

DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY: Office of the Assistant Secretary for Health (OASH)

FUNDING OPPORTUNITY TITLE: MOBILIZATION FOR HEALTH: NATIONAL PREVENTION PARTNERSHIP AWARDS (NPPA) PROGRAM

ACTION: Notice

ANNOUNCEMENT TYPE: COMPETITIVE GRANT

ANNOUNCEMENT NUMBER: OS-PAW-14-001

CFDA NUMBER: 93.311

CFDA PROGRAM: Mobilization For Health: National Prevention Partnership Awards (NPPA)

DATES: Non-binding letters of intent are due **January 21, 2014 by 5p.m. ET.**

Applications are due **March 3, 2014 by 5 p.m. ET.** A pre-application webinar will be scheduled on **Tuesday, January 14, 2014 from 1-3p.m. ET.** Further details of the pre-application webinar can be found on: <http://www.hhs.gov/grants/>. To receive consideration, applications must be received by the HHS Office of the Assistant Secretary for Health (HHS/OASH), Office of Grants Management (OGM) no later than the applicable due date listed in this announcement (Section IV. 3, Submission Dates and Times) and within the time frames specified in the announcement. All applications for this funding opportunity must be submitted electronically through Grants.gov, and must be received by 5:00 PM Eastern Time on the applicable due date.

All applicants must submit in this manner unless they obtain a written exemption from this requirement 48 hours in advance of the deadline by the Director, HHS/OASH Office of

Grants Management. Applicants must request an exemption in writing via email from the HHS/OASH Office of Grants Management, and provide details as to why they are technologically unable to submit electronically through Grants.gov portal. Note: failure to have an active System for Account Management (SAM) registration will not be grounds for receiving a waiver to the electronic submission requirement. If requesting a waiver, include the following in the e-mail request: the HHS/OASH announcement number; the organization's DUNS number; the name, address and telephone number of the organization; the name and telephone number of the Project Director; the Grants.gov Tracking Number (GRANTXXXX) assigned to the submissions; and a copy of the "Rejected with Errors" notification from Grants.gov. Send the request to ogm.oash@hhs.gov.

The HHS/OASH Office of Grants Management will only accept paper applications from applicants that received prior written approval. However, the application must still be submitted by the deadline. No other submission mechanisms will be accepted. Applications which do not meet the specified deadlines will be returned to the applicant unread. See the heading "**APPLICATION and SUBMISSION INFORMATION**" for information on application submission mechanisms. **To ensure adequate time to successfully submit the application, HHS/OASH recommends that applicants register immediately in Grants.gov** since the registration process can take up to one month. For information on registering for Grants.gov, refer to <http://www.grants.gov> or contact the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at 1-800-518-4726 or support@grants.gov.

Applicants are strongly encouraged to register multiple authorized organization representatives.

EXECUTIVE SUMMARY: HHS/Office of the Assistant Secretary for Health (OASH)

announces the anticipated availability of funds for Fiscal Year 2014. HHS/OASH grants under section 1703(a) of the Public Health Service Act, as amended (42 U.S.C. § 300u-2(a)), which authorizes the Secretary to support grants for community health programs for new and innovative programs in health information and health promotion, preventive health services, and education in the appropriate use of health care: <http://www.gpo.gov/fdsys/pkg/USCODE-2009-title42/html/USCODE-2009-title42-chap6A-subchapXV-sec300u-2.htm>. The program created within this funding opportunity announcement is designed to establish a national effort to create a network of partnerships and resources to promote health and wellness, educate and train, and establish communication programs to all community populations, regardless of social and economic barriers, and race and ethnicity. The HHS/Office of the Assistant Secretary for Health (OASH) oversees 9 core public health offices, as well as 10 regional health offices across the nation: http://www.hhs.gov/ash/public_health/indexph.html. Component offices of the Office of the Assistant Secretary for Health (ASH) support many initiatives, campaigns, and programs that promote the goals of public health: <http://www.hhs.gov/ash/initiatives/index.html>

OASH will have oversight of the grant applications review process; however, the funding decisions, administration and oversight of the grants will be made at the program level. This notice solicits applications focused on priority areas described by OASH to serve geographic areas and populations within the United States.

Intro Overview:

The **Mobilization for Health: National Prevention Partnership Awards (NPPA) Program** is designed to promote and accelerate partnerships, catalyzing collaborations in improving health through access to, and use of, preventive services across the United States. The program is

designed to establish integrated, collaborative local, state, regional, or tribal partnerships to increase community awareness and action on preventive health services, particularly those provided through Health Promotion Programs and Services. OASH leads and coordinates a broad array of activities directly supporting preventive health services. Specifically, OASH focuses on creating better systems of prevention, eliminating health disparities and achieving health equity, making Healthy People come alive for all Americans, and through Health Promotion Programs and Services. Information about specific national plans, action plan agendas, frameworks, and other OASH activities is available at:

<http://www.hhs.gov/ash/rha/index.html> and http://www.hhs.gov/ash/public_health/indexph.html

This funding opportunity announcement has 2 parts:

A) Awards \$50,000 to \$75,000.

B) Awards not to exceed \$500,000.

Applicants should clearly identify Part A - 1 year award or Part B – up to a 3 year award in their application submission. A successful applicant should submit an application from a single organization. The applicant needs to be a single organization that can have multiple partners to implement the proposed activity.

I. FUNDING OPPORTUNITY DESCRIPTION:

Office of the Assistant Secretary for Health

The Department of Health and Human Services (HHS) is the U.S. government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.

This funding opportunity is designed to assist the offices within HHS/Office of the Assistant Secretary for Health (OASH) to fund activities with the OASH-wide mission, as well as their office mission. HHS/The Office of the Assistant Secretary for Health (OASH) oversees 9 core public health offices, as well as 10 regional health offices, and 10 Presidential or Secretarial advisory committees. More information about OASH can be found at: <http://www.hhs.gov/ash/>. OASH Offices consisting of the National Vaccine Program Office and the Office on Women's Health, and the Regional Health Offices contributed in developing this announcement. A number of OASH offices contributed to developing the funding program (National Vaccine Program Office, Office on Women's Health, and the Regional Health Offices). In addition, the Office of Minority Health, within the Office of the Secretary, contributed to developing the OASH funding announcement and may support activities that align with both the Office of Minority Health mission and the OASH-wide mission OASH is interested in leading by example through this funding opportunity announcement to truly tackle the systemic issues that present barriers for many Americans to access preventive services. OASH is interested in working across traditional categories to meet priority needs because people most at risk for missing preventive services often fit more than one category, and systemic approaches in reaching underserved populations need to be more effective in achieving a healthier population.

CATEGORY A (\$50,000 to \$75,000) Funding (1 year project period)

Entities applying in this category need to be a single organization who will partner to implement the proposed activities.

CATEGORY B (not to exceed \$500,000) Funding (3 year project period)

Entities applying in this category need to be a single organization who will partner to implement the proposed activities.

A single organization is eligible to apply. The applicant organization can oversee multiple projects with multiple partners. The applicant organization must oversee a competitive review process for partnering with community or local organizations or entities that might need one year funding for targeted outreach efforts. The HHS Grants Policy Statement provides that the grant recipient is accountable to the OPDIV for the performance of the project, the appropriate expenditure of grant funds by all parties, and all other obligations of the recipient, as specified in the HHS GPS. In general, the requirements that apply to the recipient, also apply to subrecipients. Further, the recipient must enter into a formal written agreement with each subrecipient that addresses the arrangements for meeting the programmatic, administrative, financial, and reporting requirements of the grant, including those necessary to ensure compliance with all applicable Federal regulations and policies.

II. TOPICS OF INTEREST

HHS/OASH has a broad interest in building better systems of prevention, making Healthy People 2020 come alive. The Office of the Assistant Secretary for Health supports many initiatives, campaigns, and programs that promote the goals of public health:

<http://www.hhs.gov/ash/initiatives/index.html>

Health Promotion Programs and Services: <https://www.healthcare.gov/what-are-my-preventive-care-benefits/>

The National Vaccine Plan: http://www.hhs.gov/nvpo/vacc_plan/

Healthy People 2020: <http://www.healthypeople.gov/2020/default.aspx>

Health Disparities Plan/National Partnership For Action: <http://minorityhealth.hhs.gov/npa/>

Successful applicants should focus wellness and health promotion/disease prevention program projects for the development, support, and implementation of new and innovative grant programs, in health information and health promotion, preventive health services, and education. The specific statutory authority for this grant program, section 1703 of the Public Health Service Act, which is entitled “Community Programs,” provides as follows:

“(a) The Secretary is authorized to conduct and support by grant or contract (and encourage others to support) new and innovative programs in health information and health promotion, preventive health services, and education in the appropriate use of health care, *and may specifically —*

(1) support demonstration and training programs in such matters which programs (A) are in hospitals, ambulatory care settings, home care settings, schools, day care programs for children, and other appropriate settings representative of broad cross sections of the population, and include public education activities of voluntary health agencies, professional medical societies, and other private nonprofit health organizations, (B) focus on objectives that are measurable, and (C) emphasize the prevention or moderation of illness or accidents that appear controllable through individual knowledge and behavior; (2) provide consultation and technical assistance to organizations that request help in planning, operating, or evaluating programs in such matters; (3) develop health information and health promotion materials and teaching programs including (A) model curriculums for the training of educational and health professionals and paraprofessionals in health education by medical, dental, and nursing schools, schools of public health, and other institutions engaged in training of educational or health

professionals, (B) model curriculums to be used in elementary and secondary schools and institutions of higher learning, (C) materials and programs for the continuing education of health professionals and paraprofessionals in the health education of their patients, (D) materials for public service use by the printed and broadcast media, and (E) materials and programs to assist providers of health care in providing health education to their patients; and (4) support demonstration and evaluation programs for individual and group self-help programs designed to assist the participant in using his individual capacities to deal with health problems, including programs concerned with obesity, hypertension, and diabetes.”

42 U.S.C. § 300u-2(a) (emphasis added). Successful proposals in either Category A or B will have: (1) a clearly stated objective; (2) a description of the need, activity, and population to be reached; and (3) a plan to evaluate outcomes or impact. Successful applicants need to enter into a minimum of 3 partnerships, and have Letters of Commitment from those named as partners, to carry out any aspect of the project, at the time of the application. If an entity is proposing a 3 year project under Category B, the process of overseeing, soliciting, and selecting projects should be provided. Proposed activities should align with a national plan or evidence-based strategy, preferably one (or more) supported by HHS.

Project activities can include: 1) Healthy People 2020; 2) Prevention and Education Programs; and 3) Communication Programs 4) Cultural Competence; Health Equity; and 5) Language Access.

Proposed activities should align with the following suggested OASH priorities and topics:

1. OASH Initiatives and Prevention Programs through Healthcare Preventive Services:
Examples: e.g. economic impact, policy related issues regarding preventive services coverage, etc.
2. Healthy People 2020 promotion: Examples e.g. focus on high-risk populations, adults with chronic diseases, pregnant women, health disparities, healthcare personnel, diabetes, immune-compromised, older than 65 years, etc.
3. Improvement on systems: Examples: e.g. Electronic Health Record (EHR) enhancements to support improvements in health promotion and disease prevention (e.g., for immunizations; automated reminder systems to promote vaccination coverage improvement in a healthcare setting, etc.)
4. Additional areas of interest include, but are not limited to: those specifically responding to and ideally integrating the principles of a cultural competence; health equity; and language access and/or capitalizing on the value of Promotores/Community Health Workers.
5. Education and Communication: Examples: e.g. effective education for women of child-bearing age, including pregnant women, of different racial/ethnic background, to access information on maternal health, to advance the health of women and girls, immunizations, etc.
6. Disease prevention: Examples: e.g. cardiovascular disease, childhood obesity, diabetes, infectious diseases, etc.
7. Health promotion: Examples: e.g. cancer, diabetes, HIV/AIDS, infant mortality, maternal & child health, obesity, infectious diseases, etc.

8. Risk reduction: Examples: e.g. cardiovascular disease, diabetes, HIV, mental health, oral health, obesity/overweight, suicide, tobacco, unintentional injury, immunizations, etc.
9. Healthier lifestyle choices: Examples: e.g. HIV/AIDS, obesity/overweight, oral health, tobacco, unintentional injury, vaccinations, etc.
10. Use of health care service: Examples: e.g. cancer, diabetes, HIV/AIDS, infant mortality, oral health, maternal & child health, obesity, vaccinations, etc.
11. Barriers to health care: Examples: e.g. border health (i.e., HIV, TB, and other infectious diseases and conditions), cardiovascular disease, chronic respiratory, immunizations, infant mortality, obesity, sexually transmitted diseases, tobacco (smoking), access to care, literacy, etc.
12. Breastfeeding: Examples: e.g., workplaces, hourly workers, etc.
13. Trauma Informed Care: Examples: e.g. by health and social service providers and organizations, etc.
14. Violence against Women: Examples: e.g. in primary care settings, etc.
15. Health of Older Women: Examples: e.g. in long-term care facilities, etc.

To the extent possible, the activity must be evidence-based, or built on a demonstrated track record of successful implementation by the applicant or partner organization(s). The Program Offices have a particular interest in ensuring nationwide distribution of the activities funded through this announcement, including activities in the territories and among Tribes and tribal organizations. The Program offices may consider geographic distribution of awards in addition to other factors described below in selecting entities to be funded.

III. AWARD INFORMATION

The HHS/Office of the Assistant Secretary for Health (OASH) intends to make available approximately \$ 7.7 million for competing grants. The actual amount available will not be determined until enactment of the FY 2014 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.

Grants will be funded annually (budget periods) and are generally approved for a project period of up to 3 years, although shorter project periods may be approved. Funding for all approved budget periods beyond the first year of the grant is contingent upon the availability of funds, satisfactory progress of the project, a decision that continuation of the program is in the best interests of the federal government, and a demonstration of adequate stewardship of Federal funds.

Award Information

Estimated Funds Available for Competition: \$7.7 million

Anticipated Number of Awards: Category A – 20 awards; Category B – 15 Awards

Range of Awards: **Award range Category A: \$50,000 to \$75,000**

Award range Category B: Not to exceed \$500,000

Anticipated Start Date: **07/01/2014**

Period of Performance: **Category A—1 year; Category B – Not to exceed 3 years**

Budget Period Length: 12 months

Type of Award: Grant

Type of Application Accepted: Electronic via Grants.gov **ONLY unless a waiver is granted**

IV. ELIGIBILITY INFORMATION

1. Eligible Applicants

Any public or private entity, including but not limited to community-based and faith-based organizations, research and academic organizations and, located in a State (which includes one of the 50 United States, the District of Columbia, Commonwealth of Puerto Rico, U.S. Virgin Islands, Commonwealth of the Northern Mariana Islands, American Samoa, Guam, Republic of Palau, Federated States of Micronesia, and the Republic of the Marshall Islands) are eligible to apply American Indian/Alaska Native/Native American (AI/AN/NA) Tribes and organizations are eligible to apply. State and local health departments are eligible to apply. A successful applicant should have at least three (3) partnerships included in the application.

2. Cost Sharing or Matching: None

3. Screening Criteria:

All applications will be screened to assure a level playing field for all applicants.

Applications that fail to meet the screening criteria described below will **not** be reviewed and will receive **no** further consideration.

1. Applications must be submitted electronically via www.grants.gov (unless a waiver has been granted) by **March 3, 2014 by 5 p.m. ET.**

2. The Project Narrative section of the application must be double-spaced, on the equivalent of 8 ½” x 11” inch page size, with 1” margins on all sides (top, bottom, left and right) and font size not less than 12 points.
3. The Project Narrative must not exceed 15 pages. NOTE: The following items do not count toward the page limit: required forms, including SF 424 and SF 424A, Budget justification and/or budget narrative; project abstract, Letters of Commitment from Partner Organizations and Agencies.
4. Total application including Appendices must not exceed 30 pages.
5. Proposed budget does not exceed maximum indicated in Range of Awards.
6. Letters of Commitment from Partner Organizations and Agencies must be included in the application.
7. A Governance Plan and Project Resource Plan must be included in the application.
8. All applicants must choose one funding Category (A or B) on their application submission. If the applicant doesn't indicate one funding category, the application will not be accepted.

V. APPLICATION AND SUBMISSION INFORMATION

1. Information to Request Application Package

Application kits may be obtained electronically by accessing Grants.gov at <http://www.grants.gov/>. If you have problems accessing the application or difficulty downloading, contact:

Grant Operations Center, Office of Grants Management Operations Center, telephone 1-888-203-6161, or email ASH@LCGnet.com.

2. Content and Form of Application Submission

Applications

Applications must be prepared using forms and information provided in the online application kit.

The application narrative must be limited to no more than fifteen (15) double-spaced pages, and the total application, including appendices, may not exceed the equivalent of thirty (30) (8 ½” x 11” pages) when printed by HHS/OASH/OGM.

The applicant should use an easily readable typeface, such as Times New Roman or Arial, 12-point font. Tables may single spaced and use alternate fonts but must be easily readable. The page limit does not include budget, budget justification, required forms, assurances, and certifications. All pages, charts, figures, and tables should be numbered, and a table of contents provided. Applications that exceed the specified limits of thirty (30) pages when printed by HHS/OASH/OGM will be deemed non-responsive and will not be considered. It is recommended that applicants print out their applications before submitting electronically to ensure that they are within the page limit.

Appendices may include curriculum vitae, organizational structure, examples of organizational capabilities, or other supplemental information which supports the application. Brochures and bound materials should not be submitted. Appendices are for supportive information only and should be clearly labeled. All information that is critical to the proposed project should be included in the body of the application. Appendices created for the application should use the formatting required for the narrative. Appendices from other sources and documents may use other formatting but must be easily readable. **Letters of Commitment do not count toward the thirty (30) page limitation.**

For all non-profit organization applicants, documentation of nonprofit status must be submitted as part of the application. Any of the following constitutes acceptable proof of such status:

1. A reference to the Applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in the IRS code;
2. A copy of a currently valid IRS tax exemption certificate;
3. A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals; or
4. A certified copy of the organization's certificate of incorporation or similar document that clearly establishes nonprofit status.

For local, nonprofit affiliates or State or national organizations, a statement signed by the parent organization indicating that the applicant organization is a local nonprofit affiliate must be provided in addition to any one of the above acceptable proof of nonprofit status.

Applications must include an abstract of the proposed project. The abstract will be used to provide reviewers with an overview of the application, and will form the basis for the application summary in grants management documents.

The HHS Office of the Assistant Secretary for Health (HHS/OASH) requires that all applications be submitted electronically via the Grants.gov portal unless a waiver has been granted. Any applications submitted via any other means of electronic communication, including facsimile or electronic mail, *will not* be accepted for review.

You may access the Grants.gov website portal at <http://www.grants.gov>. All HHS/OASH funding opportunities and application kits are made available on Grants.gov.

Applications will not be considered valid until all electronic application components are received by the HHS/OASH Office of Grants Management according to the deadlines specified above. Application submissions that do not adhere to the due date requirements will be considered late and will be deemed ineligible.

Applicants are encouraged to initiate electronic applications early in the application development process. This will aid in addressing any problems with submissions prior to the application deadline. Any files uploaded or attached to the Grants.gov application must be of the following file formats – Microsoft Word, Excel or PowerPoint, Adobe PDF, or image formats (JPG, GIF, TIFF, or BMP only). Even though Grants.gov allows applicants to attach any file format as part of their application, HHS/OASH restricts this practice and only accepts the file formats identified above. Any file submitted as part of the Grants.gov application that is not in a file format identified above will not be accepted for processing and will be excluded from the application during the review process. The application must be submitted in a file format that can easily be copied and read by reviewers. It is recommended that scanned copies not be submitted through Grants.gov unless the applicant confirms the clarity of the documents. Pages cannot be reduced resulting in multiple pages on a single sheet to avoid exceeding the page limitation. All documents that do not conform to the above will be excluded from the application during the review process.

A. Important Grants.gov Information

Electronic submission via Grants.gov is a two-step process. Upon completion of a successful electronic application submission via the Grants.gov Website Portal, the applicant will be provided with a confirmation page from Grants.gov indicating the date and time (Eastern Time) of the electronic application submission, as well as the Grants.gov Receipt Number. It is

critical that the applicant print and retain this confirmation for their records, as well as a copy of the entire application package.

All applications submitted via the Grants.gov Website Portal then will be validated by Grants.gov. Any applications deemed “Invalid” by the Grants.gov Website Portal will not be transferred to HHS/OASH, and HHS/OASH has no responsibility for any application that is not validated and transferred to HHS/OASH from the Grants.gov Website Portal. Grants.gov will notify the applicant regarding the application validation status.

You will initially receive a notice that your application has been received by Grants.gov and is being validated. Validation may take up to 2 business days. You will receive a notice via email when your application has been validated by Grants.gov and is ready for the HHS/OASH to retrieve and review. If your application fails validation it will **not** be accepted for review. Therefore, **you should submit your electronic application with sufficient time to ensure that it is validated in case something needs to be corrected. All submission errors need to be corrected prior to the deadline date.**

Applicants should contact Grants.gov with any questions or concerns regarding the electronic application process conducted through the Grants.gov Website Portal.

- You may access the electronic application for this program on <http://www.grants.gov>. You must search the downloadable application page by the Funding Opportunity Number or CFDA number.
- At the <http://www.grants.gov> website, you will find information about submitting an application electronically through the site, including the hours of operation. HHS/OASH strongly recommends that you do not wait until the application due

date to begin the application process through <http://www.grants.gov> because of the time involved to complete the registration process.

- Since October 1, 2003, the Office of Management and Budget has required applicants to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or grants. It is entered on the SF 424. It is a unique, nine-digit identification number, which provides unique identifiers of single business entities. The DUNS number is *free and easy* to obtain.
- Organizations can receive a DUNS number at no cost by calling the dedicated toll-free DUNS Number request line at 1-866-705-5711 or by using this link to access a guide: https://www.whitehouse.gov/omb/grants/duns_num_guide.pdf . Instructions are also available on the Grants.Gov web site as part of the registration process.
- All applicants must register in the System for Account Management (SAM) (formerly the Central Contractor Registry (CCR)). You should allow a minimum of five days to complete the SAM registration. Grants.gov will reject submissions from applicants with nonexistent or expired SAM Registrations. You can register with the SAM online and it will take about 30 minutes (<http://sam.gov>.)

You must renew your SAM registration each year. Organizations registered to apply for Federal grants through <http://www.grants.gov> will need to *renew* their registration with the SAM. It may take 24 hours or more for updates to take effect, so

potential applicants should *check for active registration well before the application deadline.*

- Effective October 1, 2010, HHS requires all entities that plan to apply for and ultimately receive Federal grant funds from any HHS Operating/Staff Division (OPDIV/STAFFDIV) or receive subawards directly from the recipients of those grant funds to:
 1. Be registered in the SAM prior to submitting an application or plan;
 2. Maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV; and
 3. Provide its DUNS number in each application or plan it submits to the OPDIV.

An award cannot be made until the applicant has complied with these requirements. At the time an award is ready to be made, if the intended recipient has not complied with these requirements, the OPDIV/STAFFDIV:

- May determine that the applicant is not qualified to receive an award; and
- May use that determination as a basis for making an award to another applicant.

Additionally, all first-tier sub-award recipients must have a DUNS number at the time the sub-award is made.

- You must submit all documents electronically, including all information included on the SF-424 and all necessary assurances and certifications.
- Prior to application submission, Microsoft Vista and Office 2007 users should review the <http://www.grants.gov> compatibility information and submission

instructions provided at <http://www.grants.gov> (click on “**Vista and Microsoft Office 2007 Compatibility Information**”).

- Your application must comply with any page limitation requirements described in this Program Announcement.
- **Attachment Filename Characters are now Validated and Enforced:**
 - Beginning August 15, 2012, applicants are now limited to using the following characters in all attachment file names.
 - Valid file names may only include the following **UTF-8 characters:**
 - **A-Z, a-z, 0-9, underscore (_), hyphen (-), space, period.**
 - **If applicants use any other characters when naming their attachment files their applications will be rejected.**

B. Application Content

Successful applications will contain the following information:

Project Narrative

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether or not your project meets the minimum requirements for a grant under this announcement. The Project Narrative should provide a clear and concise description of your project. HHS/OASH recommends that your project narrative include the following components:

The components of the Project Narrative counted as part of the **15 page limit** include:

Project Description

Problem Statement/Goal(s) and Objective(s)

Proposed Intervention

Special Target Populations

Governance Plan/Project Management

Outcomes/Evaluation/Dissemination

Project Resources/Organizational Capability Statement

Data Management

Project Description. This section should include a brief - no more than 265 words maximum - description of the proposed project, including: goal(s), objectives, outcomes, and products to be developed.

Problem Statement. This section should describe, in both quantitative and qualitative terms, the nature and scope of the specific and particular problem or issue, and the proposed intervention it is designed to address. It should detail how the project will potentially affect the targeted population, specific subgroups within those populations, and other interested stakeholders as identified. Applicants should show a clear linkage of the project to an HHS-supported national plan, strategy, action agenda, or other priority of the Department and particularly to HHS/OASH priorities.

Goals and Objectives. This section should consist of a description of the project's goal(s) and major objectives. Unless the project involves multiple, complex interventions, we recommend you have only one overall goal.

Proposed Intervention. This section should provide a clear and concise description of the intervention you are proposing to use to address the need identified in the program

announcement and the problem described in the “Problem Statement” above. Applicants are expected to explain the rationale for using a particular intervention and to present a clear connection between identified system gaps and needs and the proposed activities. Proposals should detail the nature of the activities to be undertaken, how they address system gaps and identified issues, and how they will assist in achieving the overall project goals and objectives. Clarification as to why these specific activities were selected is appropriate (i.e. has this approach been successful in other settings? Does the research suggest this direction?). Also note any major barriers you anticipate encountering and how your project will be able to overcome those barriers. At minimum, applicants should:

1. Indicate a plan for addressing the problems or issues. Provide detailed descriptions of specific products or outcomes proposed for development or modification.
2. Demonstrate how technology (including new media) will be incorporated to advertise and advance programs and services, provide training and/or technical assistance, and disseminate information and products.
3. Describe the role and makeup of partnerships intended to be involved in completing specific tasks, and identify the percentage of level of effort; partners are anticipated to provide in completing programmatic activities.
4. Provide specifics about the intervention strategies, expected outcomes, and barriers for all anticipated years of the grant

Special Target Populations. This section should describe how you plan to involve community-based organizations in a meaningful way in the planning and implementation of the proposal project. This section should also describe how the proposed intervention will target disadvantaged populations, including limited-English speaking populations. Additionally, this

section should outline who the applicant considers vested stakeholders in the successful operation they were/will be identified, and how they will be meaningfully incorporated into the project.

Governance Plan. This section of the project narrative must clearly identify how the applicant organization is structured with multiple partners, and how decision making will be defined within all the partner organizations. All committees involved in the organizational structure between multiple partner organizations need to be clearly defined. The Governance structure must include roles/responsibilities of partner organization members, composition of organizational partners and communication plans that will provide adequate monitoring, financial management and oversight of the collaboration project.

Mechanisms to ensure accountability across community partners and participants and incremental progress in achieving milestones necessary for improvement should be specified. Description of how the organizations will work together must be defined, including reporting authority. Agreements must be in place prior to the application submission.

Project Management. This section should include a clear delineation of the roles and responsibilities of project staff and subrecipients and how they will contribute to achieving the project's objectives and outcomes. It should specify who would have day-to-day responsibility for key tasks such as: leadership of project; monitoring the project's on-going progress, preparation of reports; and communications with other partners and HHS/OASH. It should also describe the approach that will be used to monitor and track progress on the project's tasks and objectives. HHS/OASH expects that, throughout the grant period, the Project Director will have involvement in, and substantial knowledge about, all aspects of the project.

In addition, the narrative should include roles/responsibilities of coalition members, composition of coalition and communication plans that will provide adequate monitoring, financial management and control of the initiative. Mechanisms to ensure accountability across

community participants and incremental progress in achieving milestones necessary for improvement should be specified. The applicant organization should demonstrate how it will effectively accomplish program goals across target areas.

Outcomes/Evaluation/Dissemination. This section of the project narrative must clearly identify the measurable outcome(s) that will result from the project. HHS/OASH will not fund any project that does not include measurable outcomes. In addition to discussion in the narrative, applicants must describe how they envision the project will benefit the field at large. A “measurable outcome” is an observable end-result that describes how a particular intervention benefits consumers. It demonstrates the “impact” of the intervention. For example, a change in a client’s financial, health, and/or functional status; mental well-being; knowledge; skill; attitude; awareness; or behavior. It can also describe a change in the degree to which consumers exercise choice over the types of services they receive, or whether they are satisfied with the way a service is delivered. Additional examples include: a change in the responsiveness or cost-effectiveness of a service delivery system; a new model of support or care that can be replicated; new knowledge; a measurable increase in community awareness; or a measurable increase in persons receiving services. A measurable outcome is not a measurable “output”, such as: the number of clients served; the number of training sessions held; or the number of service units provided.

You should keep the focus of this section on describing *what* outcome(s) will be produced by the project. You should use the Evaluation section noted below to describe *how* the outcome(s) will be measured and reported. Your application will be scored on the clarity and nature of your proposed outcomes, not on the number of outcomes cited. In many cases, it is very appropriate

for a project to have only *ONE* outcome that it is trying to achieve through the intervention reflected in the project's design.

Evaluation. This section should describe the methods that you will use to evaluate whether or not the proposed intervention achieves its measurable outcome(s) and assess and evaluate the impact of activities for which you are applying. You should describe the quantitative and qualitative tools and techniques that you will employ to measure the outcome(s) and how you will identify and document the "lessons learned." A successful evaluation plan should include a clear and succinct process and outcome evaluation of the collaboration and partnership. The evaluation plan should discuss the fiscal agent expertise in community health assessment capabilities to assess and analyze impact of community needs. The independent local evaluator should demonstrate appropriate experience with similar projects

Dissemination. This section should describe the method that will be used to disseminate the project's results and findings in a timely manner and in easily understandable formats to the target audience, the general public, and other parties who might be interested in using the results of the project. All appropriate findings and products may be posted on a HHS/OASH sponsored website as determined by the HHS/OASH project officer. Applicants should propose other innovative approaches to informing partners and the public who might be interested in using the project results to inform practice, service delivery, program development, and/or policy-making, especially to those parties who would be interested in replicating the project. Applicants should provide information about program activities, products, and best practices to HHS/OASH to facilitate knowledge dissemination.

Project Resources and Organizational Capability Statement. Each applicant must describe what resources the applicant and the partners contribute to the project to fulfill the stated goals.

All unique resources should be highlighted in the resource section. Each application must include an organizational capability statement and vitae for key project personnel. The organizational capability statement should describe how the applicant agency (or the particular division of a larger agency which will have responsibility for this project) is organized, the nature and scope of its work, and the capabilities it possesses. This description should cover capabilities of the applicant agency not included in the program narrative, such as any current or previous relevant experience and/or the record of the project team in preparing cogent and useful reports, publications, and other products. If appropriate, include an organization chart showing the relationship of the project to the current organization

Also include information about any contractual and/or supportive staff/organization(s) that will have a secondary role(s) in implementing the project and achieving project goals

Data Management and Data Sharing Plan. Investigators who are working for or who are themselves covered entities under the Health Insurance Portability and Accountability Act (HIPAA) must consider issues related to the Privacy Rule, a Federal regulation under HIPAA that governs the protection of individually identifiable health information.

Human Subjects and Privacy Issues. No human subject clinical trials (Phase 1, 11, 11) will be funded by this program. It is the responsibility of the investigators, their Institutional Review Board (IRB), and their institution to protect the rights of subjects and the confidentiality of the data, and comply with HIPAA regulations. Prior to sharing, data should be redacted to strip all identifiers, and effective strategies should be adopted to minimize risks of unauthorized disclosure of personal identifiers.

Work Plan. The Project Work Plan should be included in the narrative and is included in the 15 page limit, should reflect, and be consistent with, the Project Narrative and Budget, and must cover all three (3) years of the proposed project period. However, each year's activities should be fully attainable in one budget year. Multi-year activities may be proposed, as well as activities that build upon each other, but each phase of the project must be discreet and attainable within a single budget year. The Work Plan should include a statement of the project's overall goal, anticipated outcome(s), key objectives, and the major tasks, action steps, or products that will be pursued or developed to achieve the goal and outcome(s). For each major task of each year, action step, or product, the work plan should identify the timeframes involved (including start- and end-dates), and the lead person responsible for completing the task.

In preparing the work plan, applicants should discuss how they will use the following mechanisms (as appropriate to the proposed project) to address the program strategies: 1) information collection, monitoring, synthesis, packaging, and dissemination; 2) technology transfer (identifying effective public health laws and policies, interventions and program practices, and adapting these to the field); 3) training for skills development; and 4) technical or expert consultations and services. Formats may include: training institutes, seminars and workshops, computer-assisted training, e-learning strategies (e.g., podcasts, webinars, distance learning), expert consultations (in person or by telephone), peer-to-peer mentoring, train-the-trainer approaches, and customized training.

Other elements of the work plan may include:

Outcomes for the first year of the project period.

Objectives (including milestones for accomplishing each objective) for the first year of the project period.

Note: Objectives should be written in SMART (specific, measurable, achievable, realistic, and timely) format. Quantitative baselines should be provided for each objective that leads to an increase, decrease, or maintenance over time.

Activities for the first year of the project period.

Note: Activities must be in alignment with the proposed objectives and program strategies.

Timeline for the first year of the project period.

Staff and administrative roles and functions to support implementation of the award.

Administration and assessment processes to ensure successful implementation and quality assurance.

Letters of Commitment from Partner Organizations and Agencies

Letters of Commitment are required for all organizations and entities that have been specifically named as partners to carry out any aspect of the project. The signed letters of commitment *must detail* the specific role and resources that will be provided, or activities that will be undertaken, in support of the applicant. The organization's expertise, experience, and access to the targeted population(s) should also be described in the letter of commitment.

Letters of commitment are not the same as letters of support. Letters of support are letters that are general in nature that speak to the writer's belief in the capability of an applicant to

accomplish a goal/task. Letters of support also may indicate an intent or interest to work together in the future, but they lack specificity. **Letters of Commitment should be limited to one-page each and will not count toward the application page limit.** Applicants should NOT provide letters of “support,” and letters of support such as this WILL BE counted toward the page limit.

Budget Narrative/Justification

A combined multi-year Budget Narrative/Justification, as well as a detailed Budget Narrative/Justification for each year of potential grant funding is required. *Please Note:* Because the proposal must demonstrate a clear and strong relationship between the stated objectives, project activities, and the budget, the budget justification should describe the *cost estimated per proposed project, activity, or product*. This budget justification should define the amount of work that is planned and expected to be performed and what it will cost.

3. Submission Dates and Times

The deadline for the submission of applications under this Program Announcement is **5:00 p.m. Eastern Time on March 3, 2014.** Applications must be submitted by that date and time.

Applications that fail to meet the application due date will not be reviewed and will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or with <http://www.grants.gov> Grants.gov can take up to 48 hours to notify you of a successful submission.

Unsuccessful submissions will require authenticated verification from <http://www.grants.gov> indicating system problems existed at the time of your submission. For example, you will be required to provide an <http://www.grants.gov> submission error notification and/or tracking number in order to substantiate missing the submission cut -off date.

Grants.gov (<http://www.grants.gov>) will automatically send applicants a tracking number and date of receipt verification electronically once the application has been successfully received and validated in <http://www.grants.gov>.

4. Intergovernmental Review

This program is not subject to the intergovernmental review requirements of Executive Order 12372, Intergovernmental Review of Federal Programs, as implemented by 45 CFR Part 100.

5. Funding Restrictions

The allowability, allocability, reasonableness and necessity of direct and indirect costs that may be charged to HHS/OASH grants are outlined in the following documents: 2 CFR § 220 (OMB Circular A- 21, for Institutions of Higher Education); 2 CFR § 225 (OMB Circular A-87, for State, Local, and Indian Tribal Governments); 2 CFR § 230 (OMB Circular A-122, for Nonprofit Organizations); and 45 CFR part 74, Appendix E (Hospitals). Copies of the Office of Management and Budget (OMB) Circulars are available on the Internet at

<http://www.whitehouse.gov/omb/circulars/>.

In order to claim indirect costs as part of a budget request, an applicant must have an indirect cost rate which has been negotiated with the Federal Government. The Health and Human Services Division of Cost Allocation (DCA) Regional Office that is applicable to your State can provide information on how to receive such a rate. A list of DCA Regional Offices is included in the application kit for this announcement.

Salary Limitation:

The Consolidated Appropriations Act, 2012 (P.L. 112-74), enacted December 23, 2011, and all subsequent Continuing Resolutions for FY 2013, limit the salary amount that may be awarded and charged to HHS/OASH grants and cooperative agreements. For purposes of budgeting, applicants should assume this salary restriction will continue in FY 2014. Award funds should not be budgeted 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 an HHS/OASH grant or cooperative agreement. Note: should this limitation change prior to the application due date, a modification of this funding announcement will be posted; should it change post-award, successful applicants will be notified as appropriate.

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

Appropriate salary limits will apply as required by law.

6. Other Submission Requirements

Letters of Commitment are required for all organizations and entities that have been specifically named as a partner to carry out any aspect of the project. The signed letters of commitment ***must detail*** the specific role and resources that will be provided, or activities that will be undertaken, in support of the applicant. The organization's expertise, experience, and access to the targeted population(s) should also be described in the letter of commitment.

Letters of Commitment should be limited to one (1) page per organization and do not count toward the thirty (30) page limitation.

VI. APPLICATION REVIEW INFORMATION

1. Evaluation Criteria:

Eligible applications will be assessed according to the following criteria:

- i. **Background:** The extent to which the applicant demonstrates a clear and concise overview of the community, the type of organization applying, geographic area to be served (urban, suburban, rural) and description of target population served. The applicant should also supply a description of a partnership plan that discusses in detail their role and expertise in community health programs/services and their role in coordination of services among partners. (10 points)
- ii. **Program/Project Plan:** The extent to which the applicant describes and discusses in detail the project description; including the project aims, objectives, and proposed outcomes. (20 points).
- iii. **Governance/Management Plan:** The extent to which the applicant provides a clear description of a governance plan and a clear management plan, including the capacity to govern, past management experience, and how management decisions will be made; outlining roles and responsibilities in establishing executive decisions and committees between multiple partners and multiple organizations, including personnel and resources. (25 points).
- iv. **Target Population:** The extent to which the applicant provides a clear description of the population to be served using rational and recent

statistical data. Provide a brief description of the participants and the geographic areas to be served (10 points).

- v. **Project Resources:** The extent to which the applicant provides a clear description of what resources each partner brings to the project prior to these funds being made available. (15 points).
- vi. **Evaluation Plan/Dissemination Plan:** The extent to which the applicant presents a detailed evaluation plan and how they plan to disseminate the evaluation and results of their project(s). (20 points).

2. Review and Selection Process

HHS/OASH is responsible for facilitating the process of evaluating applications and setting funding levels according to the criteria set forth above.

An independent review panel will evaluate applications that pass the screening and meet the responsiveness criteria if applicable. These reviewers are experts in their fields, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined under [Section VI.1], the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria. In addition to the independent review panel, Federal staff will review each application for programmatic, budgetary, and grants management compliance.

Final award decisions will be made by the Assistant Secretary for Health. In making these decisions, the following additional criteria will be taken into consideration:

1. Geographic distribution

VII. AWARD ADMINISTRATION INFORMATION

1. Award Notices

The HHS Office of the Assistant Secretary for Health does not release information about individual applications during the review process. When final funding decisions have been made, each applicant will be notified by letter of the outcome. The official document notifying an applicant that a project application has been approved for funding is the Notice of Award (NOA), approved by the Director of the HHS/OASH Office of Grants Management. This document specifies to the grantee the amount of money awarded, the purposes of the grant, the anticipated length of the project period, terms and conditions of the grant award, and [the amount of funding to be contributed by the grantee to project costs if needed]. Grantees should pay specific attention to the terms and conditions of the award as indicated on the NOA, as some may require a time-limited response. The NOA will also identify the Grants Management Specialist and Program Project Officer assigned to the grant.

2. Administrative and National Policy Requirements

In accepting the grant award, the grantee stipulates that the award and any activities thereunder are subject to all provisions of 45 CFR parts 74 and 92, currently in effect or implemented during the period of the grant.

In addition, recipients must comply with all terms and conditions outlined in their grant awards, the Department of Health and Human Services (HHS) Grants Policy Statement, requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable, as well as any requirements or limitations in any applicable appropriations acts.

Grant funds may only be used to support activities outlined in the approved project plan. The successful applicant will be responsible for the overall management of activities within the scope of the approved project plan. The HHS/OASH strongly encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. This is consistent with the HHS/OASH mission to protect and advance the physical and mental health of the American people.

Federal grant support must be acknowledged in any publication developed using funds awarded under this program. All publications developed or purchased with funds awarded under this program must be consistent with the requirements of the program. Pursuant to 45 CFR § 74.36(a), HHS may reproduce, publish, or otherwise use materials developed under this grant for Federal purposes, and may authorize others to do so.

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.hhs.gov/opa/grants/trafficking_in_persons_award_condition.html. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity announcement to obtain a copy of the term.

Efficient Spending

This award may also be subject to the HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and Publications available at http://dhhs.gov/asfr/ogapa/acquisition/effspendpol_memo.html.

Pilot Whistleblower Protection

A standard term and condition of award will be in the final notice of award; all applicants will be subject to a term and condition that applies the terms of 48 CFR section 3.908 to the award, and requires that grantees inform their employees in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce.

Reporting

Programmatic Reporting

An Annual Progress Report will be required as part of the grantees non-competing continuation application. The final program report is due 90 days after the close of the project period. The purpose of the progress reports is to provide accurate and timely program information to program managers and to respond to Congressional, Departmental and public requests for information about the program.

Financial Reporting

Grantees are required to submit quarterly and annual Federal Financial Reports (FFR). Reporting schedules will be issued as a condition of grant award. A final FFR covering the entire project period is due 90 days after the end of the project period.

Grantees that receive \$500,000 or greater of Federal funds must also undergo an independent audit in accordance with OMB Circular A-133.

Each year of the approved project period, grantees are required to submit a noncompeting application which includes a progress report for the current budget year, and work plan, budget

and budget justification for the upcoming year.

FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Sub award Reporting System (<http://www.FSRS.gov>) for all sub awards and sub-contracts issued for \$25,000 or more as well as addressing executive compensation for both grantee and sub-award organizations.

VII. AGENCY CONTACTS

Administrative and Budgetary Requirements and Program Requirements:

For information related to administrative and budgetary requirements, contact the HHS/OASH Office of Grants Management grants specialist listed below.

Brenda Donaldson

1101 Wootton Parkway, Suite 550

Rockville, MD

Phone: 240-453-8442

Email: Brenda.Donaldson@hhs.gov

For information on program requirements, contact the program office.

Chanya Liv

200 Independence Ave, S.W.

Washington, D.C., 20201

Phone: 202-690-2470

Email: OASHGRANTFOA@hhs.gov

VIII. OTHER INFORMATION

Application Elements

SF 424 – Application for Federal Assistance

SF 424A – Budget Information

Separate Budget Narrative/Justification

SF 424B – Assurances.

Lobbying Certification

Proof of non-profit status, if applicable.

Copy of the applicant's most recent indirect cost agreement, if requesting indirect costs. If any sub-contractors or sub-grantees are requesting indirect costs, copies of their indirect cost agreements must also be included with the application.

Project Narrative with Work Plan

Organizational Capability Statement and Vitae for Key Project Personnel.

Other Submission Requirements:

Letters of Commitment from Partner Organizations

Governance Plan

Project Resources

Data Sharing Plan



Howard K. Koh, M.D., M.P.H.
Assistant Secretary for Health
U.S. Department of Health and Human Services

DATE: 12/17/13