U.S. Department of Health and Human Services

HRSA
Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Maternal and Child Health Bureau

Division of Healthy Start and Perinatal Services

Alliance for Innovation on Maternal Health (AIM) Capacity

Funding Opportunity Number: HRSA-23-066

Funding Opportunity Type(s): New

Assistance Listings Number: 93.110

Application Due Date: May 9, 2023

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

HRSA will not approve deadline extensions for lack of registration.

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

Issuance Date: March 10, 2023

Vanessa Lee
Public Health Analyst, Maternal and Women's Health Branch
Division of Healthy Start and Perinatal Services
Phone: (301) 443-9992
Email: wellwomancare@hrsa.gov

See Section VII for a complete list of agency contacts.

Authority: 42 U.S.C. 254c-21 (Public Health Service Act, Title III Section 330O)

508 COMPLIANCE DISCLAIMER

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2023 Alliance for Innovation on Maternal Health (AIM) Capacity program. The purpose of this program is to support capacity to implement AIM patient safety bundles and expand the reach, depth, and quality of AIM implementation throughout the United States.

Funding Opportunity Title:	Alliance for Innovation on Maternal Health (AIM) Capacity
Funding Opportunity Number:	HRSA-23-066
Due Date for Applications:	May 9, 2023
Anticipated Total Annual Available FY 2023 Funding:	$5,800,000
Estimated Number and Type of Award(s):	Up to 29 grants
Estimated Annual Award Amount:	Up to $200,000 per award subject to the availability of appropriated funds (see Summary of Funding)
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2023, through August 31, 2027 (4 years)
Eligible Applicants:	Eligible applicants include any domestic public or private entity. Domestic faith based and community-based organizations, tribes, and tribal organizations are also eligible to apply See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFO and in HRSA's *SF-424 Application Guide*. Visit HRSA's How to Prepare Your Application page for more information.

Technical Assistance

HRSA has scheduled the following webinar:

Thursday, March 30, 2023
Time: 1:30 – 3:30 p.m. ET

Weblink: https://hrsa-gov.zoomgov.com/j/1608223317?pwd=cFpvaWpaNTQzRkRWZzhoUHR5YkN4dz09

Attendees without computer access or computer audio can use the dial-in information below:

Call-In Number: 1-833-568-8864
Meeting ID: 160 822 3317
Passcode: 03431356

The webinar will provide an overview of the NOFO and an opportunity for you to ask questions. HRSA will record the webinar and make it available at: https://mchb.hrsa.gov/fundingopportunities/default.aspx.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Alliance for Innovation on Maternal Health (AIM) Capacity program. The AIM program is the national, cross-sector commitment designed to lead in the identification, development, implementation, and dissemination of maternal (patient) safety bundles for the promotion of safe care for every U.S. birth and assist with addressing the complex problem of high maternal mortality and SMM rates within the United States. The mission of AIM is to support best practices that make birth safer, improve the quality of maternal health care and outcomes, and save lives. Maternal safety bundles address topics commonly associated with health complications or risks related to prenatal, labor and delivery, and postpartum care.

The AIM Capacity program is a new funding initiative designed to support state capacity to implement AIM and expand the reach, depth, and quality of AIM throughout the United States.[1] These efforts are designed to meet the intent of the legislation which is "identifying, developing, or disseminating best practices to improve maternal health care quality and outcomes, improve maternal and infant health, and eliminate preventable maternal mortality and severe maternal morbidity". To date, only seed funding has been provided to implement and support AIM at the state level. HRSA is increasing the resources available to states to provide greater support for increasing the number of states, hospitals, and other birthing facility settings implementing patient safety bundles; for increasing the number of bundles being implemented and/or sustained by birthing facilities; for supporting the fidelity of bundle delivery; and for promoting effective data collection and reporting.

The AIM Capacity program will be one of two components of the AIM Program. The second component will be a cooperative agreement with HRSA for the HRSA-23-084 AIM Technical Assistance (TA) Center, which will provide TA to all 50 states, the District of Columbia (D.C.), jurisdictions, U.S. territories, tribal communities, and birthing facilities who are participating in the AIM program. The TA Center will also build data capacity for participating entities to track progress on bundle implementation and support improvement of data collection and reporting to measure program impact more effectively.

For more details, see Program Requirements and Expectations.

Program Goal:
The overarching goal of this initiative is to improve maternal health and safety in the United States by increasing access to safe, reliable, quality care.

[1] This NOFO uses the terms "state" and state-level for brevity, but is inclusive of an organization at the state, jurisdiction, territory, or tribal community level that may be applying for funding. Tribal community refers to an Indian tribe or tribal organization. See also the definition of "state" in PHS Act, § 2(f).

Program Objectives:
The objectives to be accomplished during the period of performance to support AIM program's goal include:

By August 31, 2027, the AIM Capacity program will:

- Increase the number of hospitals and other birthing facility settings implementing patient safety bundles; and,
- Increase the overall number of core bundles being implemented and/or sustained.
- Award recipients will support widespread implementation of the core patient safety bundles that include elements focused on the provision of respectful, equitable, and supportive care among birthing facilities within their respective state.
- Participating AIM states will collect data on disparities by race and ethnicity for at least one patient safety bundle.

2. Background

Authority
This AIM program is authorized by 42 U.S.C. 254c-21 (Public Health Service Act, Title III Section 330O).

Approximately 3.6 million women give birth in the United States each year[2] and, despite advances in medical care and investments in improving access to care, rates of maternal mortality and severe maternal morbidity (SMM) have not improved. In 2020, there were 861 maternal deaths in the U.S., an increase from 754 in 2019, representing a maternal mortality rate of 23.8 per 100,000 live births.[3] In addition, thousands of women experience unintended outcomes of labor or delivery, resulting in significant short- or long-term consequences to their health. In 2020, more than 30,000 women experienced SMM (not including those who only received a blood transfusion).[4] Significant maternal health disparities exist in maternal mortality, SMM, and other adverse outcomes, with outcomes varying by race, ethnicity, geography, and select indicators of socio-economic status.[5] [6]

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[2] Osterman MJK, Hamilton BE, Martin JA, Driscoll AK, Valenzuela CP. Births: Final data for 2021. National Vital Statistics Reports; vol 72, no 1. Hyattsville, MD: National Center for Health Statistics. 2023. DOI: https://dx.doi. org/10.15620/cdc:122047
[3] Hoyert DL. Maternal mortality rates in the United States, 2020. NCHS Health E-Stats. 2022. DOI: https://dx.doi.org/10.15620/cdc:113967.
[4] HCUP Fast Stats. Healthcare Cost and Utilization Project (HCUP). December 2022. Agency for Healthcare Research and Quality, Rockville, MD. http://datatools.ahrq.gov//hcup-fast-stats?type=subtab&tab=hcupfsse&count=3
[5] Hoyert 2022.
[6] Chen J, Cox S, Kuklina EV, Ferre C, Barfield W, Li R. Assessment of Incidence and Factors Associated with Severe Maternal Morbidity after Delivery Discharge among Women in the US. JAMA Network Open. 2021. doi:10.1001/jamanetworkopen.2020.36148

History of the Alliance for Innovation on Maternal Health Program
Among pregnancy-related deaths with information on timing, 25% occurred on the day of delivery or within a week after delivery.[7] AIM is designed to reduce adverse maternal health outcomes during this critical time by engaging provider organizations, state-based public health systems, consumer groups, and other stakeholders within a national partnership to assist state-based teams in implementing evidence-based safety bundles. The core patient safety bundles developed by AIM include elements focused on the provision of respectful, equitable, and supportive care.

AIM state-based teams commit to improving maternal health by implementing one or more bundles. These state-based teams assemble to address topics or areas of concern. Often, these concerns are based on findings from Maternal Mortality Review Committees. The teams come together to identify relevant bundle(s) for implementation; to engage birthing facilities to participate in AIM; and to work together to implement the selected bundle(s). During the implementation periods, teams connect with national maternal health partners and other state-based teams to share their learning and results.

State-based teams track and report process, structure, and outcome data as part of the AIM program to drive continuous improvement in the implementation of the AIM patient safety bundles. These data are reported regularly to the AIM National Team, which provides technical support on the targeted rapid-cycle quality improvement that is key to implementation of patient safety bundles. Quality improvement in AIM consists of systematic and continuous actions through bundle implementation that lead to measurable improvement in the delivery of health care services, and in health status and outcomes for pregnant and postpartum people. Participating AIM states also report data twice a year on birthing facility participation, bundle implementation, and day-to-day AIM operations. AIM does not collect patient-level data or potentially identifiable patient information. De-identified data from birthing facilities, including the number of participating facilities and number of live births, provide important information on the reach of the program. All reported data are in aggregate form.

Ultimately, AIM seeks to enroll all birthing facilities in all 50 states, the District of Columbia (D.C.), jurisdictions, U.S. territories, and tribal communities, to improve outcomes for pregnant and postpartum people, as well as their infants. In 2014, HRSA awarded a cooperative agreement for the AIM program and initially eight states participated in AIM. During the program's current 5-year period of performance, beginning in 2018, AIM engagement has grown from 11 states and 690 participating birthing facilities to 48 states plus the District of Columbia and 1,841 participating birthing facilities.

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[7] Susanna Trost, MPH; Jennifer Beauregard, MPH, PhD; Gyan Chandra, MS, MBA; Fanny Njie, MPH; Jasmine Berry, MPH; Alyssa Harvey, BS; David A. Goodman, MS, PhD. Pregnancy-related deaths: data from Maternal Mortality Review Committees in 36 US states, 2017-2019. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2022. https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc.html

In addition to the patient safety bundles developed through AIM, HRSA currently funds the AIM Community Care Initiative (CCI) to develop maternal safety bundles and resources for use by community-based organizations across the country. The Community Care for Postpartum Safety and Wellness bundle was released in September 2022 and can be viewed on the AIM CCI website.

This Notice of Funding Opportunity (NOFO) aims to address implementation challenges identified from previous periods of performance for the AIM program, including:

- Variations in data capacity and infrastructure across states, including the quality, validity, and timeliness of maternal health data and the ability to link administrative data (e.g., vital records, hospital discharge, and other administrative data).
- Gaps in accessing, collecting, and reporting data (e.g., number of deliveries occurring in participating birthing facilities).
- Limited bundle implementation: While AIM has seven core patient safety bundles available for implementation, most states have implemented only one bundle.
- Variations across states in the percentage of birthing facilities participating in AIM.

About MCHB and Strategic Plan

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

- ***Goal 1:*** *Improve access to quality health services.*
- ***Goal 2:*** *Take actionable steps to achieve health equity and improve public health*
- ***Goal 3:*** *Foster a health workforce and health infrastructure able to address current and emerging needs*
- ***Goal 4:*** *Optimize HRSA operations and strengthen program engagement*

The AIM Capacity program's purpose and activities align with Goals 1, 2, and 3 of the MCHB strategic plan. MCHB is committed to promoting equity in its health programs for mothers, children, and families. To learn more about MCHB and the bureau's strategic plan, visit Mission, Vision, and Work | MCHB.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately $5,800,000 to be available annually to fund approximately 29 recipients. You may apply for a ceiling amount of up to $200,000 total cost (reflecting direct and indirect costs) per year.

The period of performance is September 1, 2023, through August 31, 2027 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for the AIM Capacity program in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include any domestic public or private entity. Domestic faith based and community-based organizations, tribes, and tribal organizations are also eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Only one project will be funded per state under this notice.[8]

Since this program will be dedicated to supporting AIM activities in the respective state, applicants should propose activities for a state that is currently enrolled in the AIM program or intends to enroll in the AIM program within 6 months of the award date. Funding under this program should be used to support entities that are leading state AIM implementation teams and coordinating AIM activities.

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

- Exceeds the ceiling amount
- Fails to satisfy the deadline requirements referenced in Section IV.4

[8] This NOFO uses the terms “state” and state-level for brevity, but is inclusive of an organization at the state, jurisdiction, territory, or tribal community level that may be applying for funding. Tribal community refers to an Indian tribe or tribal organization. See also the definition of “state” in PHS Act, § 2(f).

Multiple Applications

Multiple applications from an organization are not allowed. HRSA will only accept and review your **last** validated electronic submission before the Grants.gov application due date.

IV. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

HRSA requires you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at Grants.gov: HOW TO APPLY FOR GRANTS. If you use an alternative electronic submission, see Grants.gov: APPLICANT SYSTEM-TO-SYSTEM.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-23-066 to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

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

See Section 8.5 of the HRSA *SF-424 Application Guide* for the Application Completeness Checklist to assist you in completing your application.

Application Page Limit

The total number of attachment pages that count toward the page limit shall be no more than **20 pages** when we print them. HRSA will not review any pages that exceed the page limit. We will remove any pages that exceed the page limit starting with the last printed page.

These attachments don't count toward the page limit:

- Standard OMB-approved forms you find in the NOFO's workspace application package
- Abstract (standard form (SF) "Project_Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)

If there are other attachments that don't count toward the page limit, we'll make this clear in Section IV.2.v Attachments.

If you use an OMB-approved form that isn't in the HRSA-23-084 workspace application package, it may count toward the page limit. We recommend you only use Grants.gov workspace forms related with this NOFO to avoid going over the page limit.

Once any excess pages are removed from an application, HRSA will determine eligibility using Section 3. Eligibility Information.

Applications must be complete and validated by Grants.gov under HRSA-23-066 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 7: Other Relevant Documents*.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

Temporary Reassignment of State and Local Personnel during a Public Health Emergency

Section 319(e) of the Public Health Service (PHS) Act provides the Secretary of the Department of Health and Human Services (HHS) with discretion upon request by a state or tribal organization to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency. The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to immediately respond to the public health emergency in

the affected jurisdiction. Funds provided under the award may be used to support personnel who are temporarily reassigned in accordance with § 319(e), which sunsets / terminates on September 30, 2023. Please reference detailed information available on the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) website.

Program Requirements and Expectations

Funding under this program should be used to support entities that are leading state AIM implementation teams and coordinating AIM activities. The funding is expected to be used to support your state's participation in AIM and expand the reach, depth, and quality of AIM in your state. To date, only seed funding has been provided to implement and support AIM at the state level. HRSA is increasing the resources available to states to provide greater support for increasing the number of states, hospitals, and other birthing facility settings implementing patient safety bundles; for increasing the number of bundles being implemented and/or sustained by birthing facilities; for supporting the fidelity of bundle delivery; and for promoting effective data collection and reporting. The following is a list of potential areas this funding could support:

- Support personnel to coordinate statewide AIM activities, to include conducting a needs assessment(s) to inform bundle(s) selection which may be based on findings from Maternal Mortality Review Committees in your state; providing bundle training and implementation support to participating birthing facilities; and/or developing collaborative learning and networking across facilities and amongst AIM state partners and key stakeholders within your state (e.g., state representatives of national membership organizations, Indian Health Service [IHS]). *Note: HRSA recommends consideration of a 1.0 full-time equivalent (FTE) at the state level to support AIM participation.*

- Support participation in AIM technical assistance that will be provided by the AIM TA Center, to include the annual meeting hosted by the TA Center. This support may include travel expenses to TA hosted events and/or annual meetings that support the AIM program, participation in AIM related learning opportunities hosted by TA providers, etc.

- Support quality improvement and bundle implementation activities for the birthing facilities in your state, including increasing engagement with birthing facilities that are not participating to-date in AIM; increasing the number of core bundles being implemented within birthing facilities; providing training, networking, capacity building, and technical assistance to birthing facilities; and supporting integration of bundle elements into the standard practice for facilities, etc. (e.g., hosting webinars, convening workgroups, providing obstetric simulations for providers at participating AIM facilities).

- Support birthing facilities with low birth volume, or other challenges, to participate in AIM.

- Support birthing facilities to meet the requirements established by the Centers for Medicare and Medicaid Services for the Birthing Friendly[9] hospital designation.
- Enhance AIM data collection, reporting, and analysis to strengthen the quality, accuracy, and timeliness of AIM data submissions. This may include funding a personnel position to manage data activities for AIM or enhancing a state level system for collecting the data from birthing facilities and subsequently submitting to the AIM TA Center.
- Measure and report on AIM program impact and evaluation of AIM activities. This may include funding a personnel position to conduct state-level analysis on bundle implementation activities and/or develop and submit annual impact statements.
- Increase opportunities for sustainability of AIM activities beyond the period of federal funding (e.g., strengthening partnerships and collaboration with key stakeholders). This may include assisting birthing facilities to move from successful bundle implementation to integration of bundle elements into birthing facilities' standard practice. HRSA expects recipients to sustain key elements of their AIM project (e.g., strategies or interventions, which have been effective in improving practices and those that have led to improved outcomes).

It is HRSA's expectation that if you are funded for the AIM Capacity program you will:

- Submit de-identified data to the AIM TA Center from participating facilities;
- Submit additional information as requested by HRSA to support assessment of progress with bundle implementation (*note: HRSA will be requesting data to be submitted to the TA Center from all states enrolled in AIM, regardless of whether they receive funding under this NOFO*); and,
- Develop and submit annual impact statements on bundle implementation activities. These impact statements are used by HRSA to share progress of AIM with government entities and key stakeholders, as well as for use by states to share their progress and outcomes related to participation in AIM.

In addition to the AIM process, structure, and outcome measures that you will be expected to report to the AIM TA Center, if funded, you will be expected to collect and report on the following performance measures:

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[9] FY 2023 Hospital Inpatient Prospective Payment System (IPPS) and Long Term Care Hospitals (LTCH PPS) Final Rule – CMS-1771-F Maternal Health. Centers for Medicare & Medicaid Services. August 1, 2022. https://www.cms.gov/newsroom/fact-sheets/fy-2023-hospital-inpatient-prospective-payment-system-ipps-and-long-term-care-hospitals-ltch-pps-1#:~:text=To%20build%20on%20the%20White,and%20safety%20of%20maternity%20care

- Number of birthing facilities participating in AIM
- Number of core patient safety bundles implemented and sustained by participating birthing facilities

HRSA expects your state will collaborate with other programs (federal and non-federal) that support maternal health. HRSA also expects that if your state is currently funded or is funded during the period of performance under any of the following programs you will work closely with these entities and ensure there is no duplication of funding for the AIM activities you are proposing to fund within your application nor an attempt to replace existing funding:

- State Maternal Health Innovation Program (which includes the State Maternal Health Innovation and Data Capacity Program). Nine states were funded in 2022 under HRSA-22-149 State Maternal Health Innovation and Data Capacity Program. These nine states are expected to use a minimum of 20 percent of their program's funding to strengthen AIM data collection, reporting, and analysis to support AIM bundle implementation and should not duplicate funding for these activities in an application under this NOFO. If your state was funded under HRSA-22-149 and you choose to apply under this funding opportunity, you will be expected to describe how the additional AIM funding will be used to address unmet needs. Please see the list of award recipients here.
- Centers for Disease Control and Prevention (CDC) funded statewide Perinatal Quality Collaboratives.
- HRSA's AIM CCI which is developing maternal safety bundles and resources for use in community-based organizations across the country.
- Agency for Healthcare Research and Quality's (AHRQ) initiatives to assist with testing the integration of teamwork and communication tools into the AIM patient safety bundles and associated program infrastructure. Currently, AHRQ has been working with the AIM states of Texas and Oklahoma.
- Maternal Mortality Review Committee (MMRC). You are expected to collaborate with your state's MMRC, if applicable, to identify leading causes of pregnancy-related deaths and inform prioritization of bundle selections and implementation efforts.
- Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) Program. If your state receives CDC funding for the ERASE MM Program, this funding directly supports agencies and organizations that coordinate and manage MMRCs to identify, review, and characterize pregnancy-related deaths and identify prevention opportunities, which implementation of AIM patient safety bundles directly supports.

Program-Specific Instructions
In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 Application Guide* (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 Application Guide.*

NARRATIVE GUIDANCE

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

Narrative Section	Review Criteria
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested

ii. *Project Narrative*

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

- *INTRODUCTION -- Corresponds to Section V's Review Criterion #1 Need*
  - Briefly describe the purpose of the proposed project that is consistent with Section I: Purpose.

- Summarize your status with participation in the AIM program. Provide the name of your AIM state-based lead entity; the year your state started AIM bundle implementation; the names of the AIM patient safety bundles that have been or are currently being implemented by your state; and your state's status of implementing AIM bundles, such as active, completed, and/or maintaining implementation of AIM bundles.

- Provide the total number of birthing facilities in the state (including the number that are hospital-based versus free-standing birthing facilities) and total number and percent of birthing facilities in your state that are participating in the AIM program. If the total number of birthing facilities participating in AIM has changed since submission of your last biannual survey, or if you did not submit one, please provide an explanation of the change.

- If your state is not currently enrolled in AIM, discuss your capacity to enroll with the AIM program within 6 months of award date.

▪ *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 Need*

- Describe your state's challenges with or barriers to effectively participate in AIM.

- Briefly describe your state's current capacity to collect, report, and analyze process, structure, and outcome data from participating birthing facilities to support AIM bundle implementation and relevant challenges, barriers, and/or gaps.

- Explain how the additional AIM funding will be used to address unmet needs and support your state's participation in AIM.

- Describe any current initiatives in your state to improve maternal health, including receipt of an award for the State Maternal Health Innovation program (which includes the State Maternal Health Innovation and HRSA-22-149 State Maternal Health Innovation and Data Capacity program) or receipt of federal funding from the CDC to support a Statewide Perinatal Quality Collaborative. Explain how you will ensure there is no duplication of funding for the AIM activities you are proposing to fund within your application nor an attempt to replace existing funding sources.

▪ *METHODOLOGY -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact*

- Describe the activities to be supported with the funding. Refer to the list of potential areas within the Program Requirements and Expectations section. Funded activities should support participation in AIM, encompass all 4 years of the project, and identify the outcomes you expect to achieve by the end of the period of performance.
- Provide Specific, Measurable, Achievable, Realistic, Time-bound, Inclusive, and Equitable (SMARTIE) objectives for each proposed project goal, as applicable.
- If your state is not currently enrolled in AIM, describe your plan to apply and enroll in the AIM program within six months of the award date. This should include details around who will be the lead for your AIM state-based team, if the lead organization is currently active, and if you have been in communication with the current AIM National Team concerning enrollment to date.
- Describe your plans to support maximizing the number of birthing facilities in your state participating in AIM and your plans to increase the number of AIM bundles implemented. If your state does not have plans to increase participation, please explain your reasoning.
- Briefly describe your plans to collect AIM process, structure, and outcome data that will allow for accurate and timely reporting, and to support submission of the data to the AIM TA Center. Describe your plan for how the data collected for AIM will be used to inform program development.
- Briefly describe the strategy for collecting and reporting data on the measures as outlined within the Program Requirements and Expectations section, as well as program data to the AIM TA Center on a biannual basis. This program data includes such information as the total number of birthing facilities in the state (including the number that are hospital based versus free-standing birthing facilities); changes in facility participation and reasons for the changes; and the number, and percent of birthing facilities that are participating in the AIM program.
- If you, as the primary applicant, are not the lead entity for AIM in the state, describe how you plan to collaborate on all phases of the project with the lead entity in planning, executing, and evaluating the proposed activities described in the work plan. Also describe how you will be involved in data collection and reporting. Include a letter of support from the AIM lead in your state as *Attachment 3*.
- Propose a plan for project sustainability after the period of federal funding ends, including dissemination of impact statements developed by your state.

- *WORK PLAN -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact*

  - You must submit a work plan in table format as *Attachment 1.* The work plan should provide a succinct overview of your planned activities or steps you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section and the associated goals, objectives, and timelines. The work plan should include each activity, the timeframe for completing the activity, who on staff is responsible for that activity, associated progress or process measures, and the intended outcome.

    A work plan is an "action" guide with a timeline used during program implementation and provides the "how to" steps. The work plan should not be a narrative, but instead refer to the narrative sections to explain the relationship between needs, activities, objectives, and goals.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 Response*

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

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 Evaluative Measures*

  - Briefly describe the plan for tracking project performance that will monitor ongoing processes *and* the progress towards the goals and objectives of the project, including the activities you propose to implement with the funding.

  - Briefly describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

ORGANIZATIONAL INFORMATION-- Corresponds to Section V's Review Criterion #5 Resources/Capabilities

- Describe how project personnel that are to be funded under this NOFO are qualified by training and/or experience to implement and carry out the project and fulfill the needs and requirements of the proposed project, including, if applicable, whether project personnel are qualified by training and/or experience to collect and manage data for reporting performance outcomes. Include biographical sketches of key personnel in *Attachment 2.*

- Describe your organization's experience with carrying out data-driven maternal

safety and quality improvement initiatives in the areas of obstetrics and gynecology or maternal health.

iii. *Budget*

Corresponds to Section V's Review Criterion #6 Support Requested

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

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

As required by the Consolidated Appropriations Act, 2023 (P.L. 117-328), Division H, § 202, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II…." Effective January 2023, the salary rate limitation is **$212,100.** Note that these or other salary rate limitations may apply in the following fiscal years, as required by law.

iv. *Budget Narrative*

See Section 4.1.v. of HRSA's SF-424 Application Guide. Corresponds to Section V's Review Criterion #6 Support Requested

In addition, applications for AIM Capacity program are required to:

- Provide a narrative that explains the amounts requested under each line in the budget. This budget justification should specifically describe how each item will support the achievement of proposed objectives. You must submit a budget justification for the entire period of performance (Years 1–4).

Line-item information must be provided to explain the costs entered in the SF-424A. Items in your "other" category of your budget narrative should include specific and detailed justification. The budget justification must be concise. Do NOT use the budget justification to expand the project narrative.

v. *Attachments*

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Your indirect cost rate agreement will not count toward the page limit. **Clearly label each attachment**. You must upload attachments into the application.

HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

Attachment 1: Work Plan

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

Attachment 2: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying key positions that are to be funded under this NOFO (e.g., personnel who support AIM data collection, reporting, and analysis). Each biographical sketch should not exceed one page in length per person. If a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

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

If you, as the primary applicant, are not the lead entity for AIM in the state, include a letter of support from the AIM lead in your state.

Attachment 4: Indirect Cost Rate Agreement (Does not count against the page limit)

Attachments 5–15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

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

Effective April 4, 2022:

- The UEI assigned by SAM has replaced the Data Universal Numbering System (DUNS) number.
- Register at SAM.gov and you will be assigned a UEI.

You must register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d))**.** For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not

qualified to receive an award, and HRSA may use that determination as the basis for making an award to another a different applicant.

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

The Grants.gov registration process requires information in two separate systems:

- System for Award Management (SAM) (https://sam.gov/content/home | SAM.gov Knowledge Base)
- Grants.gov (https://www.grants.gov/)

Effective March 3, 2023, individuals assigned a SAM.gov Entity Administrator role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.
- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called "notarized letter") will no longer be able to assign the Entity Administrator role to a non-employee.
- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) more about this change on the BUY.GSA.gov blog to know what to expect.

For more details, see Section 3.1 of HRSA's *SF-424 Application Guide*.

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is ***May 9, 2023, at 11:59 p.m. ET.*** HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary

of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The AIM Capacity program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100. See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 4 years, at no more than the ceiling amount outlined in Summary of Funding per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2023 (P.L. 117-328) apply to this program. See Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in following fiscal years, as required by law.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's *SF-424 Application Guide*. Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit

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

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

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your

application will be reviewed. HRSA has indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

Reviewers will evaluate and score the merit of your application based upon these criteria.

Six review criteria are used to review and rank AIM Capacity program applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (15 points) – Corresponds to Section IV's Introduction and Needs Assessment
The extent to which the application completely and effectively:

- Describes the purpose of the proposed project and the need for funding to build capacity for participation in the AIM program.
- Provides all of the information requested pertaining to participation in the AIM program within the Introduction section of the application.
- If the state is not currently enrolled in AIM, describes their capacity to enroll with the AIM program within 6 months of award date.
- Describes the state's challenges with or barriers to effectively participate in AIM.
- Describes the state's current capacity to collect, report, and analyze process, structure, and outcome data from participating birthing facilities to support AIM bundle implementation and relevant challenges, barriers, and/or gaps.
- Describes how the additional AIM funding will be used to address unmet needs and support the state's participation in AIM.

Criterion 2: RESPONSE (45 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges

This section addresses the Methodology, Work Plan, and Resolution of Challenges. The weighting of the review of these sections should be as follows: Methodology (25 points), Work Plan (15 points), and Resolution of Challenges (5 points).

Methodology (25 points)
The extent to which the application (across the 4 years of the project) responds to the Program Requirements and Expectations and effectively:

- Describes the activities to be supported with the funding. Ensure the activities they have chosen to support with the funding (list of potential options are described in the Program Requirements and Expectations section) are integrated into the proposal and that all approaches support participation in AIM,

encompass all 4 years of the project, and identify the outcomes expected by the end of the period of performance.

- Provides Specific, Measurable, Achievable, Realistic, Time-bound, Inclusive, and Equitable (SMARTIE) objectives for each proposed project goal, as applicable.
- Describes a plan to apply and enroll in the AIM program within 6 months of the award date if the state is not currently enrolled in AIM. Identifies the lead for the AIM state-based team, indicates whether the lead organization is currently active, and if they have been in communication with the AIM National Team concerning enrollment to date.
- Describes a plan to support maximizing the number of birthing facilities that are participating in AIM in the state and a plan to increase the number of AIM bundles implemented. If the applicant's state does not have a plan to increase participation, an explanation is provided for their reasoning.
- Describes a plan for their state to collect AIM process, structure, and outcome data that will allow for accurate and timely reporting and support submission of the data to the AIM TA Center. Describes a plan for how the data collected for AIM will be used to inform program development.
- Describes a strategy for collecting and reporting program data on the measures as outlined within the Program Requirements and Expectations section, as well as program data to the AIM TA Center on a biannual basis.
- Describes substantial coordination with the AIM lead, including involvement in data collection and coordination, planning, execution, and evaluation of the proposed activities described in the Work Plan, if the primary applicant is not the lead entity for AIM in the state. In this case, a letter of support should be included as *Attachment 3.*
- Describes a plan for project sustainability after the period of federal funding ends, including dissemination of impact statements developed by their state.

Work Plan (15 points)
The extent to which the application effectively:

- Includes a work plan as *Attachment 1* that provides a succinct overview of planned activities or steps the applicant will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section. The work plan should include each activity; the timeframe for completing the activity; who on staff is responsible for that activity, associated progress or process measures; and the intended outcome.

Resolution of Challenges (5 points)

The extent to which the application effectively:

- Describes challenges likely to be encountered and creative, quality, and workable approaches to resolving the identified challenges.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity
The overall strength and effectiveness of the methods proposed to monitor and evaluate the project results. Specifically, the extent to which the application effectively:

- Describes a plan for tracking project performance that will monitor ongoing processes and the progress towards the goals and objectives of the project.
- Describes potential obstacles for implementing the project performance evaluation and the plan to address those obstacles.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Methodology and Work Plan
The extent to which the application effectively:

- Describes how the program objectives identified in the Purpose section are likely to be achieved based on the implementation plan described in both the Work Plan and Methodology section.

Criterion 5: RESOURCES/CAPABILITIES (10 points) – Corresponds to Section IV's Organizational Information
The extent to which the application effectively:

- Describes how project personnel that are to be funded under this NOFO are qualified by training and/or experience to implement and carry out the project and fulfill the needs and requirements of the proposed project, including, if applicable, whether project personnel are qualified by training and/or experience to collect and manage data for reporting performance outcomes.
- Describes their organization's experience with carrying out data-driven maternal safety and quality improvement initiatives in the areas of obstetrics and gynecology or maternal health.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget Narrative
The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the activities, and the anticipated results.

The extent to which the application effectively:

- Outlines costs, in the budget and required resources sections, that are reasonable given the scope of work.

- Describes how key personnel have adequate time devoted to the project to achieve project objectives.

Note: The applicant should not request funding for AIM activities that are already funded through other sources or attempting to replace existing funding sources. Please refer to the Program Requirements and Expectations section for a description of the funding under HRSA-22-149 State Maternal Health Innovation and Data Capacity program.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. No more than one project will be funded per state. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

3. Assessment of Risk

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

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable; cost analysis of the project/program budget; assessment of your management systems; ensuring continued applicant eligibility; and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

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

HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified (45 CFR § 75.212).

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of September 1, 2023. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

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

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

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. 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/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- 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/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.

- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.
- For guidance on administering your project 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.

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

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

Executive Order on Worker Organizing and Empowerment

Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

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

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the

recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) **DGIS Performance Reports.** Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report annually, by the specified deadline. Please be advised the administrative forms and performance measures for MCHB discretionary grants will be updated on May 4, 2023. DGIS reports created on or after May 4, 2023, will contain the updated forms. To prepare successful applicants for their reporting requirements, the administrative forms and performance measures for this program are Core 3, Capacity Building 1, Capacity Building 4, Capacity Building 8, Financial Form 1, Financial Form 6, Financial Form 7, and TA and Collaboration Form. The type of report required is determined by the project year of the award's period of performance. The full OMB-approved reporting package is accessible at https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection (OMB Number: 0915-0298 | Expiration Date: 08/31/2025).

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	September 1, 2023 – August 31, 2027 *(administrative data and performance measure projections, as applicable)*	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	September 1, 2023 – August 31, 2024 September 1, 2024 – August 31, 2025 September 1, 2025 – August 31, 2026	Beginning of each budget period (Years 2–4, as applicable)	120 days from the available date
c) Project Period End Performance Report	September 1, 2026 – August 31, 2027	Period of performance end date	90 days from the available date

The full OMB-approved reporting package is accessible at https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection

2) **Progress Report**(s). The recipient must submit a progress report narrative to HRSA annually via the Non-Competing Continuation Renewal in the EHBs, which should address progress against program outcomes (e.g., accomplishments, barriers, significant changes, plans for the upcoming budget year). Submission and HRSA approval of a progress report will trigger the budget period renewal and release of each subsequent year of funding. Further information will be available in the NOA.

3) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

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

VII. Agency Contacts

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

LaToya Ferguson
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
phone: (301) 443-1440
Email: lferguson@hrsa.gov

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

Vanessa Lee
Public Health Analyst, Maternal and Women's Health Branch
Division of Healthy Start and Perinatal Services
Attn: Funding ACP
Maternal and Child Health Bureau
Health Resources and Services Administration
Telephone: (301) 443-9992
Email: wellwomancare@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

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

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

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

VIII. Other Information

Technical Assistance - See TA details in Executive Summary.

Tips for Writing a Strong Application - See Section 4.7 of HRSA's *SF-424 Application Guide*.

Appendix A: Page Limit Worksheet

The purpose of this worksheet is to give you a tool to ensure the number of pages uploaded into your application is within the specified page limit. (Do not submit this worksheet as part of your application.)

The Standard Forms listed in column 1 do not count against the page limit; however, attachments to the Standard Forms listed in column 2 do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the attachment uploaded in that form does count against the page limit.

Standard Form Name ***(Forms themselves do not count against the page limit)***	**Attachment File Name** ***(Unless otherwise noted, attachments count against the page limit)***	**# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	*My attachment* = ___ *pages*
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	*My attachment* = ___ *pages*
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	*My attachment* = ___ *pages*
Attachments Form	Attachment 1: Work Plan	*My attachment* = ___ *pages*
Attachments Form	Attachment 2: Biographical Sketches of Key Personnel	*My attachment* = ___ *pages*
Attachments Form	Attachment 3: Letters of Agreement, Memoranda of Understanding, and/or contracts	*My attachment* = ___ *pages*
Attachments Form	Attachment 4: Indirect Cost Rate Agreement (Does not count against the page limit)	*My attachment* = ___ *pages*
Attachments Form	Attachment 5	*My attachment* = ___ *pages*
Attachments Form	Attachment 6	*My attachment* = ___ *pages*

Standard Form Name ***(Forms themselves do not count against the page limit)***	**Attachment File Name** ***(Unless otherwise noted, attachments count against the page limit)***	**# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Attachments Form	Attachment 7	*My attachment =* ___ *pages*
Attachments Form	Attachment 8	*My attachment =* ___ *pages*
Attachments Form	Attachment 9	*My attachment =* ___ *pages*
Attachments Form	Attachment 10	*My attachment =* ___ *pages*
Attachments Form	Attachment 11	*My attachment =* ___ *pages*
Attachments Form	Attachment 12	*My attachment =* ___ *pages*
Attachments Form	Attachment 13	*My attachment =* ___ *pages*
Attachments Form	Attachment 14	*My attachment =* ___ *pages*
Attachments Form	Attachment 15	*My attachment =* ___ *pages*
Project Narrative Attachment Form	Project Narrative	*My attachment =* ___ *pages*
Budget Narrative Attachment Form	Budget Narrative	*My attachment =* ___ *pages*
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.
Page Limit for HRSA-23-066 is 20 pages		**My total = ____ pages**

Appendix B: Additional Information for Applicants

- Equity: "[T]he consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality."[10]

  MCHB is committed to promoting equity in health programs for mothers, children, and families. As such, the definition of equity provides a foundation for the development of programs that intend to reach communities have been underserved and improve equity among all communities.

- Health Equity: Health equity means that all people, including mothers, fathers, birthing people, children, and families achieve their full health potential. Achieving health equity is an active and ongoing process that requires commitment at the individual and organizational levels, and within communities and systems. Achieving health equity requires valuing everyone equally, eliminating systemic and structural barriers including poverty, racism, ableism, gender discrimination and other historical and contemporary injustices, and aligning resources to eliminate health and health care inequities.

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