

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

Maternal and Child Health Bureau
Division of Healthy Start and Perinatal Services

***Providing Support for the Collaborative Improvement and Innovation Network
(CoIIN) to Reduce Infant Mortality***

Announcement Type: New
Announcement Number: HRSA-13-282

Catalog of Federal Domestic Assistance (CFDA) No. 93.110

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2013

***Modified July 9, 2013: Eligible Applicants section updated to include Indian tribes
and tribal organizations***

Application Due Date: August 5, 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: July 2, 2013

Issuance Date: July 3, 2013

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Authority: Special Projects of Regional and National Significance (SPRANS); Social Security Act, Title V, § 501(a)(2-3); 42 USC 701

Executive Summary

The Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) announces the availability of funds for a new project entitled “Providing Support for the Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality.” This program is authorized by the Special Projects of Regional and National Significance (SPRANS); Social Security Act, Title V, § 501(a)(2-3); 42 USC 701).

Aligning with the Departmental activities related to Infant Mortality and HRSA’s strategic plan, the mission of the Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality is to develop and disseminate evidence-based interventions to reduce infant mortality across states in Regions I, II, III, VII, VIII, IX, and X.¹ The cooperative agreement awardee will do the following:

- Plan, implement, and manage regional CoIINs;
- Provide technical assistance to CoIIN teams to improve approaches to address infant mortality in their respective regions through the understanding of quality improvement concepts, tools, and techniques; and
- Assist regional CoIIN participants and stakeholders in understanding process for sustaining and continuing project strategies after Federal period of support.

The awardee will engage grantees from HRSA as well as communities in a variety of activities that will build capacity at the regional, state, local and community level to transfer knowledge, skills, and practical approaches to quality management and to reduce infant mortality for families in the neediest communities. The target audience for this initiative is women, infants and families, and teams in the CoIIN can include state health departments, community-based organization and other stakeholders in the MCHB and HRSA Program network.

¹ Applicants are not being sought to provide TA services to states in Regions IV, V, and VI, as these regions already have CoIINs to Reduce Infant Mortality in operation.

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I. Funding Opportunity Description

1. Purpose

The Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) announces the availability of funds for a new project entitled “Providing Support for the Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality.”

The purpose of this activity is to: 1) support collaborative learning, innovation and quality improvement efforts to reduce infant mortality and improve birth outcomes by providing guidance and technical assistance to states in Regions I, II, III, VII, VIII, IX, and X (<http://www.hhs.gov/about/regionmap.html>) on the effective use of collaborative learning approaches as well as quality improvement (QI) principles and practices; 2) apply evidence-based strategies for reducing infant mortality; and 3) scale-up interventions to reduce infant mortality by stimulating action across states and among many partners. There are currently CoIINs being implemented with states in Regions IV, V and VI. Applicants are not being sought to provide TA services to these regions.

It is anticipated that this CoIIN cooperative agreement will:

- produce measurable improvements using the science of collaborative learning and quality improvement principles and practices within 12-18 months among participating states in the identified strategy areas;
- increase synergy among State Health Officials (SHOs), Maternal and Child Health Directors, and State and National public and private partners around evidence-based strategies to reduce infant mortality and improve birth outcomes; *and*
- create a unified message and collection of best practices based on the experiences of participating states that can be adopted and amended by other States and Jurisdictions to reduce infant mortality and improve birth outcomes.

2. Background

This program is authorized by the Special Projects of Regional and National Significance (SPRANS); Social Security Act, Title V, Section 501(a)(2-3); 42 USC 701).

Infant Mortality: A Critical Public Health Challenge

The infant mortality rate (IMR)² is a widely used indicator of the nation’s health. In 2009, the U.S. ranked 27th in infant mortality among industrialized nations, with an overall IMR of 6.39. However, racial and ethnic disparities persist and in the same year, the IMR for infants born to non-Hispanic black mothers was 12.40, more than double the non-Hispanic white IMR of 5.33. The importance of this indicator is underscored by its inclusion as a Leading Health Indicator for Healthy People 2020, the Nation’s roadmap for improving the health of all Americans which seeks to reduce the IMR by 10% by 2020.

² IMR is defined as the number of infant deaths within the first year of life per 1,000 live births.

Although not all cases of infant death can be prevented, evidence suggests that targeted interventions around specific determinants of infant and maternal health, including preterm birth and safe sleep behaviors, hold the potential to significantly reduce infant mortality rates overall and among racial and ethnic minorities in particular.

HRSA's Maternal and Child Health Bureau (MCHB) is charged with promoting the health of mothers, infants, children and adolescents, including those with special health care needs, those from low income families, those from diverse racial and ethnic backgrounds, and those living in rural or isolated areas with limited or no access to health care services. The Title V Maternal and Child Health Block Grant Program is a Federal-State partnership, with funds provided to the States to use in a manner consistent with statutory requirements to improve the health of all mothers and children consistent with the applicable health status goals and national health objectives established by HHS Secretary Kathleen Sebelius under the Public Health Service Act for the year 2020. Among those goals is the reduction of infant mortality as illustrated in MCHB's National Outcome Measures 1 and 2, which track the infant mortality rate and racial/ethnic disparities in infant mortality throughout all 59 States and jurisdictions annually.³

Evidence-Based Learning Collaboratives: Building on HRSA's Success in Quality Improvement

Since 1999, the Health Resources and Services Administration (HRSA) has engaged in numerous quality improvement collaboratives focused on topics including health disparities, patient-safety and clinical pharmacy services, HIV/AIDS, medical home, organ donation, epilepsy, newborn screening, inter-conception care and healthy weight. Many of these collaboratives have utilized the Institute for Healthcare Improvement (IHI) Collaborative Model for achieving breakthrough improvement. Also known as the Breakthrough Series (BTS), this model was developed in 1996 to help healthcare organizations make breakthrough improvements in quality while reducing costs. The series is founded on the knowledge that evidence-based approaches and interventions exist which hold the capacity to improve health care outcomes while reducing costs; however, much of this science is not translated in daily practice. The BTS is designed to close this gap by creating a structure in which organizations can easily learn from each other and from recognized experts in relevant topical areas.⁴ Teams in such collaboratives have achieved dramatic results domestically and globally in a broad range of process and outcome-specific measures for myriad health conditions. The structure and process of a BTS collaborative is diagrammed in Figure 1.⁵

The CoINs being conducted through HRSA in Regions IV, V and VI have attempted to adapt portions of the Breakthrough Series to address public health challenges. Key elements of the Breakthrough Series which have been utilized in the CoIN model include: 1) Selection of an area/subject that has a demonstrated need for improvement (in this case, infant mortality and birth outcomes); 2) Identification and engagement of experts in various disciplines related to the chosen subject who are responsible for leading the development of the QI Aim, Strategies and , and "changes packages" (Team Leads and Team members); 3) Enlistment of stakeholders and other relevant organizations to help guide and support the Strategy Teams; 4) Convening of

³ Health Resources and Services Administration, Maternal and Child Health Bureau, Title V Information System. Retrieved from: <https://perfddata.hrsa.gov/mchb/TVISReports/Default.aspx>; Accessed: 4/19/2012.

⁴ The Institute for Healthcare Improvement. "The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement." Retrieved from: <http://www.ihl.org>; Accessed: 4/19/2012.

⁵ *Ibid.*

learning sessions; and 5) Initiation of action periods and PDSA processes which support, test and evaluate Team-selected changes.

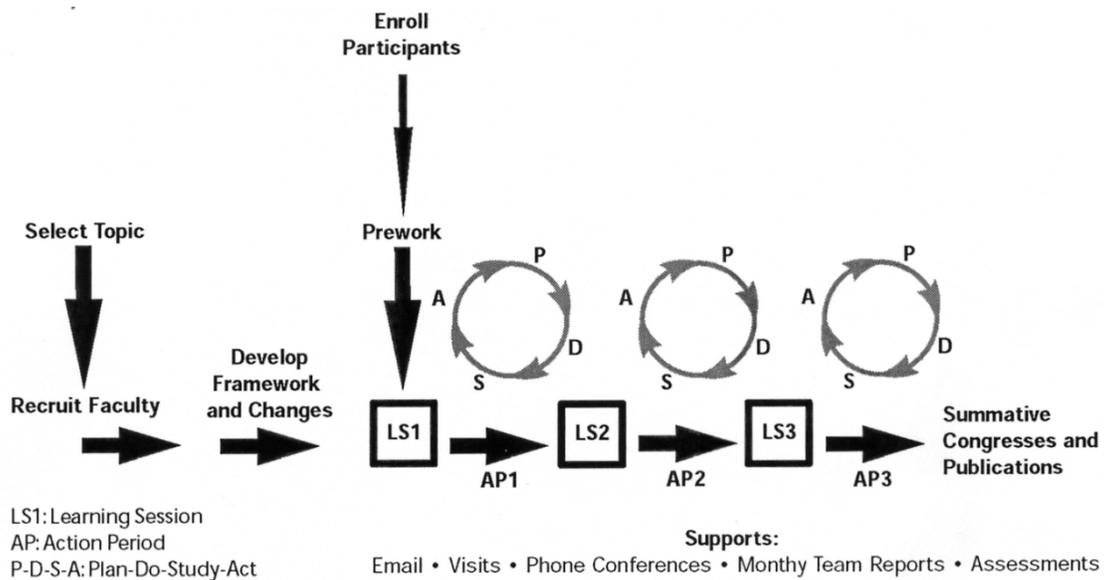


Figure 1. Structure and Process of the IHI Breakthrough Series Collaborative Model

Rather than using a traditional didactic setting, teams commit to working over a period of 12-18 months, alternating between learning sessions and action periods. The learning sessions involve teams coming together to learn about the chosen topic, plan changes and interventions using evidence-based approaches, and share results and approaches to challenging issues. Teams also engage in action periods, when they return to their communities and test those changes in their home environments, using the quality improvement framework of Plan-Do-Study-Act or P-D-S-A. During the entire collaborative cycle, teams are connected through a virtual, on-line community of practice and are expected to upload and share their results as well as encouraged to conduct peer-to-peer sharing/mentoring.

At the end of the collaborative cycle, there is a final learning session where results are shared and the last steps for an evaluation are performed. These results can then be used to inform future efforts in other public health regions.

A key element of the BTS is the Model for Improvement, which describes a proven approach for organizing and implementing improvement activities. While central to the BTS process, the Model for Improvement is salient for any improvement process because it compels teams to identify: 1) specific and measurable aims; 2) measures of improvement that can be tracked over time; and 3) key changes that will result in desired improvement(s); and to implement those changes through a series of PDSA cycles.⁶

CoIIN: MCHB Model Adapted from the COIN (Collaborative Innovation Network) Model

MCHB has based the CoIIN to Reduce Infant Mortality upon a model or methodology adapted from Dr. Peter Gloor’s COIN (Collaborative Innovation Network) model. In “Swarm Creativity:

⁶ *Ibid.*

Competitive Advantage through Collaborative Innovation Networks,” he details the benefits that numerous companies have gained by utilizing Collaborative Innovation Networks (COINs) to improve everyday business practices. Gloor defines a COIN as a “cyberteams of self-motivated people with a collective vision, that innovatively collaborate by sharing ideas, information, and work enabled by technology.”⁷ Numerous companies have used COINs to deliver innovation at lower costs by building more creative, productive and efficient organizations which foster collaboration, knowledge sharing, and social networking.⁸ MCHB, through the CoIIN to Reduce Infant Mortality, draws on three (3) elements of the COIN model:

- 1) Reliance on distance technology to grow and sustain multistate “cyberteams” of self-selected individuals;
- 2) Innovation fueled by frequent, non-hierarchical communication patterns;
- 3) Work patterns characterized by meritocracy, transparency, and openness to contributions from all participants.

The concept of a Collaborative Improvement and Innovation Network (CoIIN) is consistent with and complementary to the BTS model and philosophy. While the BTS model provides a systematic process for developing and implementing change, CoIIN formation supports the development of a diverse and dynamic network through which such changes can be more effectively implemented. CoIINs have been described as cyberteams of self-motivated people with a collective vision that innovatively collaborate by sharing ideas, information, and work enabled by technology.⁹ The CoIIN concept supports the conception, development, implementation, and measurement of innovations to improve healthcare across a wide range of community and practice settings by creating a platform for shared learning, problem solving and evaluation.¹⁰ In this sense, a CoIIN moves beyond the dissemination of information and engages self-motivated participants from multiple settings in the full spectrum of change implementation – from crafting the intervention to implementation to evaluation and, finally, to the diffusion and adaptation of effective innovations in new settings.

Although CoIINs currently being implemented with states in Regions IV, V and VI use the BTS model to organize and implement quality improvement activities, applicants applying for this cooperative agreement may choose an alternative quality improvement (QI) process/model (i.e., Lean, Six Sigma, etc.) to achieve the goals and activities under this cooperative agreement.

Support of HRSA Strategic Goals

HRSA works to increase access to high quality, culturally-competent health care and to safeguard the health of the Nation’s most vulnerable populations. The following HRSA Strategic Goals are supported by the *Collaborative Improvement and Innovation Network (CoIIN)* cooperative agreement:

⁷ Ibid. Page 4.

⁸ Ibid. Page 4.

⁹ Gloor P. *Swarm Creativity: Competitive Advantage through Collaborative Innovation Networks*. New York, NY: Oxford University Press, 2005.

¹⁰ Margolis P and N Halfon. Innovation networks: A strategy to transform primary Care. *JAMA*. 302(13): 1461-1462.

- Goal # 1 Improve Access to Quality Health Care and Services: Promote innovative and cost-efficient approaches to improve health.
- Goal #3 Build Healthy Communities: Lead and collaborate with others to help communities strengthen resources that improve health for the population.
- Goal #4 Improve Health Equity: Reduce disparities in quality of care across populations and communities.

The objective of the *Collaborative Improvement and Innovation Network* is designed to support several overarching initiatives, legislative requirements, and programmatic principles, including:

- On June 14, 2012, at the Child Survival Call to Action, Secretary Kathleen Sebelius announced the development of the first ever National Strategy to address infant mortality including a partnership with State officials “where infant mortality has taken the highest toll in the U.S...to find out what works [to reduce infant mortality] and scale up the best interventions to the national level.”
- The HHS Action Plan to Reduce Racial and Ethnic Disparities¹¹ discusses the implementation of the Affordable Care Act and its effects on infant mortality. The law makes provisions for the creation of the *Maternal, Infant, and Early Childhood Home Visitation Program* which promotes the development of low-cost public health programs that foster child development and improve prenatal and postnatal health outcomes. Among such improvements in postnatal outcomes include the reduction of premature births, low birth-weight infants, and infant mortality.
- The HHS Healthy People 2020 initiative aims to improve the health of all Americans and promote public health across communities¹². The new 10-year period for *Healthy People 2020* includes 33 objectives focused on improving maternal, infant, and child health.
- The Secretary’s Advisory Committee on Infant Mortality (SACIM)¹³ was created in 1991 as a mechanism for providing updates and guidance to the Secretary on programs that could reduce infant mortality and improve the health of pregnant women and infants. The CoIIN supports the promotion of SACIM recommendations, focusing on 1) Increasing health equity and reducing disparities by targeting social determinants of health through both investments in high-risk, under-resourced communities and major initiatives to address poverty; 2) Investing in adequate data, monitoring, and surveillance systems to measure access, quality, and outcomes; and 3) Maximizing the potential of interagency, public-private, and multidisciplinary collaboration.

¹¹ Department of Health and Human Services (2012). HHS Action Plan on racial and Ethnic Disparities. Retrieved from: <http://minorityhealth.hhs.gov/npa/>. Accessed: 2/28/2013.

¹² Healthy People 2020. Retrieved from: <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=26>. Accessed: 2/28/2013.

¹³ Health Resources and Services Administration. Secretary’s Advisory Committee on Infant Mortality: Meeting Minutes of November 14-15, 2012. Retrieved from: <http://www.hrsa.gov/advisorycommittees/mchbadvisory/InfantMortality/index.html>. Accessed: 3/4/2013

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. The recipient is expected to collaborate with MCHB and its grantees and contractors to achieve the expectations described in the program expectations section. Certain activities must be planned jointly and include MCHB's input. HRSA/MCHB must be aware of all project activities in sufficient time to provide input and/or assistance. This substantial involvement is in addition to the usual monitoring and technical assistance provided under the cooperative agreement.

Under this cooperative agreement, MCHB's primary role will include, but is not limited to:

1. Making available the services of experienced HRSA/Maternal and Child Health Bureau (MCHB) personnel as participants in the planning and development of all phases of the project;
2. Participating in the design and direction of the collaborative learning and quality improvement activities, including content development, providing input on committee experts, and providing recommendations for potential partner organizations;
3. Ongoing review of the establishment and implementation of activities, procedures, measures, and tools for accomplishing the goals of the cooperative agreement;
4. Participation, as appropriate, in conference calls, meetings and learning sessions that are conducted during the period of the cooperative agreement;
5. Reviewing and providing input on written documents, including information and materials for pre-learning and learning sessions;
6. Making available MCHB staff to support efforts of regional teams;
7. Providing feedback on the Office of Management and Budget (OMB) package; and
8. Participation in the dissemination (i.e., presentations to external and internal stakeholders, conferences, meetings, etc.) of project activities including best practices and lessons learned.
9. Reviewing of all documents and products prior to submission for publication or public dissemination.

The recipient will provide MCHB with a complete, updated, and accessible copy of the Internet-based online collaborative workspace contents (i.e., data, data dictionary, meta data, etc.) and all federally supported materials prepared under this cooperative agreement in an electronic zip file format on an annual basis or within 12 months of the effective date of the award, whichever occurs first, for the duration of the project each first day of September, and within 90 days after termination of the project.

In collaboration with HRSA, the responsibilities of the recipient of the cooperative agreement include:

I. Planning activities

- 1) Convene state representatives for each regional CoIIN. A regional CoIIN can either be done by individual region (i.e., Region III) or in partnership with other regions (i.e., Regions II and III can make up one CoIIN). If the awardee chooses to conduct multi-regional CoIINs, this should be determined using the following criterion: population characteristics, geography and other considerations (i.e., topic selection, similarity of characteristics and capacity of the states within the region).
- 2) Assist state representatives in identifying common strategies based on the State Infant Mortality Reduction plans.
- 3) Establish Strategy – specific Teams for each regional CoIIN.
- 4) Identify key stakeholders, expert committee, and partners relevant to the selected Strategies identified for each regional CoIIN and create opportunities for such stakeholders and partners to inform the work of the CoIIN initiatives overall and among selected Strategy-specific Teams as appropriate. The expert committee members inform and support the specification of aims and measurable goals for the learning collaborative and participating teams, the identification of appropriate measures to track improvement, the refinement and application of change package, and ultimately the spread of resulting knowledge and best practices to foster adoption of successful strategies to others.
- 5) Facilitate collaboration among external partners, other state and community level programs addressing infant mortality (i.e., Healthy Start, Maternal, Infant, and Early Childhood Home Visiting Program, Early Head Start, Head Start, etc.).
- 6) Establish and support processes to foster ongoing productive engagement of state strategy team members (i.e., CoIIN participants) throughout the life of the CoIIN.
- 7) Finalize technical content, and plan and implement TA activities for the participating state Strategy-specific Teams.

At the conclusion of each regional CoIIN project, it is expected that the recipient will reconvene participants to discuss outcomes of each project and plans for dissemination of findings and sustainability of successful strategies.

II. Grantee Orientation to the Quality Improvement (QI) Process

- 1) Orient CoIIN participants on QI process and related principles and practices. Training provided will focus on:
 - Identifying and creating QI aim statements
 - Selecting evidence-based strategies to achieve QI aim statements
 - Specifying both process and outcome measures (and related data sources) to track progress towards meeting stated QI aim statements
 - Using QI related tools and strategies (i.e. driver diagrams) in these processes.

- 2) Assist the learning collaborative teams (i.e., strategy-specific teams) in identifying a wide range of aims, action steps or “change packages”, and outcome and process measures for their infant mortality reduction strategy.
- 3) Develop a separate orientation process for CoIIN Strategy Team leadership (including Leads, Data Experts and Staff) to address relevant quality improvement/collaborative learning concepts and provide technical assistance designed to maximize team productivity during learning sessions and throughout the life of the CoIIN.

III. Ongoing Technical Assistance

- 1) Introduce regional CoIIN strategy-specific Teams to chosen QI process/model (i.e., BTS/IHI model, Lean, Six Sigma, etc.)
- 2) Conduct technical assistance activities to CoIIN participants, including expert faculty, strategy-specific teams and partner organizations. Technical assistance should include an introduction to chosen QI process/model (i.e., BTS/IHI model, Lean, Six Sigma, etc.) and collaborative learning (CL) principles and practices to improve birth outcomes and reduce infant mortality through a multistate process.
- 3) Provide ongoing technical assistance to each strategy-specific Team on the implementation of chosen quality improvement process/model and small tests of change, to include:
 - a. Implement Team-identified strategies at the state level;
 - b. Measure and track progress towards successful implementation of these strategies and achievement achieving the stated quality improvement
 - c. Identify process, outcome and balancing measures; and
 - d. Adjust strategies as needed based on information gleaned from available measures.
- 4) Provide a process for assessing TA needs of regional CoIIN project teams, specifically related to QI and CL, and include a formatted regular report to MCHB staff.

Collaborative Learning Sessions

- 1) Plan and conduct regularly scheduled learning sessions including:
 - a. Provide logistics for virtual learning sessions;
 - b. Create an outline of topics to be covered during learning sessions.
 - c. Provide follow-up TA and guidance to individual strategy-specific teams on topics covered during learning sessions.

The learning sessions should cover topics that will assist CoIIN project teams in implementing change cycles. The sessions should cover, but not be limited to, the following topics and be determined through input of the teams:

- Quality improvement principles and practices;
- Science and practice of collaborative learning;
- Best practices related to the reduction of infant mortality and improvement of birth outcomes generally and in relation to the selected strategies in particular;

- How to plan implementation of change strategies;
 - How to select measures and track progress towards quality improvement aims; and
 - Steps for sustaining newly implemented changes.
- 2) Provide technical assistance and support to the Team Leads for each of the strategy-specific Teams. Support may include:
 - a. Training on roles of team leads and effective cyberteam formation, and management;
 - b. Assisting with the identification and recruitment of additional team members (as needed) to effectively address the chosen Strategy area;
 - c. Determining data or methods experts for each of the strategy-specific Teams. The current CoIIN strategy-specific Teams include two (2) team leads, one (1) to two (2) data and/or methods experts, one (1) to three (3) staff members drawn from MCHB, and partner organizations, including other Federal partners. Recipients may follow this structure or suggest an alternative plan for the structure of the CoIIN strategy-specific Teams that will produce similar impact.
 - 3) Provide technical assistance to state personnel as needed to implement CoIIN strategies as defined by the multistate CoIIN Strategy Teams.

Sustainability

- 1) Provide technical assistance to Strategy Teams on how to sustain and institutionalize CoIIN activities and practices. Technical assistance should be provided on specific steps needed to maintain these activities at the state and regional levels. Technical assistance may involve, but is not limited to:
 - a. Providing guidance on the process for incorporating CoIIN strategies into current state and regional activities on infant mortality;
 - b. Providing guidance on steps for securing partners to continue CoIIN strategies and build on lessons learned.

Overall, the recipient should be able to direct CoIIN participants on ways to continue CoIIN activities after the completion of the quality improvement project.

Data Capacity

- 1) Provide technical assistance to state strategy teams on how to track progress of chosen quality improvement aims through the use of real-time data. In this capacity, the recipient should provide TA to states on:
 - a. Engaging data experts for each Strategy Team;
 - b. Identifying potential data sources;
 - c. Assisting in building in-roads to national data sources where possible and supporting state-based efforts to utilize existing data;
 - d. Assisting Teams in addressing data sharing issues; and
 - e. Supporting the engagement of epidemiologists in each State to understand and promote data capacity and coordinate data tracking requests across strategy areas.

IV. Internet-based Collaborative Workspace

- 1) Provide or identify an existing secure website to facilitate the collaboration of the participating teams. The recipient may seek the input of MCHB staff on the use of the current collaborative workspace (e.g., OneHub) used for other CoIIN initiatives.

The website allows the state strategy specific teams with the capacity to report monthly qualitative and quantitative information on both topic-specific and common measures of progress and to share reports and materials among teams. Such systems are capable of receiving, tracking, and displaying multiple types of data in real-time and in a uniformed manner to allow for comparison and tracking of state progress over time.

The website must have the ability to store and share documents for each state strategy specific team and facilitate communication among team members. It should also have security features which limits public access to the information/data.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2013-2015. Approximately \$3.0 million is expected to be available annually to fund one (1) cooperative agreement. The first year award will be made by September 30, 2013, subject to availability of funds. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the *“Providing Support for the Collaborative Improvement and Innovation Network to Reduce Infant Mortality”* program in subsequent fiscal years, recipient’s satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

This funding opportunity announcement is subject to availability of appropriated funds. If associated funding is not available for the *“Providing Support for the Collaborative Improvement and Innovation Network to Reduce Infant Mortality”* program, this announcement will be withdrawn and a cooperative agreement will not be awarded or continued.

III. Eligibility Information

1. Eligible Applicants

As cited in 42 CFR Part 51a.3 (a), any public or private entity, including an Indian tribe or tribal organization (as defined at 25 U.S.C. 450b), is eligible to apply for Federal funding under this announcement. Community-based organizations, including faith-based organizations, are also eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not a requirement of this cooperative agreement.

3. Other

Applications that exceed the ceiling amount of \$9.0 million over the 3-year period will be considered non-responsive and will not be considered for funding under this announcement. Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable. However, organizations or agencies have the ability to submit joint applications for this cooperative agreement. The application must identify the lead agency and additional information on the partner organization must be included in the *Work plan, Evaluation and Technical Capacity, and Organizational Information* sections of the Project Narrative.

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 or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

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

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

Applicants must submit proposals according to the instructions in the Guide and in this funding opportunity announcement in conjunction with Application Form SF-424. The forms contain

additional general information and instructions for applications, proposal narratives, and budgets. The forms and instructions may be obtained by:

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

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

2. Content and Form of Application Submission

Application Format Requirements

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

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

Application Format

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

SF-424 Non-Construction – Table of Contents

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

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

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

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

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	<i>Tables, Charts, etc.</i> - To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).
Attachment 2	<i>Staffing Plan and Job Descriptions for Key Personnel</i> - Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.
Attachment 3	<i>Biographical Sketches of Key Personnel</i> - Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.
Attachment 4	<i>Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)</i> - Provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.
Attachment 5	<i>Project Organizational Chart</i> - Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators.
Attachments 6-15	<i>Other Relevant Documents</i>

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

Use SF-424A – Budget Information for Non-Construction Programs forms provided with the application package.

Please complete Sections A, B, E, and F of the SF-424A Budget Information – Non-Construction Programs form included with the application kit for each year of the project period, and then provide a line item budget using Section B Object Class Categories of the SF-424A.

Here are some tips for completing this page:

- 1) SF-424A or “Budget Information – Non-Construction Programs” asks for information about the budget.
- 2) For Sections A, B, C, and D, include budget information for each budget period beginning with the first period of **September 30, 2013** through **September 29, 2014**.
- 3) For Section B, you do not need to report budget information by function/activity.

For multi-year non-construction projects: 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 first three years of the project. Please enter the amounts in the “New or Revised Budget” column- not the “Estimated Unobligated Funds” column. In Section B Object Class Categories of the SF-424A, provide the object class category breakdown for the annual amounts specified in Section A. In Section B, use column (1) to provide category amounts for Year 1 and use columns (2) through (3) for subsequent budget years.

Salary Limitation:

The Consolidated and Further Continuing Appropriations Act, 2013 (P. L. 113-6), enacted March 26, 2013, continues provisions enacted in the Consolidated Appropriations Act, 2012 (P.L. 112-74) . The law 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 at the time of application. Line item information must be provided to explain the costs entered in the SF-424A. Be very careful about showing how each item in the “other” category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification **MUST** be concise. Do **NOT** use the justification to expand the project narrative.

Budget for Multi-Year Award

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

Include the following in the Budget Justification narrative:

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

Sample:

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

*Actual annual salary = \$350,000

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

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

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

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

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

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

Applicants may include the cost of access accommodations as part of their project's budget, including sign 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: <http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them. The indirect cost rate agreement will not count toward the page limit.

v. Staffing Plan and Personnel Requirements

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested

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

vi. Assurances

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

vii. Certifications

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

viii. Project Abstract

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

Please place the following at the top of the abstract:

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

The project abstract must be single-spaced and limited to one page in length. The abstract should include the following content:

PROBLEM: Briefly (in one or two paragraphs) state the principal needs and problems which are addressed by the project. Include information on specific issues of infant mortality seen across the different regions.

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

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

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

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

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

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

ix. *Project Narrative*

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

Use the following section headers for the Narrative:

▪ ***INTRODUCTION***

This section should briefly describe the purpose of the proposed project. The applicant should include a discussion that exhibits an expert understanding of the issues related to this activity included in this cooperative agreement. The applicant should demonstrate an understanding of infant mortality issues, the quality improvement processes (i.e., PDSA/BTS Model), different QI models (i.e., Lean, Six Sigma, etc.), the principles of collaborative learning, and familiarity with the Title V Maternal and Child Health Programs. The applicant must also be able to distinguish between improvements versus innovation and acknowledge and account for cultural, racial, linguistic, and geographical differences of the various states, Regions, communities, and populations being served by CoIIN. Applicant should have specific knowledge on infant mortality across the Regions or per Region in order to assess that different strategies may need to be implemented in different Regions.

▪ ***NEEDS ASSESSMENT***

This section should help reviewers understand how the applicant plans to achieve the activities of this program. This section should include innovative approaches to addressing the activities in the funding announcement. The needs assessment should address the planning activities, the collaborative activities, and how the applicant plans to manage technical assistance and support for regional CoIIN teams.

Data should be used and cited whenever possible to support the information provided. Please discuss any relevant barriers that the project hopes to overcome. This section should help reviewers understand the community and/or organizations that will be served by the proposed project such as State Title V grantees and other MCHB programs.

- *METHODOLOGY*

Propose methods that will be used to meet the program requirements and expectations in this funding opportunity announcement. Any innovative approaches should be included in the methods. The applicant must provide a justification for choosing a different QI process/model other than BTS/IHI model.

Develop a plan that outlines how the applicant will identify potential partners and stakeholders needed to inform CoIIN efforts, and meet the mission, goal, strategies and activities outlined in this funding announcement.

The applicant should provide information on their ability, capacity, and past experience to:

- Provide ongoing technical assistance to assist regions in implementing all CoIIN activities through Strategy-specific Teams;
- Support development and maintenance of cyber teams;
- Evaluate internal QI process; and
- Meet each of the previously-described program requirements and expectations in this cooperative agreement.

The applicant should note the overall strategy, methodology, and analyses and establish that the approach is well-reasoned and appropriate to accomplish mission, goal, strategies and activities of this program. Potential problems, alternative strategies and benchmarks for success should be presented. A strategy should be outlined to establish management of any risky aspects of the project.

Applicants should provide information that shows an understanding of the challenges faced by collaborative teams in implementing rapid change through quality improvement processes and identify the specific technical assistance needs required to address them. Strategies in the work plan should reflect the needs and challenges that have been identified.

The following methods should be included:

- Operate and maintain an Internet-based work space for virtual CoIIN strategy teams and results-sharing capacity;
- How the applicant will utilize not only in-person but also virtual technologies to conduct collaborative learning sessions as well as provide ongoing technical assistance through webcasts, webinars and other innovative technology or approach;
- Develop a plan for coordinating multiple Regional CoIINs and the staff available to assist in the implementation of regional CoIIN projects. Please note that each CoIIN should occur over a period of 12-18 months. The applicant should address how this would be accomplished and ability to staff each CoIIN during this period of time, understanding that multiple CoIINs may be implemented simultaneously;
- Discuss how methods will ensure coordination with HRSA;
- Show how the methodology respond to identified challenges in planning and implementing Regional CoIINs;
- Develop a plan for collecting, analyzing, synthesizing, and disseminating evidence-based best practices. Describe how the proposed plan will promote collecting, utilizing, and reporting data through the online web portal;
- Describe a plan for achieving sustainability of Regional CoIIN projects and the

web portal. Neither cost sharing nor matching are required for this project. However, applicants are encouraged to include in their application any participation by stakeholders at the local and state level as an indicator of organizational support for the project and the likelihood that the project will continue after Federal support has ended.

Additionally, the applicant must explain how they will utilize tools developed in one region for use in other regions, the process they will use to bridge development of strategies approach and implementation at the state level, and describe successful collaborations with partners to accomplish tasks.

- *WORK PLAN*

Describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period. The work plan should closely correspond to the needs assessment and other activities described in the program narrative including activities under the Methodology section. The action steps are those activities that will be undertaken to implement the proposed project and provide a basis for evaluating the program.

The work plan should include goals for the program and must identify objectives and action steps that are SMART (specific, measurable, achievable, realistic, and time measurable). The work plan should include: 1) statement of need or problem statement; 2) goals; 3) specific, time-frames, measurable objectives; 4) key action steps; 5) time frame for completion; 6) staff responsible and 7) method of evaluation. Applicants are asked to include appropriate milestones and any products to be developed. Use a timeline that includes each activity and identifies responsible staff. Include information on identified partnerships and resources that will be used to complete tasks under the CoIIN cooperative agreement and the expected outcome measures/tools to show that the goals and objectives will be achieved.

As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served.

NOTE: Organizations or agencies who are submitting a joint-application must provide information on how they will ensure lines of communication and consistent and timely, high quality of work irrespective of which organization is leading the specific task.

The work plan must be broken out by year but must include 3 years of work plans to cover goals, objectives and action steps proposed for the entire 3-year project period.

The method of evaluation should include evaluation in two areas: 1) the planning, management, and implementation of the Collaborative Improvement and Innovation Network and 2) demonstration of how the technical assistance has assisted regional CoIIN Strategy Teams and participants in adopting continuous quality improvement methods in the prevention of infant mortality and improved birth outcomes.

- *RESOLUTION OF CHALLENGES*

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan and approaches that will be used to resolve such challenges. Discuss challenges with partner organizations and identified resources and processes for maintaining engagement of CoIIN participants, especially Team Leads.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY*

Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Emphasis should be focused on experience related to managing collaboratives, prevention of infant mortality, providing technical assistance, creating technical assistance modules and materials and should include the following:

Describe the data collection strategy or process that will be used to evaluate model components and processes for ease of use and understandability among participants. Explain how the data (results) will be used to inform or improve the CoIIN process. Please describe the methods and tools that you plan to use to collect data to track the progress of the project (you may incorporate these as an attachment).

If an external evaluator will be used, describe how your agency will coordinate evaluation activities with this evaluator. Discuss how you will use the findings of your evaluation activities.

Discuss plans for monitoring and assessing performance, including methods to be employed by staff to ensure that proposed activities are being successfully documented and completed, based on the overall work plan.

NOTE: Organizations or agencies who are submitting a joint-application must provide information on how they will monitor and assess performance of methods and activities being completed by partner organizations helping to implement the activities included in the work plan for this cooperative agreement.

Additionally, provide information on your experience with developing and maintaining an Internet-based work space. Discuss the hardware and software tools you plan to use to store and document analyze data and to store document and tools created members of the CoIIN, and logistics for maintaining engagement of cyberteams.

- *ORGANIZATIONAL INFORMATION*

Describe the history and mission of the applicant's partners/collaborators and experienced working such partners. Describe experience in developing and disseminating informational materials and providing training on the quality improvement process. Describe past performance managing Federal grants and/or cooperative agreements at the national level, including percentage of deliverables completed within each Federal fiscal year for the past four completed fiscal years. Discuss expertise of staff as it relates to the scope of work proposed. Discuss maternal and child health expertise that is available within core staff and not through consultants. This can include both applicant and

partners/collaborators. Discuss collaborative efforts with other pertinent agencies that enhance your ability to accomplish proposed project. Describe the estimated percentage of total agency budget that funding for this cooperative agreement would make up, and tell us about other sources of funding your agency receives.

Please prepare a Table of Contents for the Program Narrative. Number and label each of the six sections as they appear in the format description on the following pages. Then outline your response under each section in the format outlines, i.e., 1a), 1b), 1c), etc. Your application must follow the format as outlined in this guidance. **Please note, sections do not have a page limit; however, the entire application including attachments may not exceed 80 pages.**

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 **Providing Support to the Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality 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/UF3_1.HTML.

NOTE: The performance measures and data collection information is for your PLANNING USE ONLY. These forms are not to be included as part of this application. However, this information would be due to HRSA within 120 days after the Notice of Award.

xi. Attachments

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

Attachment 1: Tables, Charts, etc.

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

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel

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

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)

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

Attachment 5: Project Organizational Chart

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

Attachments 6-15: Other Relevant Documents

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *August 5, 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 Collaborative Improvement and Innovations Network 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 \$3 million 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:

Salary Limitation: The Consolidated and Further Continuing Appropriations Act, 2013 (P. L. 113-6), enacted March 26, 2013, continues provisions enacted in the Consolidated Appropriations Act, 2012 (P.L. 112-74). The law 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) and continued through the Consolidated and Further Continuing Appropriations Act, 2013 (P. L. 113-6), (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) and continued through the Consolidated and Further Continuing Appropriations Act, 2013 (P. L. 113-6), no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

6. Other Submission Requirements

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

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

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

- Obtain an organizational Data Universal Numbering System (DUNS) number
- Register the organization with the System for Award Management (SAM)
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's SAM "Marketing Partner ID Number (M-PIN)" password
- Register and approve an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials and FAQs are available on the Grants.gov web site at <http://www.grants.gov>. Assistance is also available 24 hours a day, 7 days a week (excluding Federal holidays) from the Grants.gov help desk at support@grants.gov or by phone at 1-800-518-4726 (International callers, please dial 606-545-5035). Applicants should ensure that all passwords and registration are current well in advance of the deadline.

It is incumbent on applicants to ensure that the AOR is available to submit the application to HRSA by the published due date. HRSA will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline. Therefore, an organization is urged to submit an application in advance of the deadline. If an application is rejected by Grants.gov due to errors, it must be corrected and resubmitted to Grants.gov before the deadline date and time. Deadline extensions will not be provided to applicants who do not correct errors and resubmit before the posted deadline.

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

Tracking an application: It is incumbent on the applicant to track their application by using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about tracking an application can be found at <https://apply07.grants.gov/apply/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 *Providing Support for the Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality* has six (6) review criteria:

Criterion 1: NEED (10 points) - Corresponds to Section IV's Introduction and Needs Assessment

- The extent to which the applicant details their understanding of the purpose for the project.
- The extent to which the application demonstrates an understanding of infant mortality across regions.
- The extent to which the application demonstrates the problem and associated contributing factors and approaches to prevent and reduce infant mortality.
- The extent to which the applicant discusses plans and innovative approaches to addressing activities in the funding announcement.
- The extent to which the applicant demonstrates significant experience with developing quality improvement processes as well as experience providing technical assistance on this topic. Specifically, does the applicant have QI experience and current knowledge in not only the Model for Improvement or BTS, but also Lean and Six Sigma and other quality improvement models.
- The extent to which applicant demonstrates successful experience and commitment to partner with relevant entities with experience working to improve birth outcomes through a variety of mechanisms and processes on both the state and regional level.

Criterion 2: RESPONSE (30 points) - Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges

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 should be addressed. The extent to which the applicant demonstrates an understanding and past experience in implementing the BTS Collaborative approach or other quality improvement processes (i.e., Lean, Six Sigma, etc.), as well as coordinating collaborative learning teams. The extent to which the activities in the application are capable of attaining the project objectives.

Extent to which the applicant succeeds in addressing the following:

Methodology (15)

- provides a reasonable approach for implementing its proposed work plan for the development and ongoing technical assistance provided to regional CoIINs.
- responds to program expectations outlined.
- outlines approach for supporting the development and maintenance of cyberteams including how they plan to conduct collaborative learning sessions.
- discusses strategies for coordinating multiple regional CoIINs, staff availability, and how tools for one region will be used to in other regions.
- outlines the process that will be used to evaluate their internal QI process.
- identifies barriers of challenges that may occur with cyberteams and their process for overcoming or minimizing such challenges.
- discusses plans for ongoing communication and coordination with HRSA.
- outlines plan for achieving sustainability of regional CoIIN projects and web portal.

Work Plan (10)

- clearly delineates the proposed goals and activities and their relationship to the project.
- relates and corresponds to the needs assessment and activities outlines in the Methodology section.
- includes clearly written problem statement, goals, time-frames, objectives, responsible staff and methods for evaluation.
 - Degree to which the objectives relate to each goal.
 - Extent to which the time-frame is reasonable for conducting a quality improvement (rapid change) project.
 - Do the objectives have target dates for milestones?
 - Extent to which the evaluative measures correspond to the planning and implementation of the CoIINs and effectiveness of the technical assistance provided to the participants.

Resolution of Challenges (5)

- The extent to which applicant demonstrates an understanding of challenges that are likely to be encountered in designing and implementing multiple regional CoIIN and proposed solutions for overcoming such challenges.

Criterion 3: EVALUATIVE MEASURES (10 points) - Corresponds to Section IV's Evaluation and Technical Support

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

- The strength of the plan in detailing past experience in managing collaboratives, providing technical assistance and maintaining an Internet-based work space.
- The strength of the plan in describing how the chosen quality improvement process will be evaluated, how data will be collected and used to improve the CoIIN process.
- The strength of the plan for monitoring and assessing its performance, including methods employed by staff to ensure that the proposed activities are being successfully documented and completed, based on overall workplan.

Criterion 4: IMPACT (20 points) - Corresponds to Section IV's Work Plan

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

Criterion 5: RESOURCES/CAPABILITIES (20 points) - Corresponds to Section IV's Evaluation and Technical Capacity and Organizational Information

- The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization(s) (including proposed partners and joint-applicant organizations/agencies) and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.
- The extent to which the applicant demonstrates knowledge and understanding of effective quality improvement processes (i.e., BTS, Lean, Six Sigma, etc.) and tools and the process for using such tools to select evidence-based strategies to achieve aim statements.
- The extent to which the applicant details past experience with Federal grants and/ or cooperative agreements at the national level and ability to complete deliverables.
- The extent to which the applicant describes expertise in maternal and child health and ability to collaborate with other partners to accomplish proposed activities.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget/Budget Justification

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

The extent to which the applicant:

- Demonstrates a realistic, adequately justified budget that is associated with the activities to be completed given the scope of work.
- The budget list items are adequate and appropriate for proposed project activities.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- The budget clearly justifies proposed staff, contracts and other resources.

2. Review and Selection Process

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for Federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members,

other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

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

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 30, 2013.

VI. Award Administration Information

1. Award Notices

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

The NoA sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative, and reflects the only authorizing document. It will be sent on or before the start date of September 30, 2013.

2. Administrative and National Policy Requirements

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

HRSA grant and cooperative agreement awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable based on recipient type and purpose of award. This includes any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>. The

general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the NoA).

Standards for Financial Management

Recipients are required to meet the standards and requirements for financial management systems set forth in 45 CFR 74.21 or 92.20, as applicable. The financial systems must enable the recipient to maintain records that adequately identify the sources of funds for federally assisted activities and the purposes for which the award was used, including authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and any program income. The system must also enable the recipient to compare actual expenditures or outlays with the approved budget for the award.

HRSA funds must retain their award-specific identity—they may not be commingled with state funds or other Federal funds. [“Commingling funds” typically means depositing or recording funds in a general account without the ability to identify each specific source of funds for any expenditure.]

See “Financial Management” in the *HHS Grants Policy Statement* for additional information.

Non-Discrimination Requirements

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

Trafficking in Persons

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

Smoke-Free Workplace

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

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 \(HHS\): http://www.healthit.gov/](http://www.healthit.gov/)
- [What is Health Care Quality and Who Decides? \(AHRQ\): http://www.ahrq.gov](http://www.ahrq.gov)

Integrating Primary Care and Public Health

Integration of primary care and public health links people, policy, programs and activities to increase efficiency and effectiveness and ultimately improve population health. Both primary care and public health emphasize prevention as a key driver of better health, and integration of the two fields can transform our focus on disease and treatment to health and wellness, as well as

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

3. Reporting

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

a. **Audit Requirements**

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

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

3) **Final Report.** A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding

the grantee's overall experiences over the entire project period. The final report must be submitted on-line by recipients in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.

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

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

1. Performance Measures and Program Data

To prepare successful applicants for their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UF3_1.HTML.

2. Performance Reporting

Successful applicants receiving grant funds will be required, within 120 days of the Notice of Award (NoA), to register in HRSA's Electronic Handbooks (EHBs) and electronically complete the program specific data forms that appear for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UF3_1.HTML. This requirement entails the provision of budget breakdowns in the financial forms based on the grant award amount, the project abstract and other grant summary data as well as providing objectives for the performance measures.

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

3. Project Period End Performance Reporting

Successful applicants receiving grant funding will be required, within 90 days from the end of the project period, to electronically complete the program specific data forms that appear for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UF3_1.HTML.

The requirement includes providing expenditure data for the final year of the project period, the project abstract and grant summary data as well as final indicators/scores for the performance measures.

d. Transparency Act Reporting Requirements

New awards (“Type 1”) issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, and implemented by 2 CFR Part 170. **IMPORTANT:** The reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Grant and cooperative agreement recipients must report information for each first-tier subaward of \$25,000 or more in Federal funds and executive total compensation for the recipient’s and subrecipient’s five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (FFATA details are available online at <http://www.hrsa.gov/grants/ffata.html>).

VII. Agency Contacts

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

Ernsley Charles
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11A-05
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-8329
Fax: (301) 443-6686
Email: ECharles@hrsa.gov

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

David de la Cruz
Deputy Director, Division of Healthy Start and Perinatal Services
Attn: Providing Support for the Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality
Maternal and Child Health Bureau, HRSA
Parklawn Building, Room 13-91
5600 Fishers Lane

Rockville, MD 20857
Telephone: (301) 443-0543
Fax: (301) 594-0186
Email: DCruz@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/recipients 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. 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>.