

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

*Maternal and Child Health Bureau
Division of Home Visiting and Early Childhood Systems*

Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN)

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FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2013

Application Due Date: August 12, 2013

Note to Applicants:

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

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

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications to develop a *Home Visiting Collaborative Improvement and Innovation Network* (HV CoIIN) to provide support for the delivery of maternal and early childhood services, including (but not limited to) home visiting services provided under the Maternal, Infant, and Early Childhood Home Visiting program (MIECHV), which was authorized by section 2951 of the Affordable Care Act. MIECHV seeks to identify families with children ages 0 to 5 years and pregnant women who reside in at-risk communities and provide comprehensive services to improve outcomes for these families.

The purpose of the HV CoIIN is to facilitate the delivery and accelerate the improvement of home visiting and other early childhood services, both globally and as provided by MIECHV grantees, so as to obtain good results faster for low-income and other at-risk families served. More specifically, in partnership with the Maternal and Child Health Bureau's (MCHB) Division of Home Visiting and Early Childhood Systems (DHVECS), the successful applicant will plan and implement a HV CoIIN to facilitate the dissemination of methods and tools on continuous quality improvement (CQI) to up to forty (40) home visiting local implementing agency (LIA) pilot teams in partnership with other early childhood service agencies that operate within up to 12 MIECHV grantee states.

Ultimately, the purpose of the HV CoIIN is to produce faster and more consistent health and development results benefiting families served by MIECHV program agencies and other early childhood service agencies in at-risk communities across the country. Concrete examples of the contemplated results are parental smoking cessation, reduction of adult depression or child developmental delays or child maltreatment, and attaining family economic self-sufficiency. These results are achievable through dissemination of proven practices and the building of leadership and technical mastery of CQI methods at the state and LIA sites. If successful, lessons learned in this project could be in turn further spread to other states and localities.

A CoIIN has been described as a group of self-motivated people with a collective vision, enabled by the Web to collaborate in achieving a common goal by sharing ideas, information, and work.¹ The CoIIN provides a platform for collaborative learning and quality improvement toward common goals and benchmarks using rapid cycles of change. Key features include collaborative learning, common benchmarks, coordinated strategies, rapid test cycles, and real-time data to drive real-time improvement. Applicants should adapt the structure and process of an established collaborative model to their proposed HV CoIIN project.²

In collaboration with HRSA, the successful applicant will plan and implement the HV CoIIN by engaging willing and able MIECHV state grantees and their LIAs. These participating

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

2 For instance, the HV CoIIN could follow the publicly available Breakthrough Series (BTS) Learning Collaborative model pioneered by the Institute for Healthcare Improvement (IHI), which is a time-limited technical assistance platform involving learning and improvement activities for participating organizations. *The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement*. IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement; 2003.

organizations will collaborate and learn from each other and from an expert home visiting faculty to advance the common aim of improving the quality of home visiting services to improve specific outcomes for families who reside in at-risk communities.

The awardee will engage up to 12 MIECHV state grantees and support the provision of intensive technical assistance to up to 40 LIA pilot teams within those states to make system-level changes that will lead to accelerated improvements in outcomes for the at-risk families served by spreading and adapting best practices across these multiple settings. Specifically, teams from local home visiting service agencies will seek improvement in 4-8 topics to be selected by MCHB, in consultation with subject matter experts outside the scope of this funding opportunity announcement, based on their relevance to clients and on the availability of evidence- or experience-based practices likely to yield favorable results for the families served. Selected topics may include some of the goals within the legislatively specified benchmark areas (e.g., maternal and newborn health, child development, family economic self-sufficiency, etc.) of the MIECHV program in order to take advantage of the extensive data collection required and the wide variety of process and outcome measures already in place. However, the topics ultimately selected need not be restricted to these MIECHV constructs. Other topics could be found “ripe” for inclusion in the HV CoIIN such as, for example, family or staff program retention or early childhood service system integration.

The awardee shall plan activities that bring home visiting and other early childhood service agency teams together to learn about the selected topics and CQI methods and later on to share results and solutions to challenging issues. Beyond coordinating structured learning sessions, the awardee shall support teams to remain engaged in HV CoIIN activities in their own front-line organizations and communities. The awardee will work in partnership with MCHB’s DHVECS staff (constituting the planning or management team) and expert faculty to coach participants in applying and mastering CQI methods. Such coaching and learning will take place during action periods in which LIA teams will test and customize recommended changes in their home environments utilizing “Plan/Do/Study/Act” (PDSA) cycles among other QI tools.

During the entire collaborative project, the awardee shall ensure that teams have access to an Internet-based platform(s) to share data and other information with the faculty, their peers and the HV CoIIN management team. The awardee should also maintain an Internet-based “data dashboard” with the capability of aggregating data at the local agency, state and overall collaborative levels and displaying these data graphically utilizing primarily run charts but also other graphs useful for quality improvement purposes (e.g., scatter plots, frequency plots, Pareto charts, Shewhart charts).³

Teams are expected to share their progress reports monthly with peers, faculty and management team to participate in peer-to-peer mentoring and sharing of ideas and insights via periodic conference calls and other forms of communication. This sharing of experience and the production of real-time, periodic and graphically displayed data (primarily as run charts) for the LIA teams will help make the powerful technology of qualitative and quantitative data-driven CQI available to the home visitors and other staff at the front line implementing agencies. Eventually HRSA expects that CQI skills will become a core competency for the home visiting workforce.

³ G Langley, R Moen et al. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance*. 2nd edition. Jossey Bass. 2009.

Under a contract and separate from this FOA, the DHVECS staff will reach out to experts including home visiting model developers and subject-matter experts to narrow down the selection of programmatic topics for improvement that will establish the technical content for the HV CoIIN. This will likely include a preliminary charter, measurement system and a set of strategies or best practices associated with the 4-8 goals for the HV CoIIN (or *Change Package*). The successful applicant shall review any previously developed material for the HV CoIIN and, in collaboration with HRSA, revise and update such technical content as needed as the HV CoIIN is formally launched.

The following is an illustrative set of activities under the HV CoIIN:

- A core group of (4-6) experts constitutes the *faculty* of the HV CoIIN learning collaborative who remain engaged with participating teams, grantees and the planning group (involving awardee and DHVECS staff) for the duration of the HV CoIIN.
- Individual grantees and the selected LIAs commit to a working period of 18-24 months.
- Each LIA or pilot site constitutes a continuous quality improvement (CQI) team.
- The HV CoIIN platform and the *Model for Improvement* are introduced to grantee and LIA teams during the initial phase of the project.
- Team members learn quality improvement methods and tools in structured virtual or in-person sessions. Local teams then apply these CQI techniques to test, innovate and customize the recommended changes in their agencies throughout the project with the support of the expert faculty, the awardee staff and the DHVECS staff (which constitute the collaborative management or planning team).
- Teams have access to a common Internet-based platform to post periodic progress reports, run charts, and to share lessons learned across settings via conference calls and other forms of communications in between planned technical assistance virtual or in-person activities.

2. Background

This program is authorized by the Social Security Act, Title V, Section 501(a)(2) (42 USC 701(a)(2))

As stated in the previous section, the overall purpose of the HV CoIIN is to produce faster and more consistent health and development results for families served by home visiting and other early childhood service agencies in at-risk communities across the country. The recently implemented MIECHV program however offers a useful platform to launch this global project. Below we provide background information on the MIECHV program and the rationale for utilizing this program –rich in data and promoting CQI – as a foundation for the HV CoIIN

The Maternal, Infant and Early Childhood Home Visiting Program (MIECHV)

The Patient Protection and Affordable Care Act (Affordable Care Act or ACA) (P.L. 111-148) authorizes the creation of the MIECHV program. This program responds to the diverse needs of children and families in communities at risk and provides an unprecedented opportunity for

collaboration and partnership at the Federal, State, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs. The MIECHV program is designed to:

- (1) Identify and provide comprehensive home visiting services to improve outcomes for families who reside in at-risk communities
- (2) Improve coordination of services for at-risk communities, and
- (3) Strengthen and improve the programs and activities carried out under Title V

Per the authorizing legislation, MIECHV grantees providing delivery of home visiting services under §511(c) must utilize at least 75 percent of the funds paid to the entity for a fiscal year using evidence-based home visiting models. Several home visiting models have been determined to meet the evidenced-based criteria established by HRSA and ACF based on a systematic review. ⁴

Under § 511(d)(1), the statute also requires that MIECHV grantees providing delivery of home visiting services under §511(c) establish “quantifiable, measurable 3- and 5-year benchmarks” to demonstrate that the program results in improvements for participating eligible families in each of the following areas:

- 1) Maternal and newborn health
- 2) Child injuries, child abuse, neglect or maltreatment, and emergency department visits
- 3) School readiness and achievement
- 4) Crime or domestic violence
- 5) Family economic self-sufficiency
- 6) Coordination and referrals for other community resources and support

All MIECHV grantees have established “benchmark” plans that include grantee-specific operationally defined measures associated with each of 34 or 35 (depending on the state) applicable constructs (such as breastfeeding, maternal smoking, screening for depression, screening for developmental delays, parental educational attainment, etc.) to be monitored for improvement under the six benchmark areas listed above. While the final report to the Secretary is due not later than December 31, 2015, various MIECHV state grantees have already made their measurement plans publicly available.

All MIECHV grantees are required to submit to HRSA service utilization and socio-demographic as well as benchmark area-related data annually in accordance with their performance improvement plans. Grantees must demonstrate improvement in at least four of the six benchmark areas by the third year of program implementation. No later than December 31, 2015, the Secretary must submit a report to Congress including “information regarding the extent to which eligible entities receiving grants under this section demonstrated improvement in each of the areas specified.” ⁵

⁴ Detailed information on each model reviewed is available at: <http://www.acf.hhs.gov/programs/opre/homvee>

⁵ *Social Security Act, Title V, Section 511 (42 U.S.C. §701)*, as amended by the Affordable Care Act of 2010 (ACA) (P.L. 111-148). See paragraph 511(h)(4).

Continuous Quality Improvement Opportunity

The capacity to collect valid data across a wide range of program areas on the part of individual grantees, which the MIECHV program has fostered, has created an opportunity for grantees and LIAs to have timely data available for purposes of improvement. In fact, in addition to defining performance accountability requirements, the legislation encourages the use of data-driven quality improvement methods that may result in better care and outcomes for families served. Grantees are required in this regard to submit CQI plans and data collection plans to HRSA.⁶

Individual state grantees' enhanced capacity to collect and readily use data for programmatic quality improvement makes their participation in a HV CoIIN more likely to be successful. Thus, the MIECHV program provides a unique opportunity for federal, state, and local agencies, through such a collaborative effort, to make data-driven system level changes at the local level, and accelerate the spread of evidence-based practices and the improvement of client outcomes. In addition, the successful applicant will have access to the benchmark data collected by participating states.

Health care teams have successfully utilized the learning collaborative model over the last two decades. Community-based services organizations have applied this model less frequently. The awardee will need to adapt the application of this model to the field of community-based health and development services for young children and their families.

Building on HRSA's Efforts in Quality Improvement

Since 1999 HRSA has engaged in various quality improvement collaboratives. These efforts have primarily focused on public health and health care topics such as health disparities, diabetes, asthma, depression, HIV/AIDS, medical homes, epilepsy, newborn screening and inter-conception care. Many of these collaboratives have utilized the Institute for Healthcare Improvement (IHI) Collaborative Model for spreading improvement across several settings.

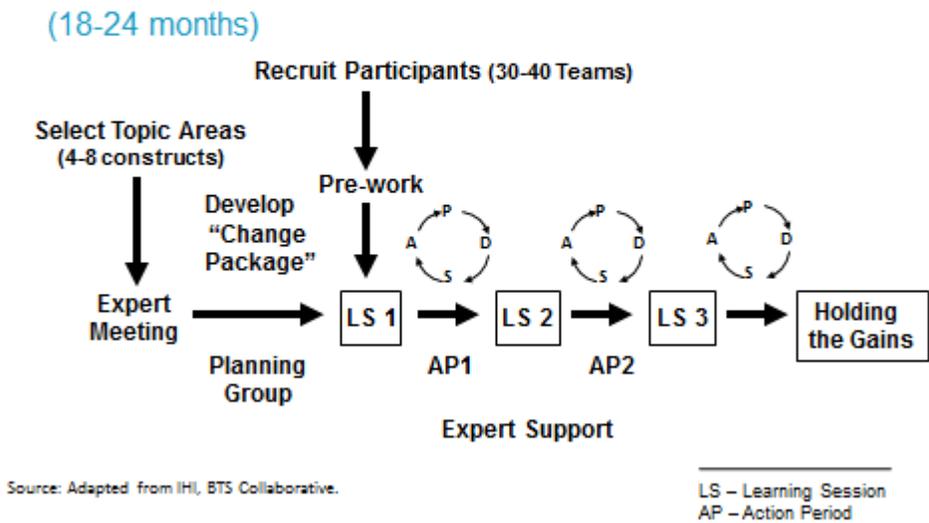
Also known as the Breakthrough Series (BTS), this model was developed in 1996 to help healthcare organizations make improvements in quality while reducing costs. The series is founded on the knowledge that evidence-based approaches and interventions, when applied effectively, can improve health care outcomes while reducing costs. Such evidence-based practices are often underutilized in daily practice. The collaborative closes this gap between what is known and what is done at the point of care by creating a structure in which organizations can readily learn from each other and from recognized experts in relevant topic areas.⁷ Teams in such collaboratives have achieved significant results domestically and globally in a broad range of process and outcome measures (including clinical, cost and patient or client satisfaction measures) for a variety of health conditions.

Teams participating in a BTS collaborative commit to working and learning from each other and from the expert faculty over a specified period of between 18 and 24 months, alternating between planned TA or formal learning activities and "action" periods as illustrated below.

⁶ See *Funding Opportunity Announcement: HRSA-11-187*, Application Format, Program narrative (part x), State Plan for Continuing Quality Improvement (Section 7). July 21, 2011.

⁷ *The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement*.

Home Visiting CoIN



The theoretical component supporting the BTS collaborative process is the Model for Improvement which organizes and guides improvement activities. Central to the BTS process, the Model for Improvement is a simple but versatile framework that can be applied to any improvement process regardless of organizational level (in this case applicable to the collaborative planning or management team, the state team or the local implementing agency QI team levels).⁸

II. Award Information

1. Type of Award

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

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

- Make available the services of experienced Maternal and Child Health Bureau (MCHB) personnel as participants in the planning and development of the project.

⁸ G Langley et al.: *The Improvement Guide*. The basic components of the Model for Improvement include a) defining a measurable aim for each team which includes a discrete number of measurable goals, b) selecting a small family of measures associated with the goals that are common to all teams to be tracked over time, c) adopting a set of changes to be tested that could result in improvement, and d) utilizing plan-do-study-act (P-D-S-A) testing cycles. These are tasks that pilot LIA teams will implement at their individual organization.

- Participate in all aspects of the HV CoIIN activities, including but not limited to, identifying topic areas for targeted improvement, reviewing, planning for the project, facilitating collaboration with MIECHV grantees and LIAs, and facilitating involvement of expert faculty and partner organizations (such as, for example, model developers).
- Review activities, measures, and tools to be established and implemented to accomplish the goals of the project.
- Participate, as appropriate, in regular conference calls, meetings and webinars to be conducted during the project period.
- Review and edit, as appropriate, written documents developed by the awardee, including documentation of pre-work and learning sessions.
- Participate with the awardee in the dissemination of project findings, best practices and lessons learned from the HV CoIIN, and in producing and jointly reviewing reports, articles, and/or presentations developed under this funding opportunity announcement.

In collaboration with HRSA, the **cooperative agreement recipient's responsibilities** include the following:

- Plan and implement a *Collaborative Improvement and Innovation Network* among MIECHV grantee teams following the Breakthrough Series (BTS) or other established collaborative improvement model. Overall activities involve applying and adapting the selected model to the HV CoIIN as well as anticipating the challenges and complexities of designing, managing, and guiding a successful collaborative.

Below are tasks typically associated with a quality improvement learning collaborative:

Planning activities

- Establish and convene a planning group or coordinating team for the HV CoIIN. Roles usually defined in the BTS Collaborative model are a faculty chair, a project director or project co-directors, an improvement advisor (IA), a project sponsor, and 4-8 faculty members. Joint participation in the planning group discussions is how HRSA envisions collaboration to occur with the recipient.
- Establish a committee of up to 6-8 experts as the faculty for the HV CoIIN including its chair person. Faculty 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 a change package, and ultimately the spread of resulting knowledge and best practices to foster adoption of successful strategies by other LIA sites. Faculty members also assist in the planning and conduct of the HV CoIIN activities.
- Solicit participation, select, recruit and register participant organizations. In this instance, the applicant would engage up to 12 MIECHV grantees for up to a 24-month period to implement the collaborative project. The willingly participating grantees would commit to

selecting and supporting 2-4 local implementing agencies in their jurisdiction as pilot sites in order to constitute a HV CoIIN of up to 40 local site quality improvement teams.

- Identify additional partnership groups for potential collaboration which may include health and social service providers, home visiting model developers, researchers, public health agencies, community-based organizations and business groups.
- Develop technical content, and plan and implement activities for the participating grantee teams. Initial activities include:
 - Revising the framework (e.g., driver diagram) for the project
 - Finalizing a family of measures associated with the goals of the HV CoIIN
 - Finalizing a change package of best practices that could be tested by the grantee teams
 - Conducting conference calls with grantees, faculty and HRSA staff

Participant Orientation to the HV CoIIN and Subsequent Technical Assistance

- Introduce the BTS collaborative model and the Model for Improvement to grantee and local teams.
- Conduct learning activities with the participating grantee teams. The “learning component” of the collaborative brings together the teams from each participating organization (grantees and pilot sites) and the expert faculty/planning group to:
 - Introduce the Model for Improvement
 - Present a vision for evidence-based or experience-based service delivery in the key selected topics in home visiting
 - Introduce the specific recommended changes or change package likely to improve the service delivery system’s performance when applied and customized locally
 - Facilitate learning across teams as they report on breakthroughs, barriers and lessons learned.⁹

The learning component of the HV CoIIN also typically covers the following:

- Continuous quality improvement principles and practices
- Member roles and skills needed in effective QI teams
- Evidence-based practices related to the set of 4-6 topic areas selected for improvement among the 37 constructs tracked within the MIECHV program or other topics of interest to the participating organizations (e.g., family recruitment and retention)
- Testing and adapting the recommended interventions or “change package” with guidance from experts, partners and peers
- Analyzing progress (e.g., developing and utilizing run charts) with input from faculty, partners, and peers

⁹ Experience indicates that at least one face-to-face meeting or learning session among participating teams, faculty and planning group is necessary for the success of the collaborative by establishing links and beginning to build a trusting relationship among teams. All other activities can be reasonably carried out virtually. Travel costs for grantee or local teams participating in any face-to-face meeting will not be the responsibility of the awardee and will be covered separately by HRSA as indicated above.

- Using CQI tools to identify processes and overcome barriers for improvement
- Planning for the implementation, sustainability and spread of effective change.
- Support the “improvement component” of the collaborative, which involves assisting the teams to test and adapt changes (i.e., running plan-do-study-act or PDSA cycles) in their own communities.

For instance, planning team and faculty assist the collaborative teams in developing a charter for the local QI team project, which involves identifying their individual aim, and specifying measureable goals among other tasks. Local teams also need specialized coaching in the use of QI tools and processes. These include designing a driver diagram, mapping out care processes, and utilizing PDSA cycles to adapt changes likely to result in improvement.

Individual teams may also need expert guidance and coaching to test and implement changes in their local settings and collect data to measure the impact of these changes. The recipient would provide the means and the support to share this experience with the other participating teams and with the planning group/faculty utilizing, e.g., periodic audio-visual virtual conferences and by posting reports on a common internet-based platform or posting and aggregating data on a “dashboard” for the project.

- Carry out teaching and coaching activities via virtual or distance learning technology.
- Develop content for discussion sessions with the leadership of each of the participating grantees to identify the optimal role for state teams to support pilot LIA sites in their jurisdiction and the collaborative effort more broadly.
- Synthesize the experience within the HV CoIIN of successful teams and summarize methods and lessons learned into resources such as reports or data files for potential spread to other implementation sites (e.g., major changes implemented, barriers resolved, outcomes realized) and to “hold the gains” in the pilot sites.
- Provide opportunities for the grantee teams to give feedback.
- Develop plans to hold the gains and facilitate spread to non-participating MIECHV grantees or non-participating LIAs of the improvement achieved via this technical assistance effort.
- Produce a final report after project completion.

Internet-based Collaborative Workspace

- Provide a secure website or websites to facilitate the collaboration of the participating teams.

This capability allows the local and state teams to periodically report both team-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 uniform format to allow for comparisons and tracking over time.

In addition to the collection and display of data, other desirable Internet-based workspace capabilities include document storage and sharing capacity as well as mechanisms to

facilitate communication among team members.

Rather than developing this capability, the successful applicant should make every effort to utilize an already existing Internet-based system that may support these activities.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2013-2015. Subject to the availability of appropriated funds, approximately \$400,000 will be available annually to fund one (1) cooperative agreement. The project period is three (3) years, September 1, 2013 through August 31, 2016. Funding beyond the first year is dependent on the availability of funds for the HV CoIIN in subsequent fiscal years, recipient satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

As cited in 42 CFR Part 51a.3(a), any public or private entity (such as non-profit organizations, states, colleges and universities) and including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b) is eligible.

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Other

Applications that exceed the ceiling amount of \$ 400,000 per year will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

IV. Application and Submission Information

1. Address to Request an 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. 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 organization 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

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 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	Project Timeline
Attachment 2	Staffing Plan and Job Description of Key Personnel and role in the project (not to exceed one page)
Attachment 3	Biographical Sketches of Key Personnel (not to exceed two pages)
Attachment 4	Letters of Agreement and/or Description of Proposed or Existing Project-related Contracts (i.e., any documents that describe working relationship between applicants and other organizations cited in the proposal).
Attachment 5	Project Organizational Chart (i.e., one-page figure depicting organizational structure of project including subcontractors and other collaborators)
Attachments 6-15	Other Relevant Documents, if applicable not specified elsewhere in the Table of Contents

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. Registration in SAM must be maintained with current, accurate information at all times during which an entity has an active award or an application or plan under consideration by HRSA. It is extremely important to verify that the applicant organization SAM registration is active and the Marketing Partner ID Number (MPIN) is current. Information about registering with the SAM can be found at <http://www.ccr.gov>. Please, see Section IV. 1 above for SAM registration requirements.

ii. Table of Contents

The application should be presented in the order of the Table of Contents provided earlier. Again, for electronic applications no table of contents is necessary as it will be generated by the system. (Note: the Table of Contents will not be counted in the page limit.)

iii. Budget

Please complete Sections A, B, E, and F, and then provide a line item budget for each year of the project period. In Section A use rows 1 - 3 to provide the budget amounts for the three years of the project. Please enter the amounts in the “New or Revised Budget” column- not the “Estimated Unobligated Funds” column. In Section B Object Class Categories of the SF-424A, provide the object class category breakdown for the annual amounts specified in Section A. In Section B, use column (1) to provide category amounts for Year 1 and use columns (2) through (3) for subsequent budget years.

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 statute 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 sub-awards/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 form. Be very careful about showing how each item in the “other” category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification **MUST** be concise. Please do NOT use the justification to expand the project narrative.

Budget for Multi-Year Award

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

may be of 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.

Please 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 benefits 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 educational purchases. Office supplies could include paper, pencils, and the like; 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 sub-recipients that entities receiving sub-awards 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 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.

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 methods used to assess program processes and 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.

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 -- Corresponds to Review Criteria #1 and #2 in Section V*
This section should describe the purpose of the proposed project. The applicant should include a discussion that exhibits a solid understanding of the Breakthrough Series (BTS) Collaborative platform and the Model for Improvement that informs it. The applicant should also demonstrate familiarity with the Maternal, Infant and Early Childhood Home Visiting program generally and with its performance measurement accountability requirements (such as the benchmark-area related measurement systems developed by grantees) as well as the expectation regarding quality improvement activity among grantees.

- *NEEDS ASSESSMENT -- Corresponds to Review Criterion #1 in Section V*
This section should outline ways of assessing the needs as well as the strengths with respect to quality improvement capacity of states and territories. Specifically, how the applicant would select grantees that could benefit the most from participation in the HV CoIIN and are likely to meet the aim of the project within two years. In addition, the applicant could propose ways of assessing, in partnership with the selected grantees, the readiness of LIAs to participate in the HV CoIIN.¹⁰

A successful project would meet the needs of grantees and local implementing agencies (LIAs) such that the selected jurisdictions could potentially contribute significant evidence supporting performance improvement for the MIECHV program as well as related home visiting and maternal and early childhood service programs.

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 grantees and LIAs.

METHODOLOGY -- Corresponds to Review Criteria #2, #3 and #5 in Section V
Propose methods that will be used to address the stated needs and to meet each of the previously described project requirements and expectations in this funding opportunity announcement. Include development of effective TA tools and strategies for ongoing grantee and LIA staff training, outreach, collaborations, ongoing communication, and information sharing/dissemination. Consider efforts to involve patients, families and communities of culturally, linguistically, socio-economically and geographically diverse backgrounds (e.g., including participation of client representatives in LIA quality improvement team activities).

The applicant should be able to show capability to carry out collaborative and learning activities involving fairly large groups of participants utilizing not only in-person approaches but also virtual technologies. Please discuss anticipated challenges in this regard. The applicant should specify the resources needed to make available to participants an Internet-based work space for data collection and analysis (including the functionality

¹⁰ Please see HRSA-13-255 Announcement, Section 7: Plan for Continuous Quality Improvement Program, page 38 for guidance provided to MIECHV grantees regarding CQI plans and other program requirements.

of a “dashboard” or data tool for the project) as well as periodic report sharing and audio-visual communication.

The HV CoIIN includes a formal *learning component* as well as a practical *improvement component*. Describe how the learning component, which is the education portion of the initiative, will highlight any gap that exists between current service provision and ideal service provision for the topic areas or goals for the collaborative and provide the scientific basis for interventions or practices that have closed such gaps (i.e., the “change package”). Please describe how the learning portion of this effort will provide training in quality improvement methods and support the teams from each participating LIA to become a community of active learners. Also describe how the teams will learn to customize the “change package”, apply QI techniques, share information through the collection and submission of data and progress reports, and participate in conference calls and e-mail list discussions during the action periods.

With respect to the *improvement component*, please describe the implementation of the Model for Improvement in this project as a means of testing and implementing rapid change in participating organizations. This model requires participants to ask three fundamental questions (i.e., What are we trying to accomplish? How will we know that a change is an improvement? What changes can we make that will result in improvement?) and to use PDSA (plan-do-study-act) cycles to test and implement changes. The application could note how LIA teams and any other participating teams at the grantee or other level will define their aim, track progress of selected measures, choose actions to accelerate improvement, and test the changes they make (e.g., citing examples of how the end of a PDSA cycle may lead into the next creating “ramps” of linked cycles).

Propose options for defining the distinct roles of grantees and LIAs and suggest differences between the goals that may animate a state and a LIA and ways to align them. Consider the possibility of configuring “clusters” of grantees on a regional basis to facilitate management of the HV CoIIN.

In consultation with an expert group HRSA plans to identify – under a contract, outside of the scope of this FOA, and before this cooperative agreement is awarded – a discrete number of topic areas “ripe” for improvement (probably based on a sub-set of up to 8 constructs of the 37 reportable constructs required under MIECHV for purposes of accountability). HRSA also plans to identify preliminary evidence-based practices associated with these topics and a core set of related measures for all participating LIA teams to utilize in tracking progress. The applicant shall complete or refine as appropriate this technical content needed to launch a successful learning collaborative

The applicant could also discuss in this section the organization’s ability to identify subject matter and application experts that would constitute the faculty and other consultants for the HV CoIIN. These experts would assist the awardee to finalize the technical content and help provide technical support and coaching to grantee and LIA teams. The applicant should pay particular attention to the selection of a faculty chair and an improvement advisor since these roles are critical to the success of the collaborative. These two individuals will work closely throughout the project.

The improvement advisor (IA) shall be expert in improvement theory and methods and ultimately a key party to the outcome of the project. The IA is expected to adjust and validate as needed the technical content for the project (including specific aims, measures, changes to be tested), address issues related to measurement, teach and coach faculty and teams on the application of the improvement methods, and assess progress of the HV CoIIN and generate the requisite strategies to achieve its goals.

The collaborative chair shall be a noted authority in the field of interest (in this case home visiting and early childhood systems) whose main role is to create a shared vision and to provide intellectual leadership to HV CoIIN participants. The chair is also outcome-focused: helps guide the faculty, assists the IA to develop and modify the technical content (measurement system, change package, etc.) and to review progress, presides over and teaches formal learning sessions, and coaches participant organizations to achieve goals.

The successful applicant will indicate in this context how LIAs will report their data on each of the measures periodically to a project reporting site and how these data will be analyzed at the team, state, cluster or national aggregate level. Please explain how these data will be utilized at the various grouping levels to study variation across sites and grantees and identify opportunities for improvement. This capability to analyze and utilize data can be conceived of as the “dashboard” for the project. Please describe the design of this data tool ensuring that it is compliant with rules that protect personally identifiable information.

Separate from this dashboard or data tool, please propose a plan to set up an Internet-based capability that would allow teams to share information through posting of progress reports, and participate in periodic conference calls and email list discussions.

- *WORK PLAN -- Corresponds to Review Criteria # 2, #3, #5 and #6 in Section V*
Describe the steps that will be used to achieve each of the activities proposed for the entire project period in the Methodology section. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application. Please indicate the extent to which these contributors might reflect the cultural, racial, linguistic and geographic diversity of the populations and communities to be served.

The work plan should closely correspond to the needs assessment and other activities described in the program narrative. 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 must be broken out by year but must include goals, objectives and action steps proposed for the entire project period.

- *RESOLUTION OF BARRIERS-- Corresponds to Review Criteria #2, and #5 in Section V*
Discuss barriers or challenges likely to be encountered in designing and implementing the activities described in the work plan, and approaches that will be used to resolve them. In particular please address the need to adapt a methodology such as the BTS Collaborative model and the Model for Improvement which have been predominantly applied to health care over the last couple of decades but less so to the field of community-based prevention

and promotion services such as, in this case, voluntary home visiting and other early childhood services to enhance health and development for parents and young children.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Review Criteria #3, #4, #5 and #6 in Section V*

Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. List the goals or questions you plan to answer through this project and potential process and outcome measures to track its performance. 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).

Additionally, please provide information on the hardware and software tools you plan to use to store and analyze data and to store documents or tools created by the participants of the HV CoIIN (discussed above in the Methodology section). Please specifically describe the data dashboard capability and an Internet-based platform for communication across teams, grantees, project planning and management team and other stakeholders.

Please provide a discussion of how you propose to use the findings of your monitoring of the project management progress and of the HV CoIIN results as a whole. Specifically, provide an evaluation plan that will measure the progress and results of the CoIIN and its potential for spread and dissemination to other sites.

- *ORGANIZATIONAL INFORMATION-- Corresponds to Review Criteria #4 and #5 in Section V*

Provide information on the applicant organization's history, current mission and structure, scope of current activities, and organizational chart, and describe how these all contribute to the ability of the organization to carry out the requirements and to meet project's expectations. Describe the history and mission of the applicant's partners/collaborators as it relates to this type of activity. Describe experience in developing and disseminating informational materials and providing training on the quality improvement process.

Describe any past performance managing Federal grants at the national level. 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 constitute.

Please prepare a Table of Contents for the Program Narrative. Number and label each of the seven 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 above. **Please note, sections do not have a page limit; however, the entire application including attachments may not exceed 80 pages.**

x. Program Specific Forms

HRSA has developed reporting requirements for discretionary grants and cooperative agreements that are needed to generate national performance measures in accordance with 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. Program-specific forms to be completed by grantees/awardees are selected according to the type and focus of the program and include financial, administrative, performance measure, and other data. An electronic system for reporting these data elements is available.

HRSA has identified specific forms to collect these data from the awardee. The forms are a subset of the Discretionary Grant Information System (DGIS) forms utilized by MCHB grantees. The following four DGIS administrative forms will be utilized for this reporting requirement:

- DGIS Form 1: MCHB Project Budget Details
- DGIS Form 2: Project Funding Profile
- DGIS Form 6: MCH Discretionary Grant Project Abstract and
- DGIS Products, Publications, and Submissions Data Form

The grantee will also report on the following performance measure:

Performance Measure 31: The degree to which grantee has assisted States and communities in planning and implementing comprehensive, coordinated care for MCH populations.

This administrative and performance measure data collection information is **not** to be included as part of this application but is due to HRSA within 120 days after the Notice of Award is issued to an awardee. To prepare successful applicants for their reporting requirements the listing of MCHB administrative and performance measure forms for this project can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UF4_1.HTML.

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: Project Timeline

Planning a collaborative requires several labor-intensive activities particularly in the first few months. Please include a timeline specifying needed tasks particularly focusing on those prior to the formal learning sessions (“pre-work”) such as convening the planning group, finalizing the charter, finalizing change package and measurement strategy, drafting learning session agendas, selecting and registering grantees, 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 of Proposed or Existing Project-related 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 12, 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 that do not meet the criteria above are considered late applications and will not be considered in the current competition.

4. Intergovernmental Review

The HV CoIIN is not a project 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 \$400,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Applications with budget requests exceeding the ceilings specified above will be deemed noncompliant and will not be considered for funding. These applications may be returned without further review.

Pre-award costs are allowable up to (and including) 90 days prior to the grant start date with Grants Management Officer approval. These costs are allowable only to the extent that they would have been allowable if incurred after the date of the award and only with the written approval of the awarding agency.

As indicated above, 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 Authorized Organization Representative or AOR be 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 *Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN)* has 6 (six) review criteria:

Criterion 1: NEED (10 points) – Corresponds with the “Introduction” and “Needs Assessment” parts of the project narrative under Section IV above

The extent to which the application articulates an understanding of the need and contributing factors for successful quality improvement activities and spread among early childhood service systems within a larger national agenda.

Criterion 2: RESPONSE (30 points) – Corresponds with the “Introduction”, “Methodology”, “Work Plan”, and “Resolution of Barriers” parts of the project narrative under Section IV

The extent to which the proposed project responds to the “Purpose” included in the program description and articulates achievable aims and goals of the project. The application should clearly relate the learning and the practical improvement components of the TA project to achieving the project goals.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds with the “Methodology”, “Work Plan”, and “Evaluation and Technical Support Capacity” parts of the project narrative under Section IV

The effectiveness and efficiency of the method proposed to monitor and evaluate the project’s progress and results over time, for the project as a whole as well as for individual participating grantees and LIAs. The extent to which the process and outcome measures will demonstrate the achievement of program objectives as a result of the CoIIN project itself.

Criterion 4: IMPACT (10 points) —Corresponds with the “Evaluation and Technical Support Capacity” and “Organizational Information” parts of the project narrative under Section IV

The feasibility and effectiveness of plans for dissemination of project results, and the extent to which project results are national in scope, and the degree to which the project activities are readily replicable.

Criterion 5: RESOURCES/CAPABILITIES (30 points) —Corresponds with the “Methodology”, “Work Plan”, “Resolution of Barriers”, “Evaluation and Technical Support Capacity” and “Organizational Information” parts of the project narrative under Section IV

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. Of particular importance are the experience and expertise with BTS collaboratives applied to public health, health care and/or social service processes on the part of the *improvement advisor* and the subject matter expertise, experience with home visiting or other early childhood preventive services and leadership capability of the *chair* for the project’s faculty.

The extent to which the capabilities of the applicant organization and personnel fulfill the needs and requirements of the proposed project. The extent to which the applicants has experience with developing and/or coordinating quality improvement learning collaboratives based on the BTS or equivalent model and providing teaching and coaching to CQI teams on this topic. Applications that fail to show such experience be considered non-responsive to the FOA.

Criterion 6: SUPPORT REQUESTED (10 points) —Corresponds with the “Work Plan” and “Evaluation and Technical Support Capacity” parts of the project narrative under Section IV

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

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives. Past experience suggests for example that the improvement advisor should devote an average of 3-4 days per month (1/5th time) to this project (with more involvement during the beginning phases).

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 the award will be announced prior to the start date of September 1, 2013.

VI. Award Administration Information

1. Award Notices

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

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

2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74, *[Uniform Administrative Requirements for Awards and Sub-awards 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](#)*.

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/>.

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>.

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>.

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 sero-status and reduce stigma and discrimination against people living with HIV.

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

Health IT

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

Related Health IT Resources:

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

3. Reporting

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

a. Audit Requirements

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

b. Payment Management Requirements

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

c. Status Reports

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.

Progress Report(s). The recipient must submit a progress report to HRSA once a year. Submission and HRSA approval of awardee progress reports triggers the budget period renewal and release of subsequent year funds. Further information will be provided in the NoA.

Final Report. A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress accomplished; performance measurement data; impact of the overall project; the degree to which the grantee achieved the aim, goals and strategy implementation 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>.

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.

Other required reports and/or products. The recipient must submit five program-specific data reporting forms. To prepare applicants for this reporting requirement, the designated forms appear for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UF4_1.HTML.

The successful applicant will be notified in advance of the specific due dates and formatting requirements for submitting these forms.

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 sub-award of \$25,000 or more in Federal funds and executive total compensation for the recipient’s and sub-recipient’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:

Janene P. Dyson
Grants Management Specialist
Maternal Child & Health Systems Branch
HRSA, Division of Grants Mgmt. Operations
5600 Fishers Lane, Room 11-103
Rockville, MD 20857
Telephone: (301) 443-8325
Fax: (301) 594-4073
E-mail: JDyson@hrsa.gov

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

Carlos Cano, MD, MPM
Senior Advisor, Division of Home Visiting and Early Childhood Services
Attn: Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN)
Maternal and Child health Bureau, HRSA
Parklawn Building, Room 10-86
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-8951
Fax: (301) 443-8918
Email: ccano@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. Other Information

All applicants are encouraged to participate in a technical assistance (TA) call for this funding opportunity. In an attempt to most effectively utilize our limited TA conference call time, if you have questions about the funding opportunity announcement please send them via email to Carlos Cano ccano@hrsa.gov. We will compile and address these questions during the webinar. A Technical Assistance Webinar is scheduled for the FY 2013 application cycle on Friday, July 19, 2013 from 2:00 pm to 3:00 pm Eastern Time. Webinar and registration information will be available on the Maternal and Child Health Bureau Website at: <http://learning.mchb.hrsa.gov/index.asp>. **REGISTRATION WILL BE AVAILABLE ON THE HRSA WEBSITE NO LATER THAN WEDNESDAY, JULY 17.** The webinar will help prepare applicants for the FY 2013 application period, highlight significant program requirements, and offer participants an opportunity to ask questions.

Detailed information about the home visiting models that meet the criteria for evidence of effectiveness for the MIECHV program is posted at <http://www.acf.hhs.gov/programs/opre/homvee>. This site also provides information about the systematic review undertaken by HHS as well as the available evidence by model, across models within a domain, and implementation information about individual models.

Discretionary Grant Information System (DGIS) Home Visiting Form 1 (service utilization and socio-demographic data) and Form 2 (benchmark-area related data) are available at <http://mchb.hrsa.gov/programs/homevisiting/ta/resources/index.html>.

Periodic technical assistance has been provided to grantees under the MIECHV program. Such technical assistance has included webinars, briefs on benchmark data collection, and other assistance. Technical assistance that has been provided to date is available online and may be accessed by clicking on <http://mchb.hrsa.gov/programs/homevisiting/ta/index.html>.

Information about the Model for Improvement is publicly available at <http://www.ihl.org/offerings/VirtualPrograms/OnDemand/ImprovementModelIntro/Pages/default.aspx>

IX. Tips for Writing a Strong Application

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

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