov/research>

MCH Training Web Site
<http://www.mchb.hrsa.gov/training>

Human Subjects Assurances
<http://www.hhs.gov/ohrp>

Inclusion of Children Policy Implementation

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

Making Websites Accessible: Section 508 of the Rehabilitation Act

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

Healthy People 2020

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

Bright Futures

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

National Center for Cultural Competence

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

Medical Home

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

Institute of Medicine

<http://www.iom.edu>

IX. Tips for Writing a Strong Application

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

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

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

Appendix A: Key Terms for Project Abstracts

Access to Health Care

Acculturation

ADD/ADHD

Asthma

Autism

Breastfeeding

Capacity & Personnel

Cesarean

Child Care

Chronic Illness

Clinical Practice

Cognitive & Linguistic Development

Coordination of Services

Cost Effectiveness

Cultural Competence

Depression

Developmental Disabilities

Down Syndrome

Early Childhood Education

Early Intervention

Emergency Care

Fathers

Health Care Costs

Health Care Utilization

Health Disparities

Health Education & Family Support

Home Visiting

Hospitalization

Immigrant Populations

Immunization

Infections & Illness

Labor & Delivery

Low Birthweight

Medicaid, SCHIP, & Health Insurance

Medical Home

Mental Health & Wellbeing

Mortality

Neighborhood
Nutrition & Diet

Obesity & Weight Gain
Oral Health

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

Rural
Risk Behaviors

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

Telehealth & Health Information Technology
Trauma & Injury

Violence & Abuse

Well-Child Pediatric Care