

U.S. Department of Health and Human Services

HRSA

Health Resources & Services Administration

Maternal and Child Health Bureau

Division of Healthy Start and Perinatal Services

Healthy Start Supplement: Community-Based Doulas

Funding Opportunity Number: HRSA-22-148

Funding Opportunity Type(s): Competing Supplement

Assistance Listings (AL/CFDA) Number: 93.926

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: May 31, 2022

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date: April 1, 2022

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See [Section VII](#) for a complete list of agency contacts.

Authority: 42 U.S.C. § 254c-8 (Title III, Part D, § 330H of the Public Health Service Act).

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, please email or call one of the HRSA staff in [Section VII. Agency Contacts](#).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Healthy Start Supplement: Community-Based Doulas. The purpose of this supplement is to increase the availability of doulas in Healthy Start service areas most affected by infant and maternal mortality and to increase the number of women with a higher risk of poor birth outcomes receiving doula services.

Funding Opportunity Title:	Healthy Start Supplement: Community-Based Doulas
Funding Opportunity Number:	HRSA-22-148
Due Date for Applications:	May 31, 2022
Anticipated Total Annual Available FY 2022 Funding:	\$4,500,000
Estimated Number and Type of Award(s):	Up to 25 grants
Estimated Award Amount:	Up to \$180,000 per award
Cost Sharing/Match Required:	No
Period of Performance:	April 1, 2022 through March 31, 2024 (aligns with base award period of performance)
Eligible Applicants:	Eligible applicants are current recipients funded under HRSA-19-049 Healthy Start Initiative: Eliminating Disparities in Perinatal Health (start date of April 1, 2019). See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in [HRSA's SF-424 Application Guide](#), available online, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Tuesday, April 12, 2022

Time: 2 – 3:30 p.m. ET

Join ZoomGov Meeting: <https://hrsa.gov.zoomgov.com/j/1614844869?pwd=WEVMa1NvQzEvYU5UejkwL0t0MUhBQT09>

Audio Conference Details

- Computer audio is recommended (make sure computer speakers are “on”)
- Attendees should click the above and select ‘Join with Computer Audio’
- Attendees without computer access or computer audio can use the dial-in information below

Dial-in Toll-Free #: 833-568-8864

Meeting ID: 161 484 4869

Passcode: 44061175

HRSA will record the webinar and make it available at:
<https://mchb.hrsa.gov/fundingopportunities/default.aspx>.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for supplemental funding under the Healthy Start Initiative: Eliminating Disparities in Perinatal Health, also known as the Healthy Start (HS) program. The purpose of the HS program is to improve health outcomes before, during, and after pregnancy, and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes. **The goal of this supplement is to increase the availability of doulas in Healthy Start service areas most affected by infant and maternal mortality and to increase the number of women with a higher risk of poor birth outcomes receiving doula services.** Doulas will provide services to women during the periods of pregnancy, birth and at least three (3) months post-partum. Award funds will cover the training, certification, and compensation of doulas.

HRSA understands the vital role doulas play in advancing health equity and reducing disparities in infant mortality (IM), maternal mortality (MM) and other adverse perinatal outcomes. One of our long-term goals is to ensure doulas have sustainable employment and career prospects that advance the MCH workforce at the community level. With this funding, recipients are expected to provide doula support to a minimum of 100 HS participants. Funding should also support the training necessary to expand the number of available doulas within the target community. Recipients should also develop a plan for sustainability after grant funding ends. To achieve these expectations, recipients may pursue a variety of options to expand doula support and customize a hiring approach to reflect community and program needs. This could include hiring full-time doulas, contracting out services on a per birth basis, or other models based on capacity and need.

Recipients should demonstrate how doulas will provide effective and culturally responsive pregnancy and childbirth education, early linkage to health care and social services, labor coaching, and breastfeeding education and counseling while fostering parental attachment. Recipients should clearly outline methods to provide supportive services before, during, and after childbirth, including breastfeeding initiation promotion.

Recipients should demonstrate how doula services will meet the needs of their HS communities and priority population in order to improve birth outcomes and reduce racial/ethnic disparities for participants who have the highest need.

In order to achieve this purpose, applications should propose activities designed to meet the following program objectives by the dates indicated.

Program Objectives:

- By November 2022, each recipient will contract with one or more doula training organization(s) to provide training for doulas.
- By February 2023, each recipient will recruit two or more candidates to become doulas.

- By May 2023, each recipient will facilitate training for each hired doula.
- By February 2024, doulas hired by each recipient will complete all requirements for a birth doula certification of the recipient's choice (e.g., Doulas of North America [DONA], Childbirth and Postpartum Professional Association [CAPPA]).
- By March 2024, each recipient will provide prenatal, birth, and short term-postpartum (within 3 months after birth) doula support to a minimum of 100 HS participants.

The program objective timeline may fluctuate based on whether a recipient hires doulas as full-time employees versus contracting.

For the purposes of retention, the recipient may consider requesting a formal agreement from each doula that is hired stating their intent to provide doula services to HS clients for a specific period of performance.

2. Background

Healthy Start Supplement: Community-Based Doulas is authorized by 42 U.S.C. § 254c-8 (Title III, Part D, § 330H of the Public Health Service Act).

About MCHB and Strategic Plan

The Maternal and Child Health Bureau (MCHB) administers programs with focus areas in maternal and women's health, adolescent and young adult health, perinatal and infant health, child health, and children with special health care needs. To achieve its mission of improving the health and well-being of America's mothers, children, and families, MCHB is implementing a strategic plan that includes the following four goals:

Goal 1: Assure access to high quality and equitable health services to optimize health and well-being for all MCH populations

Goal 2: Achieve health equity for MCH populations

Goal 3: Strengthen public health capacity and workforce for MCH

Goal 4: Maximize impact through leadership, partnership, and stewardship

This program addresses MCHB's goal to *achieve health equity for MCH populations* by addressing disparities in infant and maternal health outcomes.

To learn more about MCHB and the bureau's strategic plan, visit <https://mchb.hrsa.gov/about>.

Overview of the Healthy Start Program

The HS program provides grants to high-risk communities with infant mortality (IM) rates at least 1.5 times the United States national average and high rates of other adverse perinatal outcomes (e.g., low birthweight, preterm birth, maternal morbidity and mortality).

Structural inequities in access to health-promoting resources contribute to racial/ethnic disparities in perinatal health. Such inequities include education, employment, housing,

and health care, as well as interpersonal racism and stress.^{1,2} HS works to reduce the disparity in health status between the general population and individuals who are members of racial or ethnic minority groups.

Current HS programs serve women of reproductive age, pregnant women, mothers who have just given birth, and infants and families from birth to 18 months. HS also serves fathers and caregiver partners and supports couples with reproductive life planning.

While HS continues to provide key services to communities across the U.S., disparities in maternal and infant health persist. IM rates remain high compared to other well-resourced countries. Though the U.S. rate has trended downward since 1995, and has declined 19 percent since 2005, racial/ethnic disparities in IM rates have persisted. The highest IM rates in the country are among Black infants and American Indian/Alaska Native (AI/AN) infants (10.6 and 7.9 infant deaths per 1,000 live births in 2019 respectively) with rates that are more than double that of Whites (4.5 infant deaths per 1,000 live births in 2019). Likewise, Black and AI/AN women are two to three times more likely to die from pregnancy-related causes than White women.³

Community-Based Doulas and Healthy Start

Approximately four million women give birth each year in the United States.⁴ While most women have a safe pregnancy and deliver a healthy infant, that is not the experience for all women as indicated by the higher rate of maternal and infant mortality outcomes among Black and AI/AN women. Numerous women across the United States have shared stories from their experiences during pregnancy, childbirth, and the postpartum period where they did not feel heard during encounters with health care professionals.⁵ Such experiences in health care settings can result in poor care and outcomes. They may also lead to underutilization of health care services and poorer awareness of urgent maternal warning signs and symptoms during pregnancy and in the year after delivery. These experiences illustrate the need for further support for women during pregnancy, childbirth, and the postpartum period, especially for those who may be at higher risk for poor birth outcomes.

Assistance from a doula, or “a trained professional who provides continuous physical, emotional, and informational support to a mother before, during, and shortly after childbirth”⁶ has been shown to be associated with improved maternal and infant health outcomes. A prior study found that compared to non-doula-assisted mothers, doula-assisted mothers were four times less likely to have a low birth-weight baby, two times less likely to experience a birth complication involving themselves or their baby, and significantly more likely to initiate breastfeeding.⁷ Another study found that women with continuous support during childbirth from both health care professionals and laypersons are also more likely than women who do not receive continuous support to have

¹ <https://pubmed.ncbi.nlm.nih.gov/26466077/>

² <https://pubmed.ncbi.nlm.nih.gov/33181043/>

³ <https://www.cdc.gov/mmwr/volumes/68/wr/mm6835a3.htm>

⁴ <https://www.cdc.gov/nchs/fastats/births.htm>

⁵ <https://www.cdc.gov/hearher/personal-stories/index.html>

⁶ <https://www.dona.org/what-is-a-doula/>

⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3647727/>

spontaneous vaginal birth, shorter duration of labor and decreased caesarean birth.⁸ Additionally, mothers who receive continuous support during birth are less likely than mothers who do not receive continuous support to have a baby with a low five-minute Apgar score, use an epidural or report negative ratings of or feelings about their childbirth experience.

Doulas provide prenatal education and serve as advocates for women to ensure that they are informed, respected, listened to, and receive the best care possible. Doulas' empowerment of and advocacy for women are critical as dismissed symptoms before, during, and after labor, such as pain, can lead to negative outcomes for both mom and baby. Emotional support during pregnancy, childbirth, and postpartum serves as a protective factor against postpartum depression.⁹ Mental health conditions such as postpartum depression have been linked to pregnancy-related deaths as well as infant deaths.^{10,11}

The “Healthy Start Supplement: Community-Based Doulas” funding opportunity enhances and accelerates current efforts of HS award recipients to advance equity and reduce disparities in IM, maternal mortality (MM) and other adverse perinatal outcomes and provides additional support for HS participants. Equity is defined as “[T]he consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities, that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.”¹²

II. Award Information

1. Type of Application and Award

Type of applications sought: Competing Supplement

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately \$4,500,000 to be available annually to fund 25 recipients. You may apply for a ceiling amount of up to \$180,000 total cost for the 2-year period of performance (includes both direct and indirect, facilities and administrative costs).

The period of performance is April 1, 2022 through March 31, 2024 (2 years).

⁸ <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003766.pub6/full>

⁹ <https://pubmed.ncbi.nlm.nih.gov/27123699/>

¹⁰ <https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/mmr-data-brief.html>

¹¹ <https://pubmed.ncbi.nlm.nih.gov/30245252/>

¹² Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), <https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf>

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at [45 CFR part 75](#).

III. Eligibility Information

1. Eligible Applicants

Eligible applicants are current recipients funded under HRSA-19-049 Healthy Start Initiative: Eliminating Disparities in Perinatal Health (start date of April 1, 2019).

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Current recipients of awards under HRSA-21-121 are NOT eligible to apply.

HRSA may not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the ceiling amount
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)

NOTE: Multiple applications from an organization are not allowable.

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, before the Grants.gov application due date as the final and only acceptable application.

NOTE: A doula trainee receiving support and compensation from award funds must be a citizen, national, or permanent resident of the United States.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](#) using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at [Grants.gov: HOW TO APPLY FOR GRANTS](#).

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-22-148 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately*

responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA's [SF-424 Application Guide](#) provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, etc. You must submit the information outlined in the HRSA *SF-424 Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](#) except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA *SF-424 Application Guide* for the Application Completeness Checklist.

Application Page Limitation

The total size of all uploaded files included in the page limit shall not exceed the equivalent of **20 pages** when printed by HRSA. The page limit includes the project and budget narratives, attachments, and letters of commitment and support required in the Application Guide and this NOFO.

Please note: Effective April 22, 2021, the abstract is no longer an "attachment" that counts in the page limit. The abstract is the standard form "Project Abstract Summary" and it will not count in the page limit. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit.

Note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-148 it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 20 will not be read, evaluated, or considered for funding.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in [45 CFR § 75.371](#), including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).

- 3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 6: Other Relevant Documents*.

See Section 4.1 viii of HRSA’s [SF-424 Application Guide](#) for additional information on all certifications.

Program-Specific Instructions

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

i. **Project Abstract**

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limitation.

For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA’s [SF-424 Application Guide](#).

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

Narrative Section	Review Criteria
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures
Organizational Information	(4) Resources/Capabilities
Budget and Budget Narrative	(5) Support Requested

ii. **Project Narrative**

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

Successful applications will contain the information below. Please use the following section headers for the narrative:

- **INTRODUCTION** -- Corresponds to Section V's [Review Criterion 1 Need](#)
Briefly describe the purpose of your proposed project. Your application should demonstrate a comprehensive understanding of providing culturally responsive support for pregnant and birthing HS participants during the prenatal, birth, and postpartum periods. Include a discussion that exhibits knowledge of racial disparities in IM, MM and other adverse perinatal outcomes.
- **NEEDS ASSESSMENT** -- Corresponds to Section V's [Review Criterion 1 Need](#)
Describe your priority population of focus for this supplement in your HS service area including:
 - their IM rate
 - their MM rate
 - the racial disparities in their IM and MM rates

Outline the needs of the priority population for doula services. Describe and document your priority population and their unmet health needs. Discuss any relevant barriers to the priority population accessing doulas in the service area that the project hopes to overcome. Discuss any relevant barriers to women in your service area becoming doulas. Use and cite demographic data whenever possible to support the information provided and why a strategy of increasing doula support may be beneficial to the priority population. This section will help reviewers to understand the population that you will serve.

- **METHODOLOGY** -- Corresponds to Section V's [Review Criterion 2 Response](#)
Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and objectives as stated in the [Purpose](#) section of this NOFO.

Indicate whether you will use the funds to hire doulas as full-time staff or whether the services will be provided through a contract.

Include your plan to recruit, facilitate training and certification of, compensate, and retain doula candidates. Identify the name of the organization (e.g., DONA, CAPPA) that you will select to certify each doula. The organization selected should require the following, at a minimum, for certification:

- Training (e.g., breastfeeding/lactation, postpartum visits, physiology of labor, pain relief mechanisms)
- Coursework (e.g., readings, exams, written assignments)
- Birth support/clinical hours

Include your plan to provide doula services to HS participants.

Describe the anticipated timeline of providing doula services to 100 HS participants. Include the estimated number of women served per month per doula.

Discuss how you will engage doulas in existing HS initiatives and support services.

Describe any innovative methods and/or partnerships that you will use to address the stated needs.

The methodology should include targeted strategies that will reduce IM and MM disparities among Black, AI/AN, or other groups of HS participants.

Propose a plan for project sustainability after the period of federal funding ends. HRSA expects recipients to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population.

- WORK PLAN -- Corresponds to Section V's [Review Criterion 2 Response](#)

Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the [Methodology](#) section. Use a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application. In this section, you should identify specific, measurable, achievable, realistic, time-bound, inclusive and equitable (SMARTIE) project objectives and performance measure objectives, as much as possible. Each objective should be clearly stated, outcome-oriented, and realistic for your available resources. State all objectives in 6 month increments. You may detail this information on a separate worksheet, referenced in the narrative in this section, and included as Attachment 1.

- RESOLUTION OF CHALLENGES -- Corresponds to Section V's [Review Criterion 2 Response](#)

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

- EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's [Review Criterion 3 Evaluative Measures](#)

Objectives and Performance Measures

The application should include baselines targets for all performance measures in the work plan (see below for a list of the performance measures). Objective statements should clearly describe what your program will achieve and by when. Each objective should include a time frame (see [Appendix: Resources](#) for a guide on the SMART goal framework).

The following example may assist you in the development of the project objectives and measures:

By 9/30/2023, increase the number of HS participants provided with doula services to 56, assuming 8 pregnancies per month (i.e., 4 per doula), beginning in March 2023.

By 12/31/2023 increase the number of HS participants provided with doula services to 80.

By 3/31/2024 increase the number of HS participants provided with doula services to 100.

Recipients will track, at a minimum, the following measures for the period of performance:

- The number of doulas provided with doula training, including the number trained by race/ethnicity
- The number of doulas receiving birth doula certification
- The number of HS participants provided with a visit and/or birth support, including the number served by race/ethnicity
 - The number of HS participants who received at least one prenatal visit from a doula
 - The number of HS participants who received birth support from a doula
 - The number of HS participants who received at least one postpartum visit from a doula within the first 3 months after birth
- Among HS participants receiving doula services:
 - The number of HS child participants whose parent/caregiver reports they were ever breastfed or pumped breast milk to feed their baby (HRSA-19-049 benchmark)

The application should detail your program's infrastructure and plan to collect, maintain, and report quality program data (e.g., a functional electronic data system, program capacity to analyze and report data on a routine basis). Describe the method proposed to monitor and evaluate the project results.

▪ ORGANIZATIONAL INFORMATION -- Corresponds to Section V's [Review Criterion 4 Resources/Capabilities](#)

You must have sound systems, policies, and procedures in place for managing funds, equipment, and personnel to receive grant support. All successful recipients must perform a substantive role in carrying out project activities and not merely serve as a conduit for an award to another party or to provide funds to an ineligible party.

The recipient organization will identify key personnel will be responsible for communication with the contracted training organization, and will coordinate the preparation and submission of required reports. The recipient will have primary responsibility for monitoring the progress of the project toward its objectives, including monitoring contract deliverables.

Please respond using the corresponding outline numbers (e.g., i., ii., iii...):

- i. Provide a staffing plan for the proposed project describing current experience, expertise, skills, and knowledge of staff, contractors, and partners. If hiring doulas as full-time employees, include FTE in the plan.
- ii. Describe your organization's recruitment and retention policies/strategies.
- iii. Briefly describe methodologies that will be used for monitoring utilization of services and quality assurance.

iii. **Budget**

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's [SF-424 Application Guide](#) and the additional budget instructions provided below. A budget that follows the *Application Guide* will ensure that, if HRSA selects your application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

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

As required by the Consolidated Appropriations Act, 2022 (P.L. 117-103), Division H, § 202, , "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." Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. **Budget Narrative**

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

v. **Attachments**

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 limitation.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limitation. **Clearly label each attachment.** You must upload attachments into the application. HRSA will not open/review any *hyperlinked* attachments.

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#). If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of 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. Also include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

Attachment 4: Project Organizational Chart

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

Attachment 5: Birth Doula Certification Document

Provide a one-page document outlining the requirements to obtain birth doula certification from the organization selected.

Attachment 6-10: Other Relevant Documents

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

The UEI, a "new, non-proprietary identifier" assigned by the System for Award Management ([SAM.gov](#)), will replace the *Data Universal Numbering System (DUNS) number.

From now until April 3, 2022, if you are not already registered in SAM.gov and wish to do business with the Federal Government, you need to obtain and/or use a UEI (DUNS) to register your entity in SAM.gov. Continue to use your UEI (DUNS) for registration and reporting until April 3, 2022.

Effective April 4, 2022:

- You can register in SAM.gov and you will be assigned your UEI (SAM) within SAM.gov.
- You will no longer use UEI (DUNS) and that number will not be maintained in any Integrated Award Environment (IAE) systems (SAM.gov, CPARS, FAPIIS, eSRS, FSRS, FPDS-NG). For more details, visit the following webpages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration's UEI Update](#).

You must register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or

(c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

*Currently, the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<https://www.dnb.com/duns-number.html>) (through April 3, 2022)
- System for Award Management (SAM) (<https://sam.gov/content/home> | [SAM.gov Knowledge Base](#))
- Grants.gov (<https://www.grants.gov/>)

For more details, see Section 3.1 of HRSA's [SF-424 Application Guide](#).

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages instead, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through [SAM.gov](#).

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *May 31, 2022 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

The Healthy Start Supplement: Community-Based Doula is subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for the full period of performance at no more than \$180,000.00 (inclusive of direct **and** indirect costs). 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 of the Consolidated Appropriations Act, 2022(P.L. 117-103) apply to this program. See Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in following fiscal years, as required by law.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

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

Five (5) review criteria are used to review and rank Healthy Start Supplement: Community Based Doula applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (30 points) – Corresponds to Section IV's [Introduction](#) & [Needs Assessment](#)

The application will be assessed based on the degree to which it:

- Describes the importance of, and need for, providing culturally responsive support for HS pregnant and birthing participants during the prenatal, birth, and postpartum periods and exhibits knowledge of racial disparities in IM, MM and other adverse perinatal outcomes.
- Identifies and describes a population of focus, demonstrates the unmet health needs of this priority population and discusses why a strategy of increasing doula support may be beneficial to the priority population, including relevant demographic and health statistics.
- Demonstrates barriers to the priority population accessing doula services.
- Demonstrates barriers to women in the community becoming doulas.

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

Criterion 2 (a): Methodology (15 points)

The application will be assessed based on:

- The quality, clarity, and feasibility of the proposed approach to recruit doulas, facilitate doula training and certification, compensate and retain doulas, including the identification of the organization selected for certification.
- The feasibility of the program plan to provide doula services to HS participants.
- The feasibility of the proposed plan to engage doulas in existing HS initiatives and support services, and the sustainability of the program beyond the federal funding.
- The strength of the proposed innovative methods and/or partnerships to address the stated needs.
- The extent to which the methodology includes targeted strategies that will reduce IM and MM disparities among Black, AI/AN, or other groups of HS participants.

Criterion 2 (b): Work Plan (10 points)

The quality and feasibility of the work plan and timeline to achieve each of the objectives discussed in the methodology section.

Criterion 2 (c): Resolution of Challenges (5 points)

Sufficient identification and understanding of possible challenges and the reasonableness of approaches to resolve identified challenges.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV’s [Evaluation and Technical Support Capacity](#)

The extent to which the program has the necessary infrastructure and plan to collect, maintain, and report quality program data (e.g., a functional electronic data system, program capacity to analyze and report data on a routine basis).

The strength and effectiveness of the method proposed to monitor and evaluate the project results.

Criterion 4: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV’s [Organizational Information](#)

The application will be assessed based on:

- The quality and reasonableness of the staffing plan and the extent to which project personnel are qualified by training and/or experience to implement and carry out the project.
- The quality and reasonableness of the organization’s recruitment and retention policies/strategies.
- The feasibility of the methodologies that the recipient plans to use for monitoring utilization of services and quality assurance (including client satisfaction) of all activities.

Criterion 5: SUPPORT REQUESTED (10 points) – Corresponds to Section IV’s [Budget](#) and [Budget Narrative](#)

The reasonableness of the proposed budget for the period of performance in relation to the objectives.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA’s [SF-424 Application Guide for more details](#).

3. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization’s ability to implement statutory, regulatory, or other requirements ([45 CFR § 75.205](#)).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable; cost analysis of the project/program budget; assessment of your management systems, ensuring continued applicant eligibility; and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or “other support” information) or to undertake certain activities (such as negotiation of an indirect

cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) prior to September 30, 2022. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 Application Guide](#).

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See [Providers of Health Care and Social Services](#) and [HHS Nondiscrimination Notice](#).

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see [Fact Sheet on the Revised HHS LEP Guidance](#) and [Limited English Proficiency](#).

- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see [Discrimination on the Basis of Disability](#).
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See [Discrimination on the Basis of Sex](#).
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see [Conscience Protections for Health Care Providers](#) and [Religious Freedom](#).

Please contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

Pursuant to the Executive Order on Worker Organizing and Empowerment, HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See [45 CFR § 75.101 Applicability](#) for more details.

Human Subjects Protection

Federal regulations ([45 CFR part 46](#)) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

- Refer to instructions provided in HRSA's [SF-424 R&R Application Guide](#), Appendix Supplemental Instructions for Preparing the Protection of Human Subjects Section of the Research Plan and Human Subjects Research Policy for specific instructions on preparing the human subjects section of the application.
- Refer to HRSA's [SF-424 R&R Application Guide](#) to determine if you are required to hold a Federal Wide Assurance (FWA) of compliance from the Office of Human Research Protections (OHRP) prior to award. You must provide your Human Subject Assurance Number (from the FWA) in the application. If you do not have an assurance, you must indicate in the application that you will obtain one from OHRP prior to award.
- In addition, you must meet the requirements of the HHS regulations for the protection of human subjects from research risks, including the following: (1) discuss plans to seek IRB approval or exemption; (2) develop all required documentation for submission of research protocol to IRB; (3) communicate with IRB regarding the research protocol; (4) communicate about IRB's decision and any IRB subsequent issues with HRSA.
- IRB approval is not required at the time of application submission but must be received prior to initiation of any activities involving human subjects. Do not use the protection of human subjects section to circumvent any page limitation in the [Methodology](#) portion of the Project Narrative section.

3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities.

- 1) **Progress Report(s)**. The recipient must submit information related to the competing supplement as part of their Healthy Start Initiative: Eliminating Disparities in Perinatal Health Program report narrative every 6 months during the period of performance. Refer to HRSA-19-049 for additional details on the Non-Competing Continuation Renewal Submission.

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Tonya Randall
 Grants Management Specialist
 Division of Grants Management Operations, OFAM

Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 594-4259
Email: trandall@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Ijeamaka Ogbonna, MPH
Public Health Analyst, Healthy Start Branch
Division of Healthy Start and Perinatal Services
Attn: HRSA-22-148
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18N-23
Rockville, MD 20857
Telephone: (301) 945-9638
Email: MCHBHealthyStart@hrsa.gov

Rochelle T. Logan, DrPH, MPH, CHES
Supervisory Public Health Analyst, Healthy Start Branch
Division of Healthy Start and Perinatal Services
Telephone: (301) 443-0543
Email: MCHBHealthyStart@hrsa.gov

You may need assistance when working online to submit your application forms electronically. 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, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov
[Self-Service Knowledge Base](#)

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through the [EHBs](#). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Tuesday, April 12, 2022

Time: 2 – 3:30 p.m. ET

Join ZoomGov Meeting: [https://hrsa-gov.zoomgov.com/j/1614844869?pwd=WEVMa1NvQzEvYU5UejkwL0t0MUhBQT09](https://hrsa.gov.zoomgov.com/j/1614844869?pwd=WEVMa1NvQzEvYU5UejkwL0t0MUhBQT09)

Audio Conference Details

- Computer audio is recommended (make sure computer speakers are “on”)
- Attendees should click the above and select ‘Join with Computer Audio’
- Attendees without computer access or computer audio can use the dial-in information below

Dial-in Toll-Free #: 833-568-8864

Meeting ID: 161 484 4869

Passcode: 44061175

HRSA will record the webinar and make it available at:

<https://mchb.hrsa.gov/fundingopportunities/default.aspx>.

Tips for Writing a Strong Application

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

Appendix: Resources

DONA Birth Certification Guide

<https://www.dona.org/wp-content/uploads/2020/03/Certification-Overview-Birth-1-20.pdf>

DONA Birth Certification Infographic

https://www.dona.org/wp-content/uploads/2016/08/dona-birth-cert_13633520_6d006302997c36684733f949d8ee1ffa121ed140-1.pdf

CAPPA Certified Labor Doula Overview

<https://cappa.net/training-certification/certified-labor-doula-cld/#traditi>