

**U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services**

Health Home for Individuals with Chronic Conditions

**Notice of Funding Opportunity Type:** New

**Funding Opportunity Award Type:** Grant

**Notice of Funding Opportunity Number:** CMS-2J2-23-001

**Federal Assistance Listings Number (CFDA):** 93.778

**Notice of Funding Opportunity Posting Date:** September 30, 2022

**Applicable Dates:**

Letter of Intent to Apply Due Date: Not Applicable

First Electronic Application Due Date: January 4, 2023, 3:00 pm Eastern Standard Time; Quarterly application deadlines to follow

Anticipated Issuance Notice(s) of Award: April 1, 2023 with rolling award notices to follow.

Anticipated Period of Performance: 36 months from date of award

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## Executive Summary

The purpose of this Notice of Funding Opportunity (NOFO) is to provide funding to states for the implementation of section 1945 of the Social Security Act (“the Act”), entitled “State Option to Provide Coordinated Care Through A Health Home For Individuals With Chronic Conditions.”

<b>Item</b>	Health Home for Individuals with Chronic Conditions
<b>HHS Awarding Agency</b>	Centers for Medicare & Medicaid Services (CMS)
<b>CMS Awarding Center</b>	Center for Medicare & CHIP Services
<b>Notice of Funding Opportunity Title</b>	Health Home for Individuals with Chronic Conditions
<b>Authorization</b>	Authorized under the Affordable Care Act (Section 2703) and Section 1945 of the Social Security Act
<b>Federal Assistance Listings Number (CFDA)</b>	93.778
<b>Funding Opportunity Type</b>	New
<b>Funding Opportunity Number</b>	CMS-2J2-23-001
<b>Type of Award</b>	Grant
<b>Type of Competition</b>	New
<b>Letter of Intent</b>	N/A

<b>Application Due Date(s) and Time</b>	Applications will be accepted January 4, April 1, July 1, and October 1
<b>Anticipated Issuance Notice(s) of Award(s)</b>	April 1, 2023. Future award dates are based on when applications are received and reviewed.
<b>Period of Performance Start Date(s)</b>	April 1, July 1, October 1, January 1
<b>Period of Performance End Date(2)</b>	Thirty-six months from date of award
<b>Anticipated Total Available Funding</b>	\$15,000,000, pending the availability of funds
<b>Estimated Maximum Award Amount</b>	Up to \$500,000, pending the availability of funds
<b>Estimated Maximum Number of Awardees</b>	35

**A. Program Description**

**A1. Purpose**

The purpose of this Notice of Funding Opportunity (NOFO) “Health Home for Individuals with Chronic Conditions” is to award funding to States that would like to receive support in planning their health home State Plan Amendments (SPAs), in accordance with section 1945(c)(3) of the Act. CMS will use title XIX funding to support state health home planning efforts.

**A2. Authority**

Authorized under the Affordable Care Act (Section 2703) and Section 1945 of the Act.

**A3. Background**

In 2010, the Affordable Care Act was enacted.<sup>1</sup> This law added section 1945 to the Act, and thereby established an option for states to cover specifically care coordination for Medicaid-

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ACA; P.L. 111-148

eligible individuals with two or more chronic conditions, one chronic condition and at risk for a second, or one serious and persistent mental health condition. States' implementation of section 1945 health homes has helped to ensure that certain Medicaid beneficiaries' care is better integrated and coordinated, thereby helping to ensure that these beneficiaries can receive "whole-person" care that addresses both clinical and non-clinical needs. Since January 2011, 27 states and the District of Columbia have successfully implemented a section 1945 health home benefit for Medicaid beneficiaries with chronic conditions such as asthma, diabetes, substance use disorder (SUD), and mental health conditions in accordance with section 1945 of the Act. As of August 2022, there are 33 active health home programs targeting different populations under section 1945 of the Act.

The health home provision authorized by the Affordable Care Act provides an opportunity to build a person-centered system of care that achieves improved outcomes for beneficiaries and better services and value for state Medicaid programs. This provision supports CMS's overarching approach to improving health care through the simultaneous pursuit of three goals: improving the experience of care; improving the health of populations; and reducing per capita costs of health care (without any harm whatsoever to individuals, families, or communities).

#### **A4. Program Requirements for State Plan Amendment**

Section 1945(a) of the Act permits States the option to offer health home services to "eligible individuals with chronic conditions" who select a designated health home provider.

Section 1945(h) of the Act sets forth the minimum criteria that an "eligible individual with chronic conditions" must meet. The health home population the State elects must consist of individuals eligible under the State plan or "under a waiver of such plan" who have at least two chronic conditions, as listed in section 1945(h)(2) of the Act, one chronic condition and be at risk for another, or one serious and persistent mental health condition.

The State may elect in its State plan to provide health home services to individuals eligible to receive health home services based on all the chronic conditions listed in the statute, or provide health home services to individuals with particular chronic conditions. While all individuals served must meet the minimum statutory criteria, States may elect to target the population to individuals with higher numbers or severity of chronic or mental health conditions. The population must include all categorically needy individuals who meet the State's criteria (including those eligible based on receipt of services under a section 1915(c) home and community-based services waiver) and a State option may include individuals in any medically needy group or section 1115 demonstration population. There is no statutory flexibility to exclude dual eligible beneficiaries from receiving health home services. CMS recognizes the challenges States face in serving dual eligible beneficiaries and is working to assist States in their efforts to more effectively integrate Medicare and Medicaid benefits.

Because the statute waives the comparability requirement at section 1902(a)(10)(B) of the Act, it allows States to offer health home services in a different amount, duration, and scope than services provided to individuals who are not in the health home population.

## **Definitions**

Applicable definitions regarding the Section 1945 health home program can be found at Section 1945(h)(1) of the Act and include the following:

### Eligible Individuals with Substance Use Disorder (SUD)

SUD-eligible individuals - The term “SUD-eligible individual” means, with respect to a State, an individual who satisfies all of the following:

- The individual is an eligible individual with chronic conditions.
- The individual is an individual with a substance use disorder.
- The individual has not previously received health home services under any other State plan amendment approved for the State under this section by the Secretary.

### Eligible Individual with Chronic Conditions

In general - Subject to subparagraph (B), the term “eligible individual with chronic conditions” means an individual who: Is eligible for medical assistance under the State plan or under a waiver of such plan; and has at least:

- 2 chronic conditions;
- 1 chronic condition and is at risk of having a second chronic condition; or
- 1 serious and persistent mental health condition.

### SUD-focused State Plan Amendment

The term “SUD-focused State plan amendment” means a State plan amendment under this section that is designed to provide health home services primarily to SUD-eligible individuals.

### Chronic condition

The term “chronic condition” has the meaning given that term by the Secretary and shall include, but is not limited to, the following:

- A mental health condition
- Substance use disorder
- Asthma
- Diabetes
- Heart disease
- Being overweight, as evidenced by having a Body Mass Index (BMI) over 25.

### Health home

The term “health home” means a designated provider (including a provider that operates in coordination with a team of health care professionals) or a health team selected by an eligible individual with chronic conditions to provide health home services.

Section 1945(h)(4) of the Act defines health home services as “comprehensive and timely high-quality services,” and includes the following health home services to be provided by designated health home providers or health teams:

- Comprehensive care management;
- Care coordination and health promotion;
- Comprehensive transitional care from inpatient to other settings, including appropriate follow-up;
- Individual and family support, which includes authorized representatives;
- Referral to community and social support services, if relevant; and
- The use of health information technology to link services, as feasible and appropriate.

This list of definitions is not exhaustive but is meant to demonstrate some of the key features of the Section 1945 health home program. Please refer to Section 1945(h)(1) for a full list of definitions. Payment methodologies and enhanced federal match assistance percentage information can be found in Section 1945(c). Provider standards are further described in Section 1945(b). Statutory references can be found at [https://www.ssa.gov/OP\\_Home/ssact/title19/1945.htm](https://www.ssa.gov/OP_Home/ssact/title19/1945.htm)

### **Support for State Planning Activities**

In order to aid states that would like to receive support in planning their health home SPAs, in accordance with section 1945(c)(3) of the Act, CMS will use title XIX funding to support state health home planning efforts at the state's regular, pre-Recovery Act, medical assistance service match rate. Since the purpose of the planning opportunity is to develop a SPA, such requests will only be considered prior to a state submitting a health home SPA to CMS.

Interested states should submit an application in response to this describing its health home planning activities, with an estimated budget for this grant opportunity. The following categories would be considered by CMS as appropriate planning activities:

- The hiring of personnel or contractors to determine feasibility and develop the health home program; outreach initiatives to obtain consumer and provider feedback;
- Outreach initiatives to obtain consumer and provider feedback;
- Training and consultation related to designing components of any provisions of the SPA;
- Development of systems for reporting and other infrastructure building tasks; and
- Travel to accomplish such activities

Applicants must meet one or more categories noted above that best meet the planning needs and activities for the intended SPA.

A state may discover through its planning activities that a health home SPA is not feasible. Under such circumstances, those planning activities are also reimbursable at the regular Federal Medical Assistance Percentage (FMAP), in accordance with section 1945(c)(3)(B) of the Act.

Upon CMS approval of a state's application outlining its health home planning activities described in this NOFO, we will authorize applicants to spend up to \$500,000 of title XIX



funding for planning activities related to the development of a SPA. Once the total funds available for this program are exhausted, no further applications will be considered.

States that have existing planning grants may apply for a new Section 1945 planning grant if it intends to award a new SPA under Section 1945 and targets a new population not currently targeted by a health home. Amendments to current health home programs do not qualify for additional planning grant funding.

In accordance with section 1945(c)(3)(B) of the Act, a state awarded a planning grant shall contribute an amount equal to the state percentage determined under section 1905(b) for each fiscal year for which the grant is awarded. Therefore, for a State with a pre-Recovery Act FMAP of greater than 50 percent, its planning activities will be matched at the higher medical assistance service rate. See also Matching and Cost Sharing Section C2. States will also be required to submit changes to their Cost Allocation Plans (CAP) to accommodate these health home planning activities. States could draw down the FMAP for planning activities before updating the CAP, as long as it is amended in a timely manner once the State obtains CMS approval for its health home planning activities.

**For Additional information for State Monitoring and Reporting Requirements related to SPA requirements, please see: <https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/health-home-quality-reporting/index.html>  
[https://www.ssa.gov/OP\\_Home/ssact/title19/1945.htm](https://www.ssa.gov/OP_Home/ssact/title19/1945.htm)**

## **A5. Technical Assistance and Information for Prospective Applicants**

States requiring technical assistance can utilize the CMS Planning Grants mailbox at [HHPlanningGrants@cms.hhs.gov](mailto:HHPlanningGrants@cms.hhs.gov). Online resources are also available at <https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/index.html>

## **A6. Limited Competition, Notice of Funding Opportunity**

This funding opportunity provides applicants with title XIX funding for planning activities related to the development of a SPA.

## **B. Federal Award Information**

### **B1. Total Funding**

A total of \$15,000,000 will be available for this award, pending the availability of funds.

### **B2. Award Amount**

The award amount for each grant will consist of up to \$500,000 pending the availability of funds.

**B3. Anticipated Award Dates**

Applications will be accepted January 4, April 1, July 1, and October 1. Due to grants beginning on a rolling basis, grant funding and grant period start dates will vary.

**B4. Period of Performance**

The award will have a project period of performance of up to 36 months from the award date.

**B5. Number of Awards**

35

**B6. Type of Award**

The type of award issued under this NOFO is a grant.

**B7. Type of Competition**

New.

**C. Eligibility Information**

**C1. Eligible Applicants**

Government Organizations

- State governments
- County governments
- City of Township governments
- Special District governments
- Native American tribal governments (Federally recognized)  Native American tribal organizations (other than federally recognized tribal governments)

Education Organizations

- Independent School Districts
- Public and State Controlled Institutions of Higher Education

Private institutions of higher education

Public Housing Organizations

- Public housing authorities
- Indian housing authorities

## Nonprofit Organizations

- Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
- Nonprofits that do not have a 501(c)(3) status with the IRS, other than institutions of higher education
- For-profit Businesses (organizations other than small businesses)
- Small Businesses
- Individuals 0
- Others (*if selected, required additional narrative information below*)
- Unrestricted (*if selected, required to include additional narrative information below*)

## **C2. Cost Sharing or Matching**

A State awarded a planning grant shall contribute an amount equal to the State percentage determined under section 1905(b) (without regard to section 5001 of Public Law 111-5) for each fiscal year for which the grant is awarded. Matching is required for this Funding Opportunity.

## **C3. Letter of Intent**

Not applicable

## **C4. Ineligibility Criteria**

The applicant must ensure that they are only seeking funding to plan and implement those provisions that they are not currently receiving Federal grant funding to plan and implement.

## **C5. Single Application Requirement**

Only one application may be submitted.

## **C6. Continued Eligibility**

Applicants must continue to meet the program and eligibility requirements throughout the period of performance and comply with the terms and conditions that will accompany the Notice of Award (NoA).

Continued funding throughout the period of performance will be contingent upon the recipient's compliance with all requirements laid out in this NOFO, as well as the Standard and Program Terms and Conditions of the NoA. At any time during the period of performance, recipient could receive decreased funding or their award could be terminated in accordance with 2 CFR 200.340 "Termination" if they fail to perform the requirements of the award.

## **C7. EIN, UEI, and SAM Regulations**

In order to apply, all applicants are required to have a valid Employer Identification Number (EIN), otherwise known as a Taxpayer Identification Number (TIN); a Unique Entity Identifier\*; and be registered in the System for Award Management (SAM) database (<https://www.sam.gov/>) to be able to submit an application at grants.gov. See Appendix II. Application and Submission Information for descriptions of EIN, UEI, and SAM.

## **C8. Faith-Based Organizations**

Not applicable

## **C9. Other Eligibility Requirements**

Not applicable

## **D. Application and Submission Information**

### **D1. Address to Request Application Package**

Application materials will be available at <https://www.grants.gov>. Applicants will be able to download a copy of the application packet, complete it off-line, and then upload and submit the application via the GrantSolutions website. Refer to Appendix II, Application and Submission Information, for specific instructions.

### **D2. Content and Form of Application Submission**

#### **a. Application format**

**Applications determined to be ineligible, incomplete, and/or nonresponsive based on the initial screening may be eliminated from further review. However, in accordance with HHS Grants Policy, the CMS, Office of Acquisition and Grants Management (OAGM), Grants Management Officer in his/her sole discretion, may continue the review process for an ineligible application if it is in the best interests of the government to meet the objectives of the program. Each application must include all contents of the application package, in the order indicated, and conform to the following formatting specifications:**

- All pages of the project and budget narratives as well as other required narrative documents must be paginated in a single sequence.
- Font size must be at least 12-point with an average of 14 characters per inch (CPI).
- The Project Narrative must be double-spaced. The page limit for this document is 10 pages. A Project Narrative is not required for states with current planning grants.
- The Budget Narrative may be single-spaced. The page limit for this document is 5 pages. The Business Assessment may be single spaced. The page limit for this document is 12 pages.
- The project abstract is restricted to a one-page summary that may be single-spaced.

## **b. Standard forms**

The following forms must be completed with an electronic signature and enclosed as part of the application:

### 1. Project Abstract Summary

A one-page abstract serves as a succinct description of the proposed project and includes the goals of the project, the total budget, and a description of how the funds will be used. The abstract is often distributed to provide information to the public and Congress, so please write the abstract so that it is clear, accurate, concise, and without reference to other parts of the application. Exclude personal identifying information from the abstract. In the Grants Application Package at <https://www.grants.gov> select the Project Abstract Summary and complete the form.

### 2. SF-424: Official Application for Federal Assistance

Note: On SF-424 “Application for Federal Assistance”

- On Item 15 “Descriptive Title of Applicant’s Project,” state the specific grant or cooperative agreement opportunity for which you are applying.
- Check “No” to item 19c, as Review by State Executive Order 12372 does not apply to this cooperative agreement funding opportunity.
- **The Authorized Organizational Representative (AOR) completes and signs this form. Note: The signature of the individual that submits the application to GrantSolutions populates throughout the application. The signature must match the name of the AOR. Other signatures will not be accepted.**

**The AOR is the designated representative of the applicant/recipient organization with authority to act on the organization’s behalf in matters related to the award and administration of grants. In signing a grant application, the AOR agrees that the organization will assume the obligations imposed by applicable Federal statutes and regulations and other terms and conditions of the award, including any assurances, if a grant is awarded. These responsibilities include accountability both for the appropriate use of funds awarded and the performance of the grant-supported project or activities as specified in the approved application.**

- SF-424A: Budget Information Non-Construction
- SF-424B: Assurances-Non-Construction Programs

### 3. SF-LLL: Disclosure of Lobbying Activities

All applicants must submit this SF-LLL form. If your entity does not engage in lobbying, please insert “Non-Applicable” on the form and include the required AOR name, contact information, and signature. Please note that the application kit available online on the Grants.gov website is utilized for many programs and therefore Grants.gov may designate this form as optional to allow for flexibility amongst programs. However, this form is **required** as part of the application package and must be submitted for the application to be considered eligible for review.

#### 4. Project Site Location Form(s)

All applicants must submit this Project Site Location form. Please note that the application kit available online in Grants.gov is utilized for many programs and therefore Grants.gov may designate this form as optional to allow for flexibility amongst programs. However, this form is **required** as part of the application package and must be submitted for the application to be considered eligible for review.

#### **C. Application cover letter or cover page (Mandatory)**

The applicant is required to include a cover letter or cover page to detail its interest in participation in the funding opportunity for the Health Home for Individuals with Chronic Conditions.

A letter from the applicant must identify the:

- Project Title
- Applicant Name
- Project Director Name (with email and phone number)
- Authorized Official (person with authority to sign off on all decisions for the award)

#### **d. Project Narrative**

The applicant must provide a project narrative that articulates in detail the required elements included in Section A4. Program Requirements. Include the title “Project Narrative” at the beginning of the Project Narrative.

Below are the required elements (sections) of the project narrative including a brief description of the type of information required within each specific section. The project narrative is double-spaced and cannot exceed 10 pages in length.

#### **Section (i), Eligibility (required)**

The Applicant must submit a statement attesting that the applicant is not receiving other Federal grant dollars for the same activity(ies) for which it will receive funds awarded by this grant.

#### **Section (ii), Proposed Activities for Meeting Program Requirements (required)**

The applicant must describe planning and implementation activities related to. This should include, but is not limited to, description of appropriately skilled personnel who will provide support for activities relating to, engaging appropriate stakeholders, incorporating stakeholder feedback,

#### **Section (iii), Proposed Work Plan and Timeline of Activities (required)**

The applicant must provide a proposed timeline with dates for activities related to meeting the program requirements.

#### **e. Budget Narrative**

Applicants supplement Form SF-424A with a Budget Narrative which includes a yearly breakdown of costs, for each line item outlined in the SF-424A, according to a 36-month budget period. Applicants include a clear description of the proposed set of services covered with award funds for each activity/cost within the line item. The application clearly defines the proportion of the requested funding designated for each activity, including the state share, and justifies the

applicant's readiness to receive funding. The budget separates out funding administered directly by the lead agency from funding subcontracted to other partners.

For additional information and instructions for completing the SF-424A and Budget Narrative, please refer to Appendix I. Guidance for Preparing a Budget Request and Narrative.

**f. Business assessment of applicant organization (maximum 12 pages)**

As required by 45 CFR §75.205 for competitive grants and cooperative agreements, CMS evaluates the risk posed by an applicant before they receive an award. This analysis of risk includes items such as financial stability, quality of management systems, internal controls and the ability to meet the management standards prescribed in 45 CFR Part 75.

**An applicant must review, answer, and submit the business assessment questions outlined in Appendix III. Business Assessment of Applicant Organization.**

**g. Required Supporting Documentation**

The following supporting documentation should accompany the application and is excluded from the page limit for applications. (These items may be uploaded under "Miscellaneous" in the application kit available on GrantSolutions.)

Applicants must provide, at a minimum, contact information for the Project Director who will oversee the day to day management of the planning grant funds.

**D3. Unique Entity Identifier and System for Award Management (SAM)**

Each applicant is required to:

- i. be registered in SAM before submitting its application;
- ii. provide a valid unique entity identifier in its application; and
- iii. continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a Federal awarding agency.

**D4. Submission Dates and Times**

The application must be submitted electronically and be received through grants.gov by the date(s) and time set forth below.

Due Dates for Application:

Applications will be accepted January 4, April 1, July 1, and October 1.

**No later than, 3:00 PM Eastern U.S. Time**

**D5. Intergovernmental Review**

An application for this grant program is not subject to Executive Order 12372, "Intergovernmental Review of Federal Programs" (45 CFR 100). Please check box "C" on item

19 of the SF 424 (Application for Federal Assistance) as Executive Order 12372 does not apply to this award.

## **D6. Cost Restrictions**

### *Indirect Costs*

See section F2. Administrative and National Policy Requirements of this NOFO for more information on indirect costs.

### *Prohibited Uses of Award Funds*

CMS prohibits funds under this award for any of the activities/costs outlined below unless an exception is specifically authorized by statute.

- To reimburse for pre-award costs.
- To match any other Federal funds.
- To provide services, equipment, or supports that are the legal responsibility of another party under Federal, State, or Tribal law (e.g., vocational rehabilitation or education services) or under any civil rights laws. Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party.
- To provide goods or services not allocable to the approved project.
- To supplant existing State, local, Tribal or private funding of infrastructure or services, such as staff salaries, etc.
- To be used by local entities to satisfy state matching requirements.
- To pay for construction.
- To pay for capital expenditures for improvements to land, buildings, or equipment which materially increase their value or useful life as a direct cost, except with the prior written approval of the Federal awarding agency.
- To pay for the cost of independent research and development, including their proportionate share of indirect costs (unallowable in accordance with 45 CFR 75.476).
- To expend funds related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive Order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body.

## **D7. Mandatory Disclosure**

Submission is required for all applicants, in writing, to the awarding agency and to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award.

Disclosures must be sent in writing to:

U.S. Department of Health and Human Services  
Centers for Medicare and Medicaid Services  
Office of Acquisition and Grants Management  
Attn: Director, Division of Grants Management



7500 Security Blvd, Mail Stop B3-30-03  
Baltimore, MD 21244-1850

**AND**

U.S. Department of Health and Human Services  
Office of Inspector General  
ATTN: Mandatory Grant Disclosures, Intake Coordinator  
330 Independence Avenue, SW, Cohen Building  
Room 5527  
Washington, DC 20201

URL: <https://oig.hhs.gov/fraud/report-fraud/index.asp>

(Include “Mandatory Grant Disclosures” in subject line)

Fax: (202) 205-0604 (Include “Mandatory Grant Disclosures” in subject line) or

Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Materials should be scanned and emailed to the Grants Management Specialist assigned to this NOFO.

**E. Application Review Information**

**E1. Criteria**

This Funding Opportunity provides applicants with the resources needed to develop planning activities. States will be evaluated based on its ability to articulate its requirements to plan a SPA submission pursuant to Section 1945 of the Act and based on the information outlined in Sections A4. Program Requirements, C. Eligibility Information, and D.2. Content and Form of Application Submission.

Applications must be submitted in the required format, no later than the deadline. If an applicant does not submit all of the required documents and does not address each of the topics described in D2. Content and Form of Application Submission Information (with cross reference to E1. Criteria), the applicant risks not being eligible and/or awarded. Applications are reviewed in accordance with criteria outlined below.

As indicated in Section D., Application and Submission Information, all applicants must submit the following:

- Standard Forms;
- A Cover Letter, if applicable;
- A Project Narrative;
- A Budget Narrative;
- Cost Allocation Plan (current)

The following are also required.

- Business Assessment of Applicant Organization

## Review Criteria

### 1. PROJECT NARRATIVE

Provide a project narrative describing your goals, measurable objectives, planning activities, and timeline. CMS will consider one or more of the following categories as appropriate planning activities:

- Hiring of personnel or contractors to determine feasibility and develop the health home program;
- Outreach initiatives to obtain consumer and provider feedback;
- Training and consultation related to designing components of any provisions of the SPA;
- Development of systems for reporting and other infrastructure building tasks; and
- Travel to accomplish such activities

Applicants will be reviewed on the category or categories noted above as well as any support provided for their intended SPA. Planning activities must be sufficiently justified and clearly defined.

### 2. ORGANIZATIONAL CAPABILITIES

This section outlines the broader capacity of the organization to complete the project outlined in the project narrative. It includes the identification of personnel responsible for completing tasks and the chain of responsibility for successful completion of the projects outlined in the project narrative.

### 3. PROJECT EVALUATION

The project requires an evaluation component to assess its planning activities and progression in its completion. Describe the applicant's proposed plan to evaluate both outcomes and process. Outcome evaluation relates to the results identified in the key goals/aims, and process evaluation relates to the planning activities of the project.

### 4. BUDGET AND BUDGET JUSTIFICATION

This section should provide a clear estimate of the project's program costs and justification for expenses for the entire award period. The budgets and budget justifications should be consistent with the tasks identified in the project narrative.

a) Provide a detailed budget for the 36-month budget performance period as instructed in Appendix 1.

b) Provide a narrative justification explaining why each line item is necessary/relevant to the proposed project. Include sufficient cost and other details to facilitate the determination of cost allowability (i.e., equipment specifications, etc.).

## E2. Review and Selection Process

Awards may be adjusted to a lower amount if the applicant fails to meet performance milestones (refer to section F5. Reporting).

The application itself is not a legally binding contract and does not require any applicant or CMS to enter into an award. CMS will select Recipients at CMS's sole discretion unless statutorily prohibited. Such selection will not be subject to administrative or judicial review, per Section 1115A(d)(2)(B) of the Act.

Please refer to Appendix V. Review and Selection Process for more information on the review and selection process.

### **E3. Federal Awardee Performance Integrity Information System (FAPIS)**

In accordance with 45 CFR Part 75:

- i. CMS, prior to making a Federal award with a total amount of Federal share greater than the simplified acquisition threshold<sup>2</sup>, is required to review and consider any information about the applicant that is in the designated integrity and performance system accessible through SAM (currently FAPIS) (see 41 U.S.C. 2313);
- ii. An applicant, at its option, may review information in the designated integrity and performance systems accessible through SAM and comment on any information about itself that the HHS awarding agency previously entered and is currently in the designated integrity and performance system accessible through SAM.
- iii. CMS will consider any comments by the applicant, in addition to the other information in the designated integrity and performance system, in making a judgment about the applicant's integrity, business ethics, and record of performance under Federal awards when completing the review of risk posed by applicant as described in §75.205.

## **F. Federal Award Administration Information**

### **F1. Federal Award Notices**

If successful, applicant will receive a Notice of Award (NoA) signed and dated by the CMS Grants Management Officer. The NoA is the legal document authorizing the award and issued to the applicant as listed on the SF-424 and available to the applicant organization through the online grants management system used by CMS and recipient organizations. Any communication between CMS and applicant prior to issuance of the NoA is not an authorization to begin performance of a project.

If unsuccessful, CMS notifies the applicant electronically to the email address as listed on its SF-424, within 30 days of the award date.

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<sup>2</sup> *Simplified acquisition threshold* means the dollar amount below which a non-Federal entity may purchase property or services using small purchase methods. Non-Federal entities adopt small purchase procedures in order to expedite the purchase of items costing less than the simplified acquisition threshold. The simplified acquisition threshold is set by the Federal Acquisition Regulation at 48 CFR Subpart 2.1 (Definitions) and in accordance with 41 U.S.C. 1908.

## **F2. Administrative and National Policy Requirements**

### A. National/Public Policy Requirements

By signing the application, the authorized organizational official certifies that the organization will comply with applicable public policies. Once a grant is awarded, each recipient is responsible for establishing and maintaining the necessary processes to monitor its compliance and that of its employees and, as appropriate, subrecipients and contractors under the award with these requirements. Recipients should consult the applicable Appropriations Law, Exhibit 3 of the HHS Grants Policy Statement, titled Public Policy Requirements, located in Section II, pages 3-6, as well as the terms and conditions of award for information on potentially applicable public policy requirements.

#### ***Non-Discrimination/ Accessibility Provisions***

Recipients receiving awards under this grant project must comply with all applicable Federal statutes relating to nondiscrimination, including, but not limited to:

- a. Title VI of the Civil Rights Act of 1964,
- b. Section 504 of the Rehabilitation Act of 1973,
- c. The Age Discrimination Act of 1975,
- d. Title II, Subtitle A of the Americans with Disabilities Act of 1990;
- e. Section 1557 of the Affordable Care Act;
- f. Title IX of the Education Amendments of 1972; and
- g. Applicable federal religious nondiscrimination laws, <https://www.hhs.gov/conscience/religious-freedom/index.html>, and applicable federal conscience protection and associated anti-discrimination laws <https://www.hhs.gov/conscience/conscience-protections/index.html>.

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 provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

1. 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 <https://www.hhs.gov/ocr/get-help-in-other-languages/index.html> and <https://www.lep.gov>.

2. For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
3. HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>.
4. 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 <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

Recipients should review and comply with the reporting and review activities regarding accessibility requests outlined in Appendix IV, Accessibility Provisions to this Notice of Funding Opportunity.

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws at <https://www.hhs.gov/ocr/about-us/contact-us/index.html> or call 1-800-368-1019 or TDD 1-800-537-7697.

## B. Administrative Requirements

- All equipment, staff, and other budgeted resources and expenses must be used exclusively for the projects identified in the applicant's original application or agreed upon subsequently with CMS, and may not be used for any prohibited uses.
- Consumers and other stakeholders must have meaningful input into the planning, implementation, and evaluation of the project.
- This award is subject to 45 CFR Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS awards [available at <http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>], which implements 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards ("Uniform Guidance") effective December 26, 2014. See below for more information.

### Uniform Administrative Requirements, Cost Principles, and Audit Requirements

Applicant and recipients should take particular note of the information found in 45 CFR Part 75.

Requirements for development and submission of indirect (F&A) cost rate proposals and cost allocation plans are contained in Appendices III-VII, and Appendix IX to Part 75.

#### *Cost Allocation*

In accordance with 45 CFR §75.416 and Appendix V to Part 75 – State/Local Government-wide Central Service Cost Allocation Plans, each state/local government will submit a plan to the HHS Cost Allocation Services for each year in which it claims central service costs under Federal awards. Guidelines and illustrations of central service cost allocation plans are provided

in a brochure published by the HHS entitled “A Guide for State, Local and Indian Tribal Governments: Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal Government.” A copy of this brochure may be obtained from the HHS Cost Allocation Services at <https://www.hhs.gov/about/agencies/asa/psc/indirect-cost-negotiations/index.html> A current, approved cost allocation plan must be provided to CMS if central service costs are claimed.

#### *Public Assistance Cost Allocation Plans*

Appendix VI to Part 75 – Public Assistance Cost Allocation Plans, provides that state public assistance agencies will develop, document and implement, and the Federal Government will review, negotiate, and approve, public assistance cost allocation plans in accordance with Subpart E of 45 CFR part 95. The plan will include all programs administered by the state public assistance agency. Where a letter of approval or disapproval is transmitted to a state public assistance agency in accordance with Subpart E, the letter will apply to all Federal agencies and programs. This Appendix (except for the requirement for certification) summarizes the provisions of Subpart E of 45 CFR part 95.

#### Audit Requirements

The audit requirements in 45 CFR Part 75, Subpart F, apply to each award recipient fiscal year that begins on or after December 26, 2014. A non-Federal entity that expends \$750,000 or more during the non-Federal entity's fiscal year in Federal awards must have a single or program-specific audit conducted for that year in accordance with the provisions of Subpart F, Audit Requirements.

### **F3. Terms and Conditions**

This Notice of Funding Opportunity is subject to the Department of Health and Human Services Grants Policy Statement (HHS GPS) at <https://www.hhs.gov/grants/grants/grants-policies-regulations/index.html> HHS regulation (45 CFR Part 75) supersedes information on administrative requirements, cost principles, and audit requirements for grants and cooperative agreements included in the current HHS Grants Policy Statement where differences are identified. Recipients must also agree to respond to requests that are necessary for the evaluation of national efforts and provide data on key elements of their own grant or cooperative agreement activities.

CMS may terminate any award for material noncompliance. Material noncompliance includes, but is not limited to, violation of the terms and conditions of the award; failure to perform award activities in a satisfactory manner; improper management or use of award funds; or fraud, waste, abuse, mismanagement, or criminal activity.

In the event a recipient or one of its subrecipients enters into proceedings relating to bankruptcy, whether voluntary or involuntary, the Recipient agrees to provide written notice of the bankruptcy to CMS. The recipient must furnish the written notice within five (5) days of the initiation of the proceedings relating to bankruptcy filing and sent to the CMS Grants Management Specialist and Project Officer. This notice includes:

1. the date on which the bankruptcy petition was filed,
2. the identity of the court in which the bankruptcy petition was filed,
3. a copy of any and all of the legal pleadings, and

4. a listing of Government grant and cooperative agreement numbers and grant offices for all, and
5. Government grants and cooperative agreements against which final payment has not been made.

### Intellectual Property

Recipients under this funding opportunity must comply with the provisions of 45 CFR § 75.322, Intangible property and copyrights. The non-Federal entity may copyright any work that is subject to copyright and was developed, or for which ownership was acquired, under a Federal award. The Federal awarding agency reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so. The non-Federal entity is subject to applicable regulations governing patents and inventions, including government-wide regulations issued by the Department of Commerce at 37 CFR part 401.

The Federal Government has the right to:

- (1) Obtain, reproduce, publish, or otherwise use the data produced under a Federal award; and
- (2) Authorize others to receive, reproduce, publish, or otherwise use such data for Federal purposes.

### Prohibition on certain telecommunications and video surveillance services or equipment

As described in 2 CFR 200.216, recipients and subrecipients are prohibited to obligate or spend grant funds (to include direct and indirect expenditures as well as cost share and program) to:

- (1) Procure or obtain;
- (2) Extend or renew a contract to procure or obtain; or
- (3) Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
  - i. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
  - ii. Telecommunications or video surveillance services provided by such entities or using such equipment.
  - iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.

## **F4. Reporting**

### **a. Progress Reports**

Recipients must comply with the reporting and review activities under this notice of funding opportunity. The CMS Project Officer will track progress and provide technical assistance when needed.

### **b. Financial Reports**

HHS recipients are required to record recipient expenses in real-time as well as submit annual expenditure FFRs as described below, to include applicable FMAP in the Recipient Share sections of the SF-425, Federal Financial Report.

#### **Annual, and Final Expenditure Reporting**

Recipient must report on Federal expenditures, Recipient Share, and Program Income (if applicable and/or allowable) at least annually via the Payment Management System. Frequency of required expenditure reporting, whether semi-annually or annually, is stipulated in the Program Terms and Conditions of award. Expenditures, Recipient Share, and Program Income is reflected through completion of lines 10.d through 10.o of the FFR.

### **c. Federal Funding Accountability and Transparency Act Reporting Requirements**

New awards issued under this NOFO are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109– 282), as amended by section 6202 of Public Law 110–252 and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier sub- award of \$30,000 or more in Federal funds and executive total compensation for the recipient's and sub-recipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (available online at <https://www.fsr.gov/>).

### **d. Audit Requirements**

Recipients must comply with audit requirements outlined in HHS regulation 45 CFR Part 75 (implementing 2 CFR Part 200). See Subpart F – Audit Requirements. <http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75#sp45.1.75.f>.

### **e. Payment Management System Reporting Requirements**

Once CMS issues an award, the funds are posted in recipient subaccounts established in the Payment Management System (PMS). Recipients may then access their funds by using the PMS funds request process.

The PMS funds request process enables recipients to request funds using a Personal Computer with an Internet connection. The funds are delivered to the recipient via Electronic Funds Transfer (EFT). If you are a new recipient, please go to PMS Access Procedures to find information to register in PMS. If you need further help with that process, please contact the One-DHHS Help Desk via email at [pmssupport@psc.gov](mailto:pmssupport@psc.gov) or call (877) 614-5533 for assistance.



## **f. Government-wide Suspension and Debarment Reporting Requirements**

Before you enter into a covered transaction at the primary tier, you as the participant must notify the Federal agency office that is entering into the transaction with you, if you know that you or any of the principals for that covered transaction meets any of the conditions outlined in 2 CFR 180.335. At any time after you enter into a covered transaction, you must give immediate written notice to the Federal agency office with which you entered into the transaction if you learn either that you failed to disclose or circumstances have changed as outlined in 2 CFR 180.350.

## **G. CMS Contacts**

Applicants should refer to the sources listed below for application questions including administrative, budgetary, or program requirements. Please reference "NOFO Inquiry" in the email subject line.

### **G1. Programmatic Questions**

For Programmatic questions about this funding opportunity, please contact:

Andrea Ormiston

Centers for Medicare & Medicaid Services

7500 Security Boulevard

Baltimore, MD 21244-1850

[HHPlanningGrants@cms.hhs.gov](mailto:HHPlanningGrants@cms.hhs.gov)

### **G2. Administrative/Budget Questions**

For administrative or budget questions about this funding opportunity, please contact:

Gabriel W. Nah, Jr.

Office of Acquisition and Grants Management

7500 Security Boulevard

Baltimore, MD 21244

[HHPlanningGrants@cms.hhs.gov](mailto:HHPlanningGrants@cms.hhs.gov)

## **H. Other Information**

CMS is not obligated to make any Federal award as a result of the publication of this NOFO.

Publication of this NOFO does not oblige CMS to award any specific project or to obligate any available funds.

CMS may cancel or withdraw this NOFO at any time.

## **Appendix I. Guidance for Preparing a Budget Request and Narrative**

Applicants must request funding only for activities that will support this specific Notice of Funding Opportunity. All applicants must submit the Standard Form SF-424A as well as a Budget Narrative. The Budget Narrative provides detailed cost itemizations and narrative supporting justification for the costs outlined in SF-424A. Both the Standard Form SF-424A and the Budget Narrative must include a yearly breakdown of costs for the entire period of performance. Please review the directions below to ensure both documents are accurately completed and consistent with application requirements.

### **Standard Form SF-424A**

All applicants must submit an SF-424A. To fill out the budget information requested on form SF-424A, review the general instructions provided for form SF-424A and comply with the instructions outlined below.

- Note: The directions in the Notice of Funding Opportunity (NOFO) may differ from those provided by Grants.gov. Please follow the instructions included in this NOFO as outlined below when completing the SF-424A.
- Note: The total requested on the SF-424 (Application for Federal Assistance) reflects the overall total requested on the SF-424A (Budget Information – Non-Construction) for the entire period of performance.

#### **Section A – Budget Summary**

- *Grant Program Function or Activity* (column a) = Enter “Name of Notice of Funding Opportunity” in row 1.
- *New or Revised Budget, Federal* (column e) = Enter the Total Federal Budget Requested for the project period in rows 1 and 5.
- *New or Revised Budget, Non-Federal* (column f) = Enter Total Amount of any Non-Federal Funds Contributed (if applicable) in rows 1 and 5.
- *New or Revised Budget, Total* (column g) = Enter Total Budget Proposed in rows 1 and 5, reflecting the sum of the amount for the Federal and Non-Federal Totals.

#### **Section B – Budget Categories**

- Enter the total costs requested for each Object Class Category (Section B, number 6) for each year of the period of performance. Notice of Funding Opportunities with a 5-year project period will utilize a second SF-424A form.
- Column (1) = Enter Year 1 costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges are reflected in row j. The total for direct and indirect charges for all year 1 line items is entered in column 1, row k (sum of row i and j).
- Column (2) = Enter Year 2 estimated costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges are reflected in row j. The total for direct and indirect charges for all year 2 line items is entered in column 2, row k (sum of row i and j).

- Column (3) = (If applicable) Enter Year 3 estimated costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges are reflected in row j. The total for direct and indirect charges for all year 3 line items are entered in column 3, row k (sum of row i and j).
- Column (4) = (If applicable) Enter Year 4 estimated costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges are reflected in row j. The total for direct and indirect charges for all year 4 items are entered in column 4, row k (sum of row i and j).
- Column (5) = Enter total costs for the period of performance for each line item (rows a-h), direct total costs (row i), and indirect costs (row j). The total costs for all line items are entered in row k (sum of row i and j). The total in column 5, row k should match the total provided in Section A – Budget Summary, New or Revised Budget, column g, row 5.
- If the NOFO is for a 5-year period of performance, please complete a second SF-424A form and upload it as an attachment to the application (this specific attachment does not count towards the page limit). Year 5 information is included in column 1 of Section B. Then enter the total for years 1-4 (per the first SF-424A form) in column 2 of Section B. The second SF-424A form will compute columns 1 and 2, reflecting total costs for the entire project period. This total should be consistent with the total Federal costs requested on the SF-424, Application for Federal Assistance. A blank SF-424A form can be found at Grants.gov: <https://www.grants.gov/web/grants/forms/sf-424-individual-family.html#sortby=1>

### **Budget Narrative – Sample Narrative and Instructions**

Applicants must complete a Budget Narrative and upload it to the Budget Narrative Attachment Form in the application kit. Applicants request funding only for activities not already funded/supported by other funding sources. Awards support separate activities and new federal funding cannot be supplanted by other federal funding. In the budget request, applicant distinguishes between activities funded under this application and activities funded with other sources. Other funding sources include other HHS grant programs, and other federal funding sources as applicable. Insufficient budget detail and justification may negatively impact the review of the application.

A sample Budget Narrative is included below. Please add an additional column to each budget category to reflect matching (Recipient Share (FMAP)) where applicable.

#### **A. (Personnel) Salaries and Wages**

For each requested position, provide the following information: title of position; name of staff member occupying the position, if available; annual salary; percentage of time budgeted for this program (FTE or level of effort); total months of salary budgeted; and total salary requested. Also, provide a justification and describe the scope of responsibility for each position, relating it

to the accomplishment of program objectives. These individuals must be employees of the applicant organization.

Note: As stated in applicable Appropriations Law, none of the funds appropriated 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. This salary cap applies to direct salaries and to those salaries covered under indirect costs, also known as facilities and administrative (F & A). Please consult the following link to determine the applicable current salary cap: <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/>

***Sample Budget***

<i>Personnel Total</i>	\$ _____
<i>Grant</i>	\$ _____
<i>Funding other than Grant</i>	\$ _____
<i>Sources of Funding</i>	_____

<b>Position Title</b>	<b>Name (if known)</b>	<b>Annual</b>	<b>Time</b>	<b>Months</b>	<b>Amount Requested</b>
Project Director	Susan Taylor	\$45,000	100%	12 months	\$45,000
Finance Administrator	John Johnson	\$28,500	50%	12 months	\$14,250
Outreach Supervisor	Vacant	\$27,000	100%	12 months	\$27,000
<b>Total:</b>					\$86,250

***Sample Justification***

The format may vary, but the description of responsibilities should be directly related to specific program objectives.

*Job Description: Project Director - (Name)*

*This position directs the overall operation of the project; responsible for overseeing the implementation of project activities, coordination with other agencies, development of materials, provisions of in-service and training, conducting meetings; designs and directs the gathering, tabulating and interpreting of required data; responsible for overall program evaluation and for staff performance evaluation; and is the responsible authority for ensuring necessary reports/documentation are submitted to CMS. This position relates to all program objectives.*

**B. Fringe Benefits**

Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation (reference NICRA if applicable). If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed. This information must be provided for each position (unless the rates for all positions are identical).

*Sample Budget*

<i>Fringe Benefits Total</i>	\$ _____
<i>Grant</i>	\$ _____
<i>Funding other than Grant</i>	\$ _____
<i>Sources of Funding</i>	_____

<b>Fringe Benefit</b>	<b>Rate</b>	<b>Salary Requested</b>	<b>Amount Requested</b>
FICA	7.65%	\$45,000	\$3443
Worker's Compensation	2.5%	\$14,250	\$356
Insurance	Flat rate - \$2,000 (100% FTE for 12 months)	\$2,000	\$2,000
Retirement	5%	\$27,000	\$1,350
<b>Total</b>			<b>\$7,149</b>

**C. Travel**

Dollars requested in the travel category are for **applicant staff travel only**. Travel for consultants is in the consultant category. Allowable travel for other participants, advisory committees, review panel, etc. is itemized in the same way specified below and placed in the “**Other**” category. Travel incurred through a contract is in the contractual category.

Provide a narrative describing the travel staff members will perform. This narrative includes a justification of why this travel is necessary and how it will enable the applicant to complete program requirements included in the Notice of Funding Opportunity. List where travel will be undertaken, number of trips planned, who will be making the trip, and approximate dates. If mileage is to be paid, provide the number of miles and the cost per mile. The mileage rate cannot exceed the rate set by the General Services Administration (GSA). If travel is by air, provide the estimated cost of airfare. The lowest available commercial airfares for coach or equivalent accommodations is used. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem as well as the number of nights and estimated cost of lodging. Costs for per diem/lodging cannot exceed the rates set by GSA. Include the cost of ground transportation

when applicable. Please refer to the GSA website by using the following link <http://www.gsa.gov/portal/content/104877>.

**Sample Budget**

<i>Fringe Benefits Total</i>	\$ _____
<i>Grant</i>	\$ _____
<i>Funding other than Grant</i>	\$ _____
<i>Sources of Funding</i>	_____

<b>Purpose of Travel</b>	<b>Location</b>	<b>Item</b>	<b>Rate</b>	<b>Cost</b>
Site Visits	Neighboring areas of XXX	Mileage	\$0.545 x 49 miles (use mileage rate in effect at time of mileage incurrence) x 25 trips	\$668
Training (ABC)	Chicago, IL	Airfare	\$200/flight x 2 persons	\$400
		Luggage Fees	\$50/flight x 2 persons	\$100
		Hotel	\$140/night x 2 persons x 3 nights	\$840
		Per Diem (meals)	\$49/day x 2 persons x 4 days	\$392
		Transportation (to and from airport)	\$50/shuttle x 2 persons x 2 shuttles	\$200
		Transportation (to and from hotel)	\$25/shuttle x 2 persons x 2 shuttles	\$100
				\$2,700

**Sample Justification**

*The Project Coordinator and the Outreach Supervisor will travel to (location) to attend a conference on the following topic XXXX held once a year in Chicago, IL. Attending this conference is directly linked to project goals/objectives and is a necessity because XXXX. The information and tools we will gather from attending this conference will help us to accomplish project objectives by XXXX. A sample itinerary is provided upon request. The Project Coordinator will also make an estimated 25 trips to birth center sites to monitor program implementation (# of birth centers, # of trips per site). We are still in the process of identifying all birth center sites, and identified an average mileage total for each site. This travel is necessary to ensure birth center sites are consistently and systematically collecting birth center data and submitting by deadlines provided. On-site monitoring will enable us to address concerns. This travel also furthers our efforts to accomplish specific project goals for the*

following reasons

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#### **D. Equipment**

Equipment is tangible nonexpendable personal property, including exempt property, charged directly to the award having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, lower limits may be established.

**Note:** Technology items such as computers that do not meet the \$5,000 per unit threshold or an alternative lower limit set by recipient policy that may therefore be classified as **supplies**, must still be individually tagged and recorded in an equipment/technology database. This database should include any information necessary to properly identify and locate the item, for example; serial # and physical location of equipment (e.g. laptops, tablets, etc.). Provide justification for the use of each equipment item and relate it to specific program objectives. List maintenance or rental fees for equipment in the “Other” category. Ensure that all IT equipment is uniquely identified. Show the unit cost of each item, number needed, and total amount.

#### **Sample Budget**

<i>Equipment Benefits Total</i>	<i>\$ _____</i>
<i>Grant</i>	<i>\$ _____</i>
<i>Funding other than Grant</i>	<i>\$ _____</i>
<i>Sources of Funding</i>	<i>_____</i>

<b>Item(s)</b>	<b>Rate</b>	<b>Cost</b>
All-in-one Printer, Copier, and Scanner (large scale)	1 @ \$5,800	\$5,800
X-Ray Machine	1 @ \$8,000	\$8,000
Total:		\$13,800

#### **Sample Justification**

*Provide complete justification for all requested equipment, including a description of how the program utilizes the equipment. For equipment and tools shared amongst programs, please cost allocate as appropriate. Applicant should provide a list of hardware, software and IT equipment that will be required to complete this effort. Additionally, they should provide a list of non-IT equipment that will be required to complete this effort.*

#### **E. Supplies**

Supplies includes all tangible personal property with an acquisition cost of less than \$5,000 per unit or an alternative lower limit set by recipient policy. Individually list each item requested.

Show the unit cost of each item, number needed, and total amount. Provide justification for each item and relate it to specific program objectives. Classify technology items such as computers that do not meet the \$5,000 per unit threshold or an alternative lower limit set by recipient policy as **supplies** and individually tag and record in an equipment/technology database. If appropriate, General Office Supplies may be shown by an estimated amount per month times the number of months in the budget category.

**Sample Budget**

<i>Supplies Total</i>	\$ _____
<i>Grant</i>	\$ _____
<i>Funding other than Grant</i>	\$ _____
<i>Sources of Funding</i>	_____

<b>Item(s)</b>	<b>Rate</b>	<b>Cost</b>
Laptop Computer	2 @ \$1,000	\$2,000
Printer	1 @ \$200	\$200
General office supplies	12 months x \$24/mo x 10 staff	\$2,880
Educational pamphlets	3,000 copies @ \$1 each	\$3,000
Educational videos	10 copies @ \$150 each	\$1,500
<b>Total:</b>		<b>\$9,580</b>

**Sample Justification**

*General office supplies will be used by staff members to carry out daily activities of the program. The project coordinator will be a new position and will require a laptop computer and printer to complete required activities under this Notice of Funding Opportunity. The price of the laptop computer and printer is consistent with those purchased for other employees of the organization and is based upon a recently acquired invoice (which can be provided upon request). The pricing of the selected computer is necessary because it includes the following tools XXXX (e.g. firewall, etc.). The education pamphlets and videos will be purchased from XXX and used to illustrate and promote safe and healthy activities. Usage of these pamphlets and videos will enable us to address components one and two of our draft proposal. Word Processing Software will be used to document program activities, process progress reports, etc.*

**F. Consultant/Subrecipient/Contractual Costs**



A complete description and cost breakdown, as outlined below, is provided for each consultant, subrecipient or contract.

## **REQUIRED REPORTING INFORMATION FOR CONSULTANT HIRING**

This category is appropriate when hiring an individual who gives professional advice or provides services (e.g. training, expert consultant, etc.) for a fee and who is not an employee of the Recipient organization. Submit the following required information for consultants:

1. Name of Consultant: Identify the name of the consultant and describe the person's qualifications.
2. Organizational Affiliation: Identify the organizational affiliation of the consultant, if applicable.
3. Nature of Services to be Rendered: Describe in outcome terms the consultation to be provided including the specific tasks to be completed and specific deliverables.
4. Relevance of Service to the Project: Describe how the consultant services relate to the accomplishment of specific program objectives.
5. Number of Days of Consultation: Specify the total number of days of consultation.
6. Expected Rate of Compensation: Specify the rate of compensation for the consultant (e.g., rate per hour, rate per day). Include a budget showing other costs such as travel, per diem, and supplies.
7. Justification of expected compensation rates: Provide a justification for the rate, including examples of typical market rates for this service in your area.
8. Method of Accountability: Describe how the applicant monitors progress and performance of the consultant. Identify who is responsible for supervising the consultant agreement.

## **REQUIRED REPORTING INFORMATION FOR SUBRECIPIENT APPROVAL**

The costs of project activities to be undertaken by a subrecipient is included in this category. Please use formats from "Sample Budget" and "Sample Justification" above. For more information on subrecipient and contractual relationships, please refer to HHS regulation 45 CFR 75.351 *Subrecipient and Contractor Determinations* and 75.352 *Requirements for pass-through entities*.

## **REQUIRED REPORTING INFORMATION FOR CONTRACT APPROVAL**

All recipients must submit to CMS the following required information for establishing a contract to perform project activities.

1. Name of Contractor: Who is the contractor? Identify the name of the proposed contractor and indicate whether the contract is with an institution or organization.

2. Method of Selection: How was the contractor selected? State whether the contract is sole source or competitive bid. If an organization is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services.
3. Period of Performance: How long is the contract period? Specify the beginning and ending dates of the contract.
4. Scope of Work: What will the contractor do? Describe in outcome terms, the specific services/tasks performed by the contractor as related to the accomplishment of program objectives. Clearly define the deliverables.
5. Method of Accountability: Describe the monitoring plan of the progress and performance of the contractor during and on close of the contract period. Identify who will be responsible for supervising the contract.
6. Itemized Budget and Justification: Provide an itemized budget with appropriate justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.

**G. Construction (not applicable)**

**H. Other**

This category contains items not included in the previous budget categories. Individually list each item requested and provide appropriate justification related to the program objectives.

*Sample Budget*

<i>Other Total</i>	\$ _____
<i>Grant</i>	\$ _____
<i>Funding other than Grant</i>	\$ _____
<i>Sources of Funding</i>	_____

<b>Item(s)</b>	<b>Rate</b>	<b>Cost</b>
Telephone	\$45 per month x 3 employees x 12 months	\$1,620
Postage	\$250 per quarter x 4 quarters	\$1,000
Printing	\$0.50 x 3,000 copies	\$1,500
Equipment Rental *specify item	\$1,000 per day for 3 days	\$3,000
Internet Provider Service	\$20 per month x 3 employees x 12 months	\$720
Word Processing Software (specify type)	1 @ \$400	\$400
<b>Total:</b>		<b>\$8,240</b>

[Some items are self-explanatory (telephone, postage, rent) unless the unit rate or total amount requested is excessive. If the item is not self-explanatory and/or the rate is excessive, include additional justification. For printing costs, identify the types and number of copies of documents to be printed (e.g., procedure manuals, annual reports, materials for media campaign).]

**Sample Justification**

*We are requesting costs to accommodate telephone and internet costs for the 3 new hires that will be working on this project in the new space designated. We are also requesting printing and postage costs to support producing fliers to disseminate in the community and brochures to educate participants enrolled in the program. The word processing software will be used to help us track data and compile reports. To track and compile the data, we will need to rent \_\_\_\_\_. Without this equipment, we will not be able to produce this information in an accurate and timely manner.*

**I. Total Direct Costs**

\$ _____
----------

Show total direct costs by listing totals of each category.

**J. Indirect Costs**

\$ _____
----------

To claim indirect costs, the applicant organization must have a current approved negotiated indirect cost rate agreement (NICRA) established with the Cognizant Federal agency unless the organization has never established one (see 45 CFR §75.414 for more information). If a rate has been issued, a copy of the most recent indirect cost rate agreement must be provided with the application.

**Sample Budget**

The rate is \_\_\_\_% and is computed on the following direct cost base of \$\_\_\_\_\_.

Personnel \$ _____
Fringe \$ _____
Travel \$ _____
Supplies \$ _____

<i>Other</i>	\$ _____
<i>Total</i>	\$ _____ x _____% = <i>Total Indirect Costs</i>

If the applicant organization has never received an indirect cost rate, except for those non-Federal entities described in Appendix VII(D)(1)(b) to 45 CFR part 75, the applicant may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC). If the applicant has never received an indirect cost rate and wants to exceed the de minimis rate, then costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs. These costs should be outlined in the “other” costs category and fully described and itemized as other direct costs.

## Appendix II. Application and Submission Information

**Please CTRL/Click to access links or paste to your browser. Please note these are the most up-to-date directions and links we have. Applicants are advised to check the websites for any changes. Also, phone numbers are provided if additional assistance is needed as several websites have made recent changes to links and directions.**

This NOFO contains all the instructions to enable a potential applicant to apply. The application is written primarily as a narrative with the addition of standard forms required by the Federal government for all grants and cooperative agreements.

### **EIN, UEI, AND SAM REQUIREMENTS (ALL APPLICATIONS)**

#### *Employer Identification Number*

All applicants under this Notice of Funding Opportunity must have an Employer Identification Number (EIN), otherwise known as a Taxpayer Identification Number (TIN), to apply. **Please note, applicants should begin the process of obtaining an EIN/TIN as soon as possible after the Notice of Funding Opportunity is posted to ensure this information is received in advance of application deadlines. The process to obtain an EIN typically takes up to 5 weeks.**

#### *Unique Entity Identifier (UEI)*

**By April 4, 2022, the federal government will stop using the DUNS number to uniquely identify entities. At that point, entities doing business with the federal government will use a Unique Entity Identifier (SAM) created in SAM.gov. They will no longer have to go to a third-party website to obtain their identifier. This transition allows the government to streamline the entity identification and validation process, making it easier and less burdensome for entities to do business with the federal government.**

Applicants must have a UEI number to apply.

**Applicants should obtain a Unique Entity Identifier (UEI) number as soon as possible after the Notice of Funding Opportunity is posted to ensure all registration steps are completed in time.**

See the following links for additional information on obtaining a UEI:

GAO: <https://www.gsa.gov/about-us/organization/federal-acquisition-service/office-of-systems-management/integrated-award-environment-iae/iae-systems-information-kit/unique-entity-identifier-update>

Grants.gov:

<https://www.grants.gov/web/grants/forms/planned-uei-updates.html>

### *System for Award Management (SAM)*

The applicant must register in the System for Award Management (SAM) database in order to be able to submit the application. Applicants can access <https://www.sam.gov/> and complete the online registration. UEI and EIN/TIN numbers are required to complete the registration process. To register one or more domestic entities and appoint an entity administrator, the applicant organization must send a notarized letter to SAM. **Applicants should begin the SAM registration process as soon as possible after the Notice of Funding Opportunity is posted to ensure that it does not impair your ability to meet required submission deadlines. The process to register in SAM typically takes up to 2 weeks following receipt of the notarized letter (additional 5 weeks if an EIN must be established first).**

Each year organizations and entities registered to apply for Federal grants or cooperative agreements through Grants.gov (or GrantSolutions as applicable) must renew their registration with SAM. **Failure to renew SAM registration prior to application submission will prevent an applicant from successfully applying via Grants.gov (or GrantSolutions as applicable). Similarly, failure to maintain an active SAM registration during the application review process can prevent CMS from issuing your agency an award.**

Applicants must also successfully register with SAM prior to registering in the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS) as a prime awardee user. Please also refer to F5.c (Federal Funding Accountability and Transparency Act Reporting Requirements) of this Funding Opportunity for more information. Primary awardees must maintain a current registration with the SAM database and may make subawards only to entities that have UEI numbers.

Organizations must report executive compensation as part of the registration profile at <https://www.sam.gov/> by the end of the month following the month in which this award is made, and annually thereafter (based on the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109-282), as amended by Section 6202 of Public Law 110-252 and implemented by 2 CFR Part 170).

### **APPLICATION MATERIALS AND INSTRUCTIONS TO APPLY VIA GRANTS.GOV (COMPETITIVE APPLICATIONS)**

CMS requires applications for all competitive Notice of Funding Opportunities to be submitted electronically through <https://www.grants.gov/>. For assistance with this process contact <https://www.grants.gov/web/grants/support.html> or 1-800-518-4726. Below is an overview of the instructions from the Grants.gov website. Applicants can access the site directly for more detailed information.

#### **How to Register to Apply through Grants.gov**

- *Obtain A UEI number.*
- *Complete SAM registration.*
- *Register.* Click the Register link and complete the on-screen instructions or refer to detailed instructions here:  
<https://www.grants.gov/web/grants/applicants/registration.html>.
- *Add a Profile to the Account:* The profile corresponds to a single applicant organization the user represents (i.e., an applicant) or an individual applicant. If you work for or consult with multiple organizations and have a profile for each, you may log in to one Grants.gov account to access all of your grant applications. To add an organizational profile enter the UEI (Unique Entity Identifier) for the organization in the field while adding a profile. For more detailed instructions about creating a profile refer to:  
<https://www.grants.gov/web/grants/applicants/registration/add-profile.html>
- *EBiz POC Authorized Profile Roles:* After you register and create an Organization Applicant Profile, the organization applicant's request for Grants.gov roles and access is sent to the EBiz POC. The EBiz POC will then log in and authorize the appropriate roles, which may include the AOR role, thereby giving you permission to complete and submit applications on behalf of the organization. You will be able to submit your application online any time after you have been assigned the AOR role. For more detailed instructions about creating a profile refer to:  
<https://www.grants.gov/web/grants/applicants/registration/authorize-roles.html>
- *Track Role Status:* To track your role request, refer to:  
<https://www.grants.gov/web/grants/applicants/registration/track-role-status.html>
- *Electronic Signature:* When applications are submitted through Grants.gov, the name of the organization applicant with the AOR role that submitted the application is inserted into the signature line of the application, serving as the electronic signature. The EBiz POC **must** authorize people who are able to make legally binding commitments on behalf of the organization as a user with the AOR role; **this step is often missed and it is crucial for valid and timely submissions.**

### **How to Submit an Application to CMS via Grants.gov**

Grants.gov applicants can apply online using Workspace. Workspace is a shared, online environment where members of a grant team may simultaneously access and edit different webforms within an application. For each Notice of Funding Opportunity (alternatively, may be referred to as Funding Opportunity Announcement (FOA)), you can create individual instances of a workspace. *Note:* Search for the application package in by entering the Federal Assistance Listings (CFDA) number. This number is shown on the Federal Assistance Listings (or CFDA) website at <https://sam.gov> and cover page of the funding opportunity.

Applications cannot be accepted through any email address. Full applications can only be accepted through <https://www.grants.gov>. Full applications cannot be received via paper mail, courier, or delivery service.

Below is an overview of submitting an application. For access to complete instructions on how to apply for opportunities, refer to:

<https://www.grants.gov/web/grants/applicants/workspace-overview.html>

1) *Create a Workspace*: Creating a workspace allows you to complete it online and route it through your organization for review before submitting.

2) *Complete a Workspace*: Add participants to the workspace to work on the application together, complete all the required forms online or by downloading PDF versions, and check for errors before submission. The Workspace progress bar will display the state of your application process as you apply. As you apply using Workspace, you may click the blue question mark icon near the upper-right corner of each page to access context-sensitive help.

a. *Adobe Reader*: If you decide not to apply by filling out webforms you can download individual PDF forms in Workspace. The individual PDF forms can be downloaded and saved to your local device storage, network drive(s), or external drives, then accessed through Adobe Reader.

NOTE: Visit the Adobe Software Compatibility page on Grants.gov to download the appropriate version of the software at:

<https://www.grants.gov/web/grants/applicants/adobe-software-compatibility.html>

b. *Mandatory Fields in Forms*: In the forms, you will note fields marked with an asterisk and a different background color. These fields are mandatory fields that must be completed to successfully submit your application.

c. *Complete SF-424 Fields First*: The forms are designed to fill in common required fields across other forms, such as the applicant name, address, and UEI Number.

Once it is completed, the information will transfer to the other forms.

3) *Submit a Workspace*: An application may be submitted through workspace by clicking the Sign and Submit button on the Manage Workspace page, under the Forms tab.

**Grants.gov recommends submitting your application package at least 24-48 hours prior to the close date to provide you with time to correct any potential technical issues that may disrupt the application submission.**

4) *Track a Workspace Submission*: After successfully submitting a workspace application, a Grants.gov Tracking Number (GRANTXXXXXXXX) is automatically assigned to the application. The number will be listed on the Confirmation page that is generated after submission. Using the tracking number, access the Track My Application page under the Applicants tab or the Details tab in the submitted workspace.

For additional training resources, including video tutorials, refer to:

<https://www.grants.gov/web/grants/applicants/applicant-training.html>

*Applicant Support*: 24/7 support is available via the toll-free number 1-800-518-4726 and email at <https://www.grants.gov/web/grants/support.html> . For questions related to the specific grant opportunity, contact the number listed in the application package of the grant you are applying for.

If you are experiencing difficulties with your submission, it is best to call the Grants.gov Support Center and get a ticket number. The Support Center ticket number will assist CMS with tracking your issue and understanding background information on the issue.

### **Timely Receipt Requirements and Proof of Timely Submission**



All grant and cooperative agreement applications must be submitted electronically and **received** through <https://www.grants.gov> by 3:00 p.m. Eastern Standard or Daylight Time (Baltimore, MD) by the applicable deadline date. Please refer to the Executive Summary of this Notice of Funding Opportunity for submission deadline date.

Proof of timely submission is automatically recorded and an electronic date/time stamp is generated within the system when the application is successfully received by Grants.gov. The applicant with the AOR role who submitted the application will receive an acknowledgement of receipt and a tracking number (GRANTXXXXXXXX) with the successful transmission of their application. This applicant with the AOR role will also receive the official date/time stamp and Grants.gov Tracking number in an email serving as proof of their timely submission.

Please note, applicants may incur a time delay before they receive acknowledgement that the application has been accepted by the Grants.gov system. Applicants should not wait until the application deadline to apply because notification by Grants.gov that the application is incomplete may not be received until close to or after the application deadline, eliminating the opportunity to correct errors and resubmit the application. Applications submitted after the deadline, as a result of errors on the part of the applicant, will not be reviewed.

When CMS successfully retrieves the application, and acknowledges the download of submissions, Grants.gov will provide an electronic acknowledgment of receipt of the application to the email address of the applicant with the AOR role who submitted the application. Again, proof of timely submission shall be the official date and time that Grants.gov receives your application. Applications received after the established due date for the program will be considered late and will not be considered for funding by CMS.

Applicants using slow internet, such as dial-up connections, should be aware that transmission can take some time before your application is received. Again, Grants.gov will provide either an error or a successfully received transmission in the form of an email sent to the applicant with the AOR role attempting to submit the application. The Support Center reports that some applicants end the transmission because they think that nothing is occurring during the transmission process. Please be patient and give the system time to process the application.

To be considered timely, applications must be received by the published deadline date. However, a general extension of a published application deadline that affects all State applicants or only those in a defined geographical area may be authorized by circumstances that affect the public at large, such as natural disasters (e.g., floods or hurricanes) or disruptions of electronic (e.g., application receipt services) or other services, such as a prolonged blackout. This statement does not apply to an individual entity having internet service problems. In order for there to be any consideration there must be an effect on the public at large.

Grants.gov complies with Section 508 of the Rehabilitation Act of 1973. If an individual uses assistive technology and is unable to access any material on the site, including forms contained within an application package, the individual can e-mail the contact center at <https://www.grants.gov/web/grants/support.html> for help, or call 1-800-518-4726.

## Appendix III. Business Assessment of Applicant Organization

Applicants review and answer the business assessment questions outlined below. There are eleven (11) topic areas labeled A-K, with a varying number of questions within each topic area. **Applicants MUST provide a brief substantive answer to each question (and supporting documentation as applicable).** If the answer to any question is non-applicable, please provide an explanation. Please note, if CMS cannot complete its review without contacting the applicant for additional clarification, the applicant risks selection for award.

### A. General Information

1. Provide organization:
  - a) Legal name:
  - b) EIN:
  - c) Organizational Type:
2. What percentage of the organization's capital is from Federal funding? (percentage = total Federal funding received in previous fiscal year / organization's total gross revenue in previous fiscal year).
3. Does/did the organization receive additional oversight (ex: Correction Action Plan, Federal Awardee Performance and Integrity Information System (FAPIIS) finding, reimbursement payments for enforcement actions) from a Federal agency within the past 3 years due to past performance or other programmatic or financial concerns with the organization)?
  - a. If yes, please provide the following information: Name of the Federal agency; reason for the additional oversight as explained by the Federal agency
  - b. If resolved, please indicate how the issue was resolved with the agency.
4. Does the organization currently manage grants with other U.S. Department of Health and Human Services components or other Federal agencies?
5. Explain your organization's process to ensure annual renewal in System for Award Management (to include FAPIIS).
6. Explain your organization's process to comply with (a) [45 CFR 75.113](#) Mandatory Disclosures and (b) your organization's process to comply with FFATA requirements.
7. Do you have conflict of interest policies? Does your organization or any of its employees have any personal or organizational conflicts of interest related to the possible receipt of these CMS award funds? If yes, please explain and provide a mitigation plan.
8. Does your organization currently, or in the past, had delinquent Federal debt in the last 3 years? If yes, please explain.
9. Has the organization obtained fidelity bond insurance coverage for responsible officials and employees of the organization in amounts required by statute or organization policy? What is that amount?
10. Do you have (and briefly describe) policies and procedures in place to meet the requirements below? If not, explain your plan and estimated timeline for establishing these policies and procedures if selected for award.

- b. make determinations between subrecipients versus contracts in accordance with [45 CFR 75.351](#)?
- c. notify entities at the time of the award/agreement if they are a subrecipient in compliance with [45 CFR 75.352](#)?
- d. manage, assess risk, review audits, and monitor the subrecipients as necessary to ensure that subawards are used for authorized purposes in compliance with laws, regulations, and terms and conditions of the award and that established subaward performance goals are achieved (45 CFR § [75.351–75.353](#))?

## **B. Accounting System**

6. Does the organization have updated (last two years) written accounting policies and procedures to manage federal awards in accordance with 45 CFR Part 75?
  - a. If no, please provide a brief explanation of why not.
  - b. Describe the management of federal funds and how funds are separated (not co-mingling) from other organizational funds.
7. Briefly describe budgetary controls in effect to preclude incurring obligations in excess of:
  - a. Total funds available for an award.
  - b. Total funds available for a budget cost category.
8. Has any government agency rendered an official written opinion within the last 3 years concerning the adequacy of the organization's accounting system for the collection, identification, and allocation of costs under Federal awards?
  - a. If yes, please provide the name and address of the Agency that performed the review.
  - b. Provide a summary of the opinion.
  - c. How did your organization resolve any concerns?
9. How does the accounting system provide for recording the non-Federal share and in-kind contributions (if applicable for a grant program)
10. Does the organization's accounting system provide identification for award funding by federal agency, pass-through entity, Assistance Listing (CFDA), award number and period of funding? If yes, how does your organization identify awards? If not, please explain why not.

## **C. Budgetary Controls**

1. What are the organization's controls utilized to ensure that the Authorized Organizational Representative (AOR), as identified on the SF-424, approves all budget changes for the federal award?
2. Describe the organization's procedures for minimizing the time between transfer of funds from the U.S. Treasury (e.g. Payment Management System) and disbursement for grant activities (See 45 CFR §75.305, "Payment.").

## **D. Personnel**

1. Does the organization have a current organizational chart or similar document establishing clear lines of responsibility and authority?

- a. If yes, please provide a copy.
  - b. If no, how are lines of responsibility and authority determined?
2. Does the organization have updated (last two years) written Personnel and/or Human Resource policies and procedures? If no, provide a brief explanation.
3. Does the organization pay compensation to Board Members?
4. Are staff responsible for fiscal and administrative oversight of HHS awards (Grants Manager, CEO, Financial Officer) familiar with federal rules and regulations applicable to grants and cooperative agreements ( e.g. [45 CFR Part 75](#))?
5. Please describe how the payroll distribution system accounts for, tracks, and verifies the total effort (100%) to determine employee compensation.

#### **E. Payroll**

1. In preparation of payroll is there a segregation of duties for the staff who prepare the payroll and those that sign the checks, have custody of cash funds and maintain accounting records? Please describe.

#### **F. Consultants** (See appendix I in the NOFO for relevant information)

1. Are there written policies or consistently followed procedures regarding the use of consultants which detail the following (include explanation for each question below):
  - a. Briefly describe the organization’s method or policy for ensuring consultant costs and fees are allowable, allocable, necessary and reasonable.
  - b. Briefly describe the organization’s method or policy to ensure prospective consultants prohibited from receiving Federal funds are not selected.

#### **G. Property Management**

1. Briefly describe the system for property management (tangible or intangible) utilized for maintaining property records consistent with 45 CFR 75.320(d) \*\*Refer to ([45 CFR 75.2](#)) for definitions of property to include personal property, equipment, and supplies.
2. Does the organization have adequate insurance to protect the Federal interest in equipment and real property (see [45 CFR §75.317](#), “[Insurance coverage](#).”)? How does the organization calculate the amount of insurance?

#### **H. Procurement**

Describe the organization’s procurement procedures (in accordance with [45 CFR §75.326--§75.335](#), “Procurement procedures”)? If there are no procurement procedures, briefly describe how your organization handles purchasing activities. A. Include individuals responsible and their roles. B. Describe the competitive bid process for procurement purchases of equipment, rentals, or service agreements that are over certain dollar amounts.

#### **I. Travel**

1. Describe the organizations written travel policy. Ensure, at minimum, that:

- a. Travel charges are reimbursed based on actual costs incurred or by use of per diem and/or mileage rates (see [45 CFR §75.474](#), “Travel costs.”).
- b. Receipts for lodging and meals are required when reimbursement is based on actual cost incurred.
- c. Subsistence and lodging rates are equal to or less than current Federal per diem and mileage rates.
- d. Commercial transportation costs incurred at coach fares unless adequately justified. Lodging costs do not exceed GSA rate unless adequately justified (e.g. conference hotel).
- e. Travel expense reports show purpose and date of trip.
- f. Travel costs are approved by organizational official(s) and funding agency prior to travel.

## **J. Internal Controls**

1. Provide a brief description of the applicant’s internal controls that will provide reasonable assurance that the organization will manage award funds properly. (see [45 CFR §75.303](#), “Internal controls.”)
2. What is your organization’s policy on separation of duties as well as responsibility for receipt, payment, and recording of cash transactions?
3. Does the organization have internal audit or legal staff? If not, how do you ensure compliance with the award? Please describe.
  4. If the organization has a petty cash fund how is it monitored?
5. Who in the organization reconciles bank accounts? Is this person familiar with the organization’s financial activities? Does your organization authorize this person to sign checks or handle cash?
6. Are all employees who handle funds required to be bonded against loss by reason of fraud or dishonesty?

## **K. Audit**

1. What is your organization’s fiscal year?
2. Did the organization expend \$750,000 or more in Federal awards from all sources during its most recent fiscal year?
3. Has your organization submitted;
  - (a) an audit report to the ***Federal Audit Clearing House (FAC)*** in accordance with the Single Audit Act in the last 3 years? (see 45 CFR §75.501, “Audit requirements” and 45 CFR §75.216 “Special Provisions for Awards to Commercial Organization as Recipient.”) **or**
  - (b) an independent, external audit? If no, briefly explain. If yes, address the following:
    - i. The date of the most recently submitted audit report.
    - ii. The auditor's opinion on the financial statement.
    - iii. If applicable, indicate if your organization has findings in the following areas: 1) *internal controls*, 2) *questioned or unallowable costs*, 3)

procurement/suspension and debarment, 4) cash management of award funds, and 5) subrecipient monitoring.

iv. Include (if applicable):

1. A description of each finding classified as Material Weakness.
2. A description of each finding classified as Significant Deficiency.

4. Does the organization have corrective actions in the past 2 years for the findings identified above (3(iii))? If yes, describe the status (closed or open) and progress made on those corrective actions.

## Appendix IV: Accessibility Requirements

CMS and its recipients are responsible for complying with federal laws regarding accessibility as noted in the Award Administration Information/Administration and National Policy Requirements Section.

The Recipient may receive a request from a beneficiary or member of the public for information in accessible formats. All successful applicants under this Notice of Funding Opportunity must comply with the following reporting and review activities regarding accessibility requests:

### Accessibility Requirements:

1. Public Notification: If you have a public facing website, you shall post a message no later than **30** business days after award that notifies your customers of their right to receive an accessible format. Sample language may be found at: <https://www.medicare.gov/about-us/nondiscrimination/nondiscrimination-notice.html>. Your notice shall be crafted applicable to your program.
2. Processing Requests Made by Individuals with Disabilities:
  - a. Documents:
    - i. When receiving a request for information in an alternate format (e.g., Braille, Large print, etc.) from a beneficiary or member of the public, you must:
      1. Consider/evaluate the request according to civil rights laws.
      2. Acknowledge receipt of the request and explain your process within **2** business days.
      3. Establish a mechanism to provide the request.
    - ii. If you are unable to fulfill an accessible format request, CMS may work with you in an effort to provide the accessible format as funding and resources allow. You shall refer the request to CMS within **3** business days if unable to provide the request. You shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the [AltFormatRequest@cms.hhs.gov](mailto:AltFormatRequest@cms.hhs.gov) mailbox with the following information:
      1. The e-mail title shall read “Grantee (Organization) Alternate Format Document Request.”
      2. The body of the e-mail shall include:
        - a. Requester’s name, phone number, e-mail, and mailing address.
        - b. The type of accessible format requested, e.g., audio recording on compact disc (CD), written document in Braille, written document in large print, document in a format that is read by qualified readers, etc.
        - c. Contact information for the person submitting the e-mail – Organization (Grantee), name, phone number and e-mail.
        - d. The document that needs to be put into an accessible format shall be attached to the e-mail.
        - e. CMS may respond to the request and provide the information directly to the requester.

iii. The Recipient shall maintain record of all alternate format requests received including the requestor's name, contact information, date of request, document requested, format requested, date of acknowledgment, date request provided, and date referred to CMS if applicable. Forward quarterly records to the [AltFormatRequest@cms.hhs.gov](mailto:AltFormatRequest@cms.hhs.gov) mailbox.

b. Services

i. When receiving request for auxiliary aids and services (e.g., sign language interpreter) from a beneficiary or member of the public, you must:

1. Consider/evaluate the request according to civil rights laws.
2. Acknowledge receipt of the request and explain your process within **2** business days.
3. Establish a mechanism to provide the request.

ii. If you are unable to fulfill an accessible service request, CMS may work with you in an effort to provide the accessible service as funding and resources allow. You shall refer the request to CMS within **3** business days if unable to provide the service. You shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the [AltFormatRequest@cms.hhs.gov](mailto:AltFormatRequest@cms.hhs.gov) mailbox with the following information:

1. The e-mail title shall read "Grantee (Organization) Accessible Service Request."
2. The body of the e-mail shall include:
  - a. Requester's name, phone number, e-mail, and mailing address.
  - b. The type of service requested (e.g., sign language interpreter and the type of sign language needed).
  - c. The date, time, address and duration of the needed service.
  - d. A description of the venue for which the service is needed (e.g., public education seminar, one-on-one interview, etc.)
  - e. Contact information for the person submitting the e-mail – Organization (Grantee), name, phone number and e-mail.
  - f. Any applicable documents shall be attached to the e-mail. CMS will respond to the request and respond directly to the requester.

iii. The Recipient shall maintain record of all accessible service requests received including the requestor's name, contact information, date of request, service requested, date of acknowledgment, date service provided, and date referred to CMS if applicable. Forward quarterly records to the [AltFormatRequest@cms.hhs.gov](mailto:AltFormatRequest@cms.hhs.gov) mailbox.

3. Processing Requests Made by Individuals with Limited English Proficiency (LEP):

a. Documents:

i. When receiving a request for information in a language other than English from a beneficiary or member of the public, you must:

1. Consider/evaluate the request according to civil rights laws.
2. Acknowledge receipt of the request and explain your process within **2** business days.
3. Establish a mechanism to provide the request as applicable.



ii. If you are unable to fulfill an alternate language format request, CMS may work with you in an effort to provide the alternate language format as funding and resources allow. You shall refer the request to CMS within **3** business days if unable to provide the request. You shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the [AltFormatRequest@cms.hhs.gov](mailto:AltFormatRequest@cms.hhs.gov) mailbox with the following information:

1. The e-mail title shall read “Grantee (Organization) Alternate Language Document Request.”
2. The body of the e-mail shall include:
  - a. Requester’s name, phone number, e-mail, and mailing address.
  - b. The language requested.
  - c. Contact information for the person submitting the e-mail – Organization (Recipient), name, phone number and e-mail.
  - d. The document that needs to be translated shall be attached to the e-mail.
  - e. CMS may respond to the request and provide the information directly to the requester.

iii. The Recipient shall maintain record of all alternate language requests received including the requestor’s name, contact information, date of request, document requested, language requested, date of acknowledgment, date request provided, and date referred to CMS if applicable. Forward quarterly records to the [AltFormatRequest@cms.hhs.gov](mailto:AltFormatRequest@cms.hhs.gov) mailbox.

b. Services

i. When receiving request for an alternate language service (e.g., oral language interpreter) from a beneficiary or member of the public, you must:

1. Consider/evaluate the request according to civil rights laws.
2. Acknowledge receipt of the request and explain your process within **2** business days.
3. Establish a mechanism to provide the request as applicable.

ii. If you are unable to fulfill an alternate language service request, CMS may work with you in an effort to provide the alternate language service as funding and resources allow. You shall refer the request to CMS within **3** business days if unable to provide the service. You shall submit the request, using encrypted e-mail (to safeguard any personally identifiable information), to the [AltFormatRequest@cms.hhs.gov](mailto:AltFormatRequest@cms.hhs.gov) mailbox with the following information:

1. The e-mail title shall read “Grantee (Organization) Accessible Service Request.”
2. The body of the e-mail shall include:
  - a. Requester’s name, phone number, e-mail, and mailing address.
  - b. The language requested.
  - c. The date, time, address and duration of the needed service.
  - d. A description of the venue for which the service is needed (e.g., public education seminar, one-on-one interview, etc.)
  - e. Contact information for the person submitting the e-mail – Organization (Recipient), name, phone number and e-mail.

- f. Any applicable documents shall be attached to the e-mail.
- g. CMS will respond to the request and respond directly to the requester.
- iii. The Recipient shall maintain record of all alternate language service requests received including the requestor's name, contact information, date of request, language requested, service requested, date of acknowledgment, date service provided, and date referred to CMS if applicable. Forward quarterly records to the [AltFormatRequest@cms.hhs.gov](mailto:AltFormatRequest@cms.hhs.gov) mailbox.

Please contact the CMS Office of Equal Opportunity and Civil Rights for more information about accessibility reporting obligations at [AltFormatRequest@cms.hhs.gov](mailto:AltFormatRequest@cms.hhs.gov).

## Appendix V. Review and Selection Process

The review and selection process will include the following:

- i. Applications will be screened to determine eligibility for further review using the criteria detailed in Sections C. Eligibility Information, and D. Application and Submission Information (with cross-reference to Appendix II), of this NOFO. Applications that are received late or fail to meet the eligibility requirements as detailed in this NOFO or do not include the required forms will not be reviewed. However, the CMS/OAGM/GMO, in her or her sole discretion, may continue the review process for an ineligible application if it is in the best interest of the government to meet the objectives of the program.
- ii. Procedures for assessing the technical merit of grant applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. The Review criteria described in Section E1. Criteria, will be used. Applications will be evaluated by an objective review committee. The objective review committee may include Federal and/or non-Federal reviewers. Applicants should pay strict attention to addressing all these criteria, as they are the basis upon which the reviewers will evaluate their applications.
- iii. The results of the objective review of the applications by qualified experts will be used to advise the CMS approving official. Final award decisions will be made by a CMS approving official. In making these decisions, the CMS approving official will take into consideration: recommendations of the review panel; the readiness of the applicant to conduct the work required; the scope of overall projected impact on the aims; reviews for programmatic and grants management compliance; the reasonableness of the estimated cost to the government and anticipated results; the geographic diversity of all applications; and the likelihood that the proposed project will result in the benefits expected.
- iv. As noted in 45 CFR Part 75, CMS will do a review of risks posed by applicants prior to award. In evaluating risks posed by applicants, CMS will consider the below factors as part of the risk assessment (applicant should review the factors in their entirety at §75.205)
  - a. Financial stability;
  - b. Quality of management systems and ability to meet the management standards prescribed;
  - c. History of performance (including, for prior recipients of Federal awards: timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous federal awards, extent to which previously awarded amounts will be expended prior to future awards);
  - d. Reports and findings from audits performed under Subpart F of 45 CFR Part 75 and
  - e. Applicant's ability to effectively implement statutory, regulatory, and other requirements imposed on non-federal entities.
- v. CMS reserves the right to conduct pre-award Negotiations with potential awardees.

Based on this review, CMS will determine if the applicant will receive an award and, consistent with the guidelines outlined in Section B. Federal Award Information, up to the maximum \$100,000.

## Appendix VI. Application Check-off List

### **Required Contents**

A complete proposal consists of the materials organized in the sequence below. Please ensure that the project and budget narratives are page-numbered and the below forms are completed with an electronic signature and enclosed as part of the proposal. **Everything listed below must be submitted through [www.grants.gov](http://www.grants.gov), and formatting requirements followed.**

For specific requirements and instructions on application package, forms, formatting, please see:

1. Section D and Appendix II: Application and Submission Information
2. Section E: Application Review Information
3. Appendix I: Guidance for Preparing a Budget Request and Narrative
  - Required Forms/Mandatory Documents (with an electronic signature by AOR)
  - SF-424: Application for Federal Assistance
  - SF-424A: Budget Information
  - SF-424B: Assurances-Non-Construction Programs
  - SF-LLL: Disclosure of Lobbying Activities
  - Project Site Location Form(s)

*All documents below are required unless stated otherwise.*

- Project Abstract
- Applicant's Application Cover Letter (optional, **excluded from page limitations**)
- Project Narrative -10 pages
- Budget Narrative - 5 pages
- Business Assessment of Applicant Organization-12 pages
- Cost Allocation Plan (CAP)
- Supporting Documentation, if applicable