

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

Maternal and Child Health Bureau
Division of State and Community Health

***Partnership for State Title V Maternal and Child Health Leadership Community
Cooperative Agreement***

Announcement Type: New and Competing Continuation

Announcement Number: HRSA-15-071

Catalog of Federal Domestic Assistance (CFDA) No. 93.110

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2015

**November 3, 2014 Modification –
Application due date revised and application package at Grants.gov updated.
Applicants will need to download the new application package
and submit by the new due date.**

Application Due Date: November 6, 2014

*Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to one month to complete.*

Release Date: September 4, 2014

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) is accepting applications for the fiscal year (FY) 2015 Partnership for State Title V Maternal and Child Health Leadership Community Cooperative Agreement. The purpose of this cooperative agreement is to support an organization in improving public health programs and the delivery of Maternal and Child Health (MCH) services and assure optimal alignment with the transformed Title V MCH Services Block Grant program. The awardee will support efforts of State Title V MCH programs, led by State MCH and Children with Special Health Care Needs (CSHCN) Directors, to improve the health of all mothers and children by assisting States in developing, implementing, and sustaining public health programs and a comprehensive system of care for the delivery of MCH services that are well aligned with the transformed Title V MCH Services Block Grant.

Funding Opportunity Title:	Partnership for State Title V Maternal and Child Health Leadership Community Cooperative Agreement
Funding Opportunity Number:	HRSA-15-071
Due Date for Applications:	November 6, 2014
Anticipated Total Annual Available Funding:	\$1,537,500
Estimated Number and Type of Award(s):	One (1) cooperative agreement
Estimated Award Amount:	Up to \$1,537,500 per year
Cost Sharing/Match Required:	No
Project Period:	May 1, 2015 through April 30, 2020 (Five (5) years)
Eligible Applicants:	Per 42 CFR § 51a.3(a), any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b), is eligible to apply. If otherwise eligible, faith-based and community-based organizations are eligible to apply. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this funding opportunity announcement to do otherwise. A short video for applicants explaining the new *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the fiscal year (FY) 2015 Partnership for State Title V Maternal and Child Health (MCH) Leadership Community Cooperative Agreement.

The purpose of this cooperative agreement is to support an organization focusing on MCH to improve public health programs and the delivery of MCH services and assure optimal alignment with the transformed Title V MCH Services Block Grant program. The awardee will support efforts of State Title V MCH programs, led by State MCH and Children with Special Health Care Needs (CSHCN) Directors, to improve the health of all mothers and children by assisting States in developing, implementing, and sustaining public health programs and a comprehensive system of care for the delivery of MCH services that are well aligned with the transformed Title V MCH Services Block Grant. In addition, the awardee will support efforts of State Title V MCH Services Block Grant programs related to the implementation of the Affordable Care Act (ACA), including outreach and enrollment, tracking improvements from coverage to care to systems, and developing an “early warning system” for ACA-related issues in MCH.

Applications for the Partnership for State Title V MCH Leadership Community Cooperative Agreement must address the following four goals:

1. Assist and support State MCH and CSHCN Directors in improving MCH outcomes;
2. Serve as an effective voice in communicating the importance of MCH issues;
3. Develop strong partnerships and collaborations with other national partners to advance MCH priorities; and
4. Facilitate development of a highly skilled MCH workforce, including State MCH leaders and staff, family leaders, and youth leaders.

This funding will assist in providing an effective link between the Health Resources and Services Administration’s (HRSA’s) Maternal and Child Health Bureau (MCHB), State Title V MCH programs, and MCH-related organizations at the national level to improve each State’s ability to demonstrate the impact and value of the Title V MCH Services Block Grant. This funding also will support closer linkages between State Title V MCH programs and other HRSA and non-HRSA investments, including, but not limited to, Maternal, Infant, and Early Childhood Home Visiting (MIECHV), Healthy Start, newborn screening, Early Childhood Comprehensive Systems (ECCS), Emergency Medical Services for Children (EMSC), community health centers, and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

Transformation of the Title V MCH Services Block Grant

Over the past year, MCHB has been working with its partners to develop and refine a vision for transforming the Title V MCH Services Block Grant to ensure Title V’s continued effectiveness and readiness to respond to current and future challenges facing this country’s MCH population. The transformation of the Title V MCH Services Block Grant is designed to strengthen Title V’s capacity, as the public health system for MCH populations in the States, to carry out the core public health functions of assessment, assurance, and policy development and the ten essential services of public health. To accomplish this, the transformation of the Title V MCH Services Block Grant program focuses on five guiding principles:

1. **Access:** Increasing access to and use of affordable health coverage, preventive visits, and other health care services for the MCH population.
2. **Quality:** Closing the gap between knowledge and practice through greater use of quality improvement processes, provider training, and community partnerships to improve the quality and appropriateness of primary health care encounters for the MCH population.
3. **Integration:** Advancing service integration and systems transformation for the MCH population.
4. **Equity:** Reducing the negative impact of social determinants of health and unequal treatment that drive disparities in the health, safety, and well-being of the MCH population.
5. **Accountability:** Focusing on Federal and State-specific performance and structural/process measures to monitor the population-level health, safety and well-being of the MCH population.

The transformation of the Title V MCH Services Block Grant program will bring major revisions to the National Performance Measures (NPMs) for the program. These revisions are intended to enhance the ability of States to demonstrate the impact and value of this investment in improving MCH outcomes within a State as well as to tell a national story about the impact of Title V funding across the country. One area of focus in revising the NPMs is for MCHB to assume lead responsibility in ensuring that each measure has a national data source, which will allow for measurement that is timely, reliable and valid. In addition to being actionable and accountable, the new NPMs are intended to track areas where State Title V programs can demonstrate the impact of their Title V MCH Services Block Grant investments. As States begin to implement these changes, this cooperative agreement will provide States with essential resources and support. Further information regarding the transformation of the Title V MCH Services Block Grant can be accessed at <http://mchb.hrsa.gov/blockgrant/index.html> .

Need for Partnership for State Title V MCH Leadership Community Cooperative Agreement

Since its inception, this cooperative agreement has played a critical role in supporting States as they carry out the work of the Title V MCH Services Block Grant. This cooperative agreement will take on even greater significance with the release of the revised Title V MCH Services Block Grant Application and Annual Report Guidance in early 2015, and is being reframed to assure optimal alignment with the transformed Title V MCH Services Block Grant program and other MCHB investments. As reframed, the cooperative agreement will fund an organization that will support State Title V MCH and CSHCN leadership as they implement changes that continue to enhance, improve, and refine their capacity and infrastructure to support comprehensive, community-based systems of care for the MCH population that are well-aligned with the transformed Title V MCH Services Block Grant. The cooperative agreement will continue to support States' efforts to develop and maintain a strong MCH infrastructure in the States, with a renewed focus on assuring access to health care services for the MCH population, assuring the quality of services being provided, advancing integration of services, promoting equity, and improving program accountability.

Further information on each goal of this cooperative agreement is provided below:

Goal 1: Assist and support States MCH and CSHCN Directors in improving MCH outcomes

This cooperative agreement will assist States in improving outcomes that demonstrate the impact and value of the transformed Title V MCH Services Block Grant, as well as related MCHB investments that support the work of the Title V MCH Services Block Grant. As part of this goal, the awardee will assist States in understanding the successes of other States addressing similar MCH challenges, which is critical to progress in optimizing the health and well-being of the MCH population. Mechanisms for accomplishing this goal may include the following:

1. Identifying, sharing, and facilitating implementation and adoption of State effective and promising practices that will assist States in demonstrating improvements in their outcomes related to the revised MCH Block Grant NPMs and National Outcome Measures (NOMs). An example would be development of a compendium that identifies State-level effective and promising practices related to a specific topical area; or development and maintenance of a web site that allows States to easily find effective and promising practices from other States related to a specific area of need.
2. Assisting States in developing structural/process measures, consistent with the transformed MCH Services Block Grant, to facilitate State efforts to demonstrate progress in improving MCH outcomes.
3. Providing technical assistance to States, as required by section 509(a)(4) of the Social Security Act.
4. Developing and providing resources to State Title V programs on specific emerging issues of national and State importance to MCH, such as development and implementation of life course metrics to assist States in measuring the impact of initiatives intended to impact the life course trajectory.
5. Sharing effective and promising practices with Title V Directors, families, State policymakers, Federal partners, and others, and providing leadership training, through activities that may include, but are not limited to regional meetings, or issue-specific summits, to facilitate State efforts to demonstrate improvements in their outcomes related to the revised Title V MCH Services Block Grant NPMs and NOMs.
6. Conducting webinars that will assist State MCH and CSHCN Directors and staff in most effectively addressing the needs of the MCH population, including communicating information related to the transformation of the Title V MCH Services Block Grant program and providing information on successful approaches for addressing MCH issues.
7. Developing and providing access to on-line tools or resources that support State progress in addressing the revised Title V MCH Services Block Grant NPMs and NOMs.
8. Sharing MCH information and resources that will assist States in demonstrating improvements in their outcomes related to the revised MCH Block Grant NPMs and NOMs through mechanisms that may include, but are not limited to, regular electronic communications, social media, or other types of information technology.

As part of Goal 1, the awardee will support efforts of State Title V MCH Services Block Grant programs related to the implementation of the Affordable Care Act (ACA), including outreach and enrollment, tracking improvements from coverage to care to systems, and developing an “early warning system” for ACA-related issues in MCH.

Goal 2: Serve as an effective voice in communicating the importance of MCH issues

This cooperative agreement will play a critical role in assuring an effective mechanism for increasing awareness of MCH issues at all levels, including the role of the transformed Title V MCH Services Block Grant in impacting MCH outcomes. Mechanisms for accomplishing this goal may include:

1. Articulating the needs of the MCH population and communicating the importance of MCH issues at national, State, and local levels.
2. Disseminating new information about MCH to policy and decision makers in the public and private sectors at national, State, and local levels.
3. Gathering information from State MCH and CSHCN Directors and their staff about MCH issues of concern, including emerging issues.
4. Maintaining ongoing communication with all State MCH and CSHCN Directors to assist them in understanding emerging MCH issues and effective strategies for improving MCH outcomes.

Goal 3: Develop strong partnerships and collaborations with other national partners to advance MCH priorities

This cooperative agreement will play a critical role in building collaboration among national partners to address complex issues, assisting States and other partners in working together to improve outcomes for the MCH population, and aligning partnerships in support of the transformed Title V MCH Services Block Grant program. Mechanisms for accomplishing this goal may include:

1. Assisting members in developing and sustaining strong partnerships and collaborations with staff from other programs to address MCH issues.
2. Working with national partners to increase broad understanding of MCH issues.

As part of Goal 3, the awardee will support closer linkages between State Title V MCH programs and other HRSA and non-HRSA investments, including, but not limited to, Maternal, Infant, and Early Childhood Home Visiting (MIECHV), Healthy Start, newborn screening, Early Childhood Comprehensive Systems (ECCS), Emergency Medical Services for Children (EMSC), community health centers, and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

Goal 4: Facilitate development of a highly skilled MCH workforce, including State MCH leaders and staff, family leaders, and youth leaders

This cooperative agreement plays a critical role in assisting States in addressing workforce development needs, which includes development of State leaders and staff, as well as families and youth, who have an important role in shaping MCH program and policy. Mechanisms for accomplishing this goal may include:

1. Providing resources for improving the skills of State MCH and CSHCN leaders and staff.
2. Providing resources for developing family and youth leaders.

3. Facilitating the development of the MCH and CSHCN workforce through enrollment of new State MCH and CSHCN Directors, paired with experienced MCH and CSHCN Directors, in a mentoring program.
4. Facilitating the development of the MCH and CSHCN workforce through developing and providing access to on-line tools or resources that support workforce development needs.
5. Facilitating the development of family leaders, through a family leadership development program.

In the five-year project plan, the successful applicant will describe specific activities and components to demonstrate how it will achieve the purpose and goals, including how the impact of these efforts will be measured.

2. Background

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

Title V of the Social Security Act

In 1935, Congress enacted Title V of the Social Security Act authorizing the MCH Services Programs. This legislation has provided a foundation and structure for assuring the health of mothers and children in the nation for over 75 years. Title V was designed to improve health and assure access to high quality health services for present and future generations of mothers, infants, children and adolescents, including those with disabilities and chronic illnesses, with special attention to those of low income or with limited availability of health services. Under Title V of the Social Security Act, the MCH Services Block Grant program has three components—Formula Block Grants to States, Special Projects of Regional and National Significance (SPRANS) and Community Integrated Service Systems grants.

Unique in its design and scope, the Title V MCH Services Block Grant program:

1. Focuses exclusively on the entire MCH population;
2. Encompasses infrastructure, population-based, enabling, and direct services for the MCH population;
3. Requires a unique partnership arrangement between Federal, State and local entities;
4. Requires each State to work collaboratively with other organizations to conduct a State-wide, comprehensive Needs Assessment every five (5) years; and
5. Based on the findings of the Needs Assessment, requires each State to identify State priorities to comprehensively address the needs of the MCH population and guide the use of the Title V MCH Services Block Grant to States funds.

The Partnership for State Title V MCH Leadership Community Cooperative Agreement is a Special Project of Regional or National Significance (SPRANS) activity, providing essential support to assist State MCH and CSHCN Directors in their administration and oversight of the Title V MCH Services Block Grant program.

Maternal and Child Health Bureau (MCHB)

Title V is administered by MCHB, which is a part of HRSA in the U.S. Department of Health and Human Services. The mission of MCHB is to provide national leadership, in partnership with key stakeholders, to improve the physical and mental health, safety and well-being of the

MCH population which includes all of the nation's women, infants, children, adolescents, and their families, including fathers and children with special health care needs.

In support of this mission, MCHB's Division of State and Community Health (DSCH) provides administrative oversight for the Title V MCH Services Block Grant, which supports States in developing and maintaining a statewide system of care to address the needs of their MCH population.

II. Award Information

1. Type of Award

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

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

1. Making available the services of experienced HRSA/MCHB personnel as participants in the planning and development of all phases of the project;
2. Ongoing review of activities and procedures to be established and implemented for accomplishing the goals of the grant;
3. Participation, as appropriate, in meetings, and summits conducted during the period of the cooperative agreement;
4. Review of project information prior to dissemination;
5. Assistance and referral in the establishment and facilitation of effective collaborative relationships with Federal and State agencies, resource centers, and other entities that may be relevant to the project's mission;
6. Provision of information resources; and
7. Participation in the dissemination of project activities and products.

The cooperative agreement recipient's responsibilities shall include:

1. Serving as an effective voice in communicating the importance of MCH issues at the National, State, and local level.
2. Assisting State Title V MCH and CSHCN Directors and their staff in improving outcomes through activities that include, but are not limited to, technical assistance, conferences, and sharing of promising and best practices.
3. Assisting State Title V MCH and CSHCN Directors and their staff in developing and sustaining a diverse and effective MCH and CSHCN workforce through activities that include, but are not limited to, leadership development and family and youth involvement.
4. Disseminating new information about MCH to policy and decision makers concerned with developing MCH policies and programs in the public and private sectors at local, State, and national levels.
5. Gathering information from State Title V MCH and CSHCN Directors about issues of concern relating to MCH.

6. Assisting State Title V MCH and CSHCN Directors to work together and with staff from other programs to solve MCH problems.
7. Articulating the particular needs of the MCH population to the nation at large.
8. Identifying itself as an organization able to demonstrate that it represents State Title V MCH and CSHCN Directors.
9. Supporting efforts of State Title V MCH Services Block Grant programs related to the implementation of the Affordable Care Act (ACA), including outreach and enrollment, tracking improvements from coverage to care to systems, and developing an “early warning system” for ACA-related issues in MCH.
10. Supporting closer linkages between State Title V MCH programs and other HRSA and non-HRSA investments, including, but not limited to, Maternal, Infant, and Early Childhood Home Visiting (MIECHV), Healthy Start, newborn screening, Early Childhood Comprehensive Systems (ECCS), Emergency Medical Services for Children (EMSC), community health centers, and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

2. Summary of Funding

This program will provide funding during Federal fiscal years 2015 - 2019. Approximately \$1,537,500 is expected to be available annually to fund one (1) awardee. The actual amount available will not be determined until enactment of the final FY 2015 Federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. Applicants may apply for a ceiling amount of up to \$1,537,500 per year. The project period is five (5) years. Funding beyond the first year is dependent on the availability of appropriated funds for the Partnership for State Title V Maternal and Child Health Leadership Community program in subsequent fiscal years, satisfactory awardee performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

Per 42 CFR § 51a.3(a), any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b), is eligible to apply. If otherwise eligible, faith-based and community-based organizations are eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this funding opportunity following the directions provided at [Grants.gov](https://www.grants.gov).

2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](#) except where instructed in the funding opportunity announcement to do otherwise.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of eighty (80) pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to print your application to ensure it does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under the announcement.

Program-specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#) (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following.

i. Project Abstract

See Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

ii. 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 Section V's Review Criterion 1**
This section should briefly describe the purpose of the proposed project. The applicant organization must discuss its role in working with State Title V MCH and CSHCN Directors to promote maternal and child health. The applicant must describe the need for the proposed project in assuring that the MCH population is most effectively served, especially in light of the transformed Title V MCH Services Block Grant and the guiding principles of access, quality, integration, equity, and accountability.
- **NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1**
This section outlines the needs of State Title V MCH and CSHCN Directors in light of the transformed Title V MCH Block Grant, and the role of the applicant organization in fulfilling those needs. The applicant must address the resources available to both the State Title V MCH and CSHCN Directors and the applicant organization and discuss any relevant barriers that the project hopes to overcome. The applicant must identify gaps or inadequacies of State Title V MCH and CSHCN Directors in being able to meet needs of the MCH population and describe the benefit to the MCH population if these needs could be better met. This section should help reviewers understand the target population that will be served by the proposed project.
- **METHODOLOGY -- Corresponds to Section V's Review Criteria 2 and 4**
The applicant must describe proposed methods that will be used to meet each of the previously-described program requirements and expectations outlined in this funding opportunity announcement.

The applicant must state concisely the importance of the project by relating the specific objectives to the potential of the project to meet the purpose of the program, as described in this funding opportunity announcement.

The applicant must state the overall goal(s) of the project and list the specific objectives that respond to the stated need/purpose for this project. The objectives must be observable and measurable with specific outcomes for each project year which are attainable in the stated time frame. These outcomes are the criteria for the evaluation of the program.

The applicant must clearly describe how the project will accomplish the activities of the cooperative agreement. The applicant organization must discuss how it will address the following four goals:

Goal 1: Assist and support States MCH and CSHCN Directors in improving MCH outcomes

Describe how the applicant will assist States in improving outcomes that demonstrate the impact and value of the transformed Title V MCH Services Block Grant, as well as related MCHB investments that support the work of the Title V MCH Services Block Grant. Describe how the applicant will assist States in understanding the successes of other States addressing similar MCH challenges, which is critical to progress in optimizing the health and well-being of the MCH population. Describe mechanisms for accomplishing this goal, which may include:

1. Identifying, sharing, and facilitating implementation and adoption of State effective and promising practices that will assist States in demonstrating improvements in their outcomes related to the revised MCH Block Grant NPMs and National Outcome Measures (NOMs). An example would be development of a compendium that identifies State-level effective and promising practices related to a specific topical area; or development and maintenance of a web site that allows States to easily find effective and promising practices from other States related to a specific area of need.
2. Assisting States in developing structural/process measures, consistent with the transformed MCH Services Block Grant, to facilitate State efforts to demonstrate progress in improving MCH outcomes.
3. Providing technical assistance to States, as required by section 509(a)(4) of the Social Security Act.
4. Developing and providing resources to State Title V programs on specific emerging issues of national and State importance to MCH, such as development and implementation of life course metrics to assist States in measuring the impact of initiatives intended to impact the life course trajectory.
5. Sharing effective and promising practices with Title V Directors, families, State policymakers, Federal partners, and others, and providing leadership training, through activities that may include, but are not limited to, an annual conference, regional meetings, or issue-specific summits, to facilitate State efforts to demonstrate improvements in their outcomes related to the revised Title V MCH Services Block Grant NPMs and NOMs.
6. Conducting webinars that will assist State MCH and CSHCN Directors and staff in most effectively addressing the needs of the MCH population, including communicating information related to the transformation of the Title V MCH Services Block Grant program and providing information on successful approaches for addressing MCH issues.
7. Developing and providing access to on-line tools or resources that support State progress in addressing the revised Title V MCH Services Block Grant NPMs and NOMs.
8. Sharing MCH information and resources that will assist States in demonstrating improvements in their outcomes related to the revised MCH Block Grant NPMs and NOMs through mechanisms that may include, but are not limited to, regular electronic communications, social media, or other types of information technology.

Describe how the applicant will support efforts of State Title V MCH Services Block Grant programs related to the implementation of the Affordable Care Act (ACA),

including outreach and enrollment, tracking improvements from coverage to care to systems, and developing an “early warning system” for ACA-related issues in MCH.

Goal 2: Serve as an effective voice in communicating the importance of MCH issues

Describe how the applicant will assure effective mechanisms for increasing awareness of MCH issues at all levels, including the role of the transformed Title V MCH Services Block Grant in impacting MCH outcomes. Describe mechanisms for accomplishing this goal, which may include:

1. Articulating the needs of the MCH population and communicating the importance of MCH issues at national, State, and local levels.
2. Disseminating new information about MCH to policy and decision makers in the public and private sectors at national, State, and local levels.
3. Gathering information from State Title V MCH and CSHCN Directors about MCH issues of concern, including emerging issues.
4. Maintaining ongoing communication with State Title V MCH and CSHCN Directors to assist them in understanding emerging MCH issues and effective strategies for improving MCH outcomes.

Goal 3: Develop strong partnerships and collaborations with other national partners to advance MCH priorities

Describe how the applicant will build collaboration among national partners to address complex issues, assisting States and other partners in working together to improve outcomes for the MCH population, and aligning partnerships in support of the transformed Title V MCH Services Block Grant program. Describe mechanisms for accomplishing this goal, which may include:

1. Assisting State Title V MCH and CSHCN Directors in developing and sustaining strong partnerships and collaborations with staff from other programs to address MCH issues.
2. Working with national partners to increase broad understanding of MCH issues.

Describe how the applicant will support closer linkages between State Title V MCH programs and other HRSA and non-HRSA investments, including, but not limited to, Maternal, Infant, and Early Childhood Home Visiting (MIECHV), Healthy Start, newborn screening, Early Childhood Comprehensive Systems (ECCS), Emergency Medical Services for Children (EMSC), community health centers, and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

Goal 4: Facilitate development of a highly skilled MCH workforce, including State MCH leaders and staff, family leaders, and youth leaders

Describe how the applicant will assist States in addressing workforce development needs, which includes development of state leaders and staff, as well as families and youth, who have an important role in shaping MCH program and policy. Describe mechanisms for accomplishing this goal, which may include:

1. Providing resources for improving the skills of State MCH and CSHCN leaders and staff.
2. Providing resources for developing family and youth leaders.
3. Facilitating the development of the MCH and CSHCN workforce through enrollment of new directors, paired with experienced directors, in a mentoring program.
4. Facilitating the development of the MCH and CSHCN workforce through developing and providing access to on-line tools or resources that support workforce development needs.
5. Facilitating the development of family leaders, through a family leadership development program.

In the five-year project plan, describe specific activities and components to demonstrate how the applicant will achieve the purpose and goals, including how the impact of these efforts will be measured.

The applicant must describe the proposed project's existing and planned methods of collaboration and coordination with other relevant agencies and organizations, which may include national associations and organizations, providers, family members, consumer groups, insurers, professional membership organizations, and other partners relevant to the proposed project.

The recipient of this cooperative agreement acknowledges that the MCHB has uncontested access to any and all data generated under this cooperative agreement and the recipient agrees to provide royalty-free, nonexclusive, and irrevocable license for the government to reproduce, publish, or otherwise use any products derived from activities conducted under this cooperative agreement.

The recipient of this cooperative agreement must develop methods for the exchange and sharing of exemplary practices among the programs using Internet-based technologies, in person meetings, and print materials, depending on the preferences of users and resource limitations.

- *WORK PLAN -- Corresponds to Section V's Review Criteria 2 and 4*
The applicant must describe the activities or steps that will be used to achieve each of the activities proposed in the methodology section. The applicant must use a time line that includes each activity and identifies responsible staff. The work plan must include performance measures and annual performance objectives for assessing progress. A logic model must be utilized to illustrate the overall work plan. The applicant must include a work plan in Attachment 1 and a logic model in Attachment 6.
- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criteria 2 and 4*
The applicant must discuss challenges that are likely to be encountered in designing and implementing the activities described in the Methodology and the Work Plan, and approaches that will be used to resolve such challenges.
- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria 3 and 5*
The applicant must describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation

should monitor ongoing processes and the progress towards the goals and objectives of the project. The applicant must include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.

Applicants must describe the systems and processes that will support the organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. The applicant must describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, the applicant should describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development. Applicants must describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

- **ORGANIZATIONAL INFORMATION** -- *Corresponds to Section V's Review Criterion 5*
The applicant must provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. The applicant must place the organizational chart in Attachment 5.

iii. Budget

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a grant-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement.

See Section 4.1.iv of HRSA's SF-424 Application Guide.

The Consolidated Appropriations Act, 2014, Division H, § 203, (P.L. 113-76) states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's SF-424 Application Guide for additional information. Note that these or other salary limitations will apply in FY 2015, as required by law.

iv. Budget Justification Narrative

See Section 4.1.v. of HRSA's [SF-424 Application Guide](#).

v. Program-Specific Forms

1) Performance Standards for Special Projects of Regional or National Significance (SPRANS) and Other MCHB Discretionary Projects

The Health Resources and Services Administration (HRSA) has modified its reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by

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

2) *Performance Measures for the Partnership for the State Title V MCH(MCH Leadership Community Cooperative Agreement and Submission of Administrative Data*

To prepare successful applicants of their reporting requirements the listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U01_3.html.

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

vi. Attachments

Please provide the following items in the order specified below to complete the content of the application. Unless otherwise noted, attachments count toward the application page limit. Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled.**

Attachment 1: Work Plan

Attach the Work Plan for the project that includes all information detailed in Section IV.
2. ii. Project Narrative.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of the HRSA's [SF-424 Application Guide](#))

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

Attachment 3: Biographical Sketches of Key Personnel

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

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

Provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal. Documents that

confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

Attachment 5: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project.

Attachment 6: Tables, Charts, etc.

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.). Also include the required logic model in this attachment.

Attachment 7: For Multi-Year Budgets--Fifth Year Budget (not counted toward the page limit)

After using columns (1) through (4) of the SF-424A Section B for a five-year project period, the applicant will need to submit the budgets for year 5 as an attachment. They should use the SF-424A Section B.

Attachment 8: Summary Progress Report

ACCOMPLISHMENT SUMMARY (FOR COMPETING CONTINUATIONS ONLY)

A well planned accomplishment summary can be of great value by providing a record of accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered during the review process; therefore, applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. Because the Accomplishment Summary is considered when applications are reviewed and scored, **competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do.** The Accomplishment Summary will be evaluated as part of Review Criterion 5: RESOURCES/CAPABILITIES.

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

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

Attachments 9 – 15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the

project/program (in-kind services, dollars, staff, space, equipment, etc.) List all other support letters on one page.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *November 6, 2014 at 11:59 P.M. Eastern Time*.

4. Intergovernmental Review

The *Partnership for State Title V Maternal and Child Health (MCH) Leadership Community Cooperative Agreement* is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

See Section 4.1 ii of HRSA's [SF-424 Application Guide](#) for additional information.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to five (5) years, at no more than \$1,537,500 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.

The General Provisions in Division H, Title V of the Consolidated Appropriations Act, 2014 (P.L. 113-76), apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2015, as required by law.

All program income generated as a result of awarded grant funds must be used for approved project-related activities.

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.

These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review.

Review Criteria are used to review and rank applications. The *Partnership for State Title V Maternal and Child Health (MCH) Leadership Community Cooperative Agreement* has six (6) review criteria:

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

- The extent to which the application demonstrates an understanding of the need for the proposed project in assuring that the MCH population is most effectively served, especially in light of the transformed Title V MCH Services Block Grant and the guiding principles of access, quality, integration, equity, and accountability.
- The extent to which the applicant addresses the resources available to both State Title V MCH and CSHCN Directors and the applicant organization and discusses any relevant barriers that the project hopes to overcome.
- The extent to which the applicant identifies gaps or inadequacies of State Title V MCH and CSHCN Directors in being able to meet needs of the MCH population and describes the benefit to the MCH population if these needs could be better met.
- This extent to which the applicant effectively describes the target population that will be served by the proposed project.

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

- The extent to which the proposed project responds to the “Purpose” included in the program description.
- The strength of the proposed goals and objectives and their relationship to the identified project.
- The extent to which the activities described in the application are capable of addressing the need and attaining the project’s four goals.

Sub-Criterion: Methodology (15 points)

- The extent to which the activities described in the application are capable of attaining the project’s four goals:
 1. Assist and support States MCH and CSHCN Directors in improving MCH outcomes;
 2. Serve as an effective voice in communicating the importance of MCH issues;
 3. Develop strong partnerships and collaborations with other national partners to advance MCH priorities;
 4. Facilitate development of a highly skilled MCH workforce, including State MCH leaders and staff, family leaders, and youth leaders.

Sub-Criterion: Work Plan (10 points)

- The extent to which the applicant’s work plan addresses the following:
 1. Outlines proposed goals and activities and their relationship to the project;
 2. Corresponds to the goals outlined in the Methodology section of the funding opportunity announcement;
 3. Includes a time line and identifies responsible staff;
 4. Includes performance measures and annual performance objectives for assessing progress; and
 5. Includes a logic model that clearly identifies the goals, assumptions, inputs, target population, activities, outputs, and outcomes.

Sub-Criterion: Resolution of Challenges (5 points)

- The extent to which the applicant:
 1. Demonstrates an understanding of the challenges that are likely to be encountered in carrying out the activities described in the work plan;
 2. Provides reasonable approaches to resolve potential challenges; and
 3. Identifies resources that can be utilized to resolve potential challenges.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV’s Evaluation and Technical Support Capacity

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

Criterion 4: IMPACT (15 points) – Corresponds to Section IV’s Methodology, Work Plan, and Resolution of Challenges

- The feasibility and effectiveness of plans for dissemination of project results.
- The extent to which project results may have national impact.
- The degree to which the project activities are replicable across multiple states.

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

- The extent to which project personnel are qualified by training and/or experience to implement and carry out the project.
- The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. For competing continuations, past performance will also be considered.

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

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

2. Review and Selection Process

Please see Section 5.3 of the HRSA’s [SF-424 Application Guide](#).

This program does not have any funding priorities, preferences or special considerations.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of May 1, 2015.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of May 1, 2015. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's [SF-424 Application Guide](#).

Data Rights

The Federal Government must be given a royalty-free, nonexclusive, and irrevocable license for the Federal Government to reproduce, publish, or otherwise use the material developed under this funding opportunity and to authorize others to do so for Federal purposes, e.g., to make it available in government-sponsored databases for use by other researchers.

As a means of sharing knowledge, HHS encourages awardees to arrange for publication of the results and accomplishments of HHS-supported activities. OPDIV prior approval is not required for publishing the results of an activity under a grant. Recipients also may assert copyright in scientific and technical articles based on data produced under the grant and transfer it to the publisher or others where necessary to effect journal publication or inclusion in proceedings associated with professional activities. Any such transfer is subject to the royalty-free, non-exclusive and irrevocable license to the Federal Government, and any agreement should note explicitly that the assignment is subject to the government license.

Journal or other copyright practices are acceptable unless the copyright policy prevents the recipient from making copies for its own use (as provided in 45 CFR 74.36 and 92.34). The awardee should account for royalties and other income earned from a copyrighted work as specified by the OPDIV.

3. Reporting

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

1) **Progress Report(s).** The awardee must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.

2) **Performance Report(s).**

The Health Resources and Services Administration (HRSA) has modified its reporting requirements for SPRANS projects, CISS projects, and other grant programs

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

a. Performance Measures and Program Data

To prepare successful applicants for their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U01_3.html.

b. Performance Reporting

Successful applicants receiving grant funds will be required, within 120 days of the Notice of Award (NoA), to register in HRSA's Electronic Handbooks (EHBs) and electronically complete the program specific data forms that appear for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U01_3.html. This requirement entails the provision of budget breakdowns in the financial forms based on the grant award amount, the project abstract and other grant summary data as well as providing objectives for the performance measures.

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

c. Project Period End Performance Reporting

Successful applicants receiving grant funding will be required, within 90 days from the end of the project period, to electronically complete the program specific data forms that appear for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U01_3.html. The requirement includes providing expenditure data for the final year of the project period, the project abstract and grant summary data as well as final indicators/scores for the performance measures.

VII. Agency Contacts

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

Ernsley Charles
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Maternal and Child Health Systems Branch
Parklawn Building, Room 10W57A
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-8329
E-mail: echarles@hrsa.gov

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

Ellen Volpe
Chief, Eastern Branch
Division of State and Community Health
Maternal and Child Health Bureau/HRSA
Parklawn Building, Room 5C-26
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-6320
Fax: (301) 443-9354
E-mail: evolpe@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: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/awardees may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Logic Models:

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

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

IX. Tips for Writing a Strong Application

See Section 4.7 of HRSA’s [SF-424 Application Guide](#).