

U.S. Department of Health and Human Services



Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Maternal and Child Health Bureau

Division of Healthy Start and Perinatal Services

State Maternal Health Innovation Program

Funding Opportunity Number: HRSA-23-108

Funding Opportunity Type(s): New

Assistance Listings Number: 93.110

Application Due Date: June 2, 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: April 13, 2023

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

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

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 State Maternal Health Innovation Program. The purpose of this program is to reduce maternal mortality and severe maternal morbidity (SMM) by supporting state-led demonstrations focused on improving maternal health and addressing maternal health disparities through quality services, a skilled workforce, enhanced data quality and capacity, and innovative programming. This program also engages public health professionals, providers, payers, and consumers through state-led Maternal Health Task forces. These Task Forces review state-specific maternal health data and then implement evidence-based interventions and innovations that address critical gaps in service delivery.

Funding Opportunity Title:	State Maternal Health Innovation Program
Funding Opportunity Number:	HRSA-23-108
Due Date for Applications:	June 2, 2023
Anticipated FY 2023 Total Available Funding:	\$23,000,000
Estimated Number and Type of Award(s):	Up to 23 cooperative agreements
Estimated Annual Award Amount:	Up to \$2,000,000 per award (see Summary of Funding)
Cost Sharing/Match Required:	No
Period of Performance:	September 30, 2023 through September 29, 2028 (5 years)
Eligible Applicants:	Eligible applicants include any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 5304 (formerly cited as 25 U.S.C. 450b)). See 42 CFR § 51a.3(a). Domestic faith-

	<p>based and community-based organizations are also eligible to apply.</p> <p>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>
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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:

April 20, 2023

2:00 – 3:30 p.m. ET

Weblink: [https://hrsa-](https://hrsa.gov.zoomgov.com/j/1605992027?pwd=QVRFFeF13d3l0R3QvRkd4S1BXNm95dz09)

[gov.zoomgov.com/j/1605992027?pwd=QVRFFeF13d3l0R3QvRkd4S1BXNm95dz09](https://hrsa.gov.zoomgov.com/j/1605992027?pwd=QVRFFeF13d3l0R3QvRkd4S1BXNm95dz09)

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

Call-In Number: 1-833-568-8864

Meeting ID: 160 599 2027

Passcode: 67415884

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.asp>

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the FY 2023 State Maternal Health Innovation (State MHI) program.

The purpose of this program is to reduce maternal mortality and severe maternal morbidity (SMM)¹ by supporting state-led demonstrations focused on improving maternal health and addressing maternal health disparities through quality services, a skilled workforce, enhanced data quality and capacity, and innovative programming. This program also engages public health professionals, providers, payers, and consumers through state-led Maternal Health Task Forces (MHTF). These Task Forces review state-specific maternal health data and then implement evidence-based interventions and innovations that address critical gaps. FY 2023 funding for this program seeks to provide support to expand to new states focused on improving maternal health. Potential applicants should design submissions to implement innovations to improve health outcomes, develop state-specific plans that will guide maternal health efforts, and enhance measurement of maternal health outcomes.

Program Goal

The goal of the State Maternal Health Innovation Program is to improve maternal health in the United States. This will be achieved by supporting multidisciplinary collaboration; collecting and analyzing maternal health data; and promoting and executing innovation in maternal health service delivery to advance evidence-informed strategies and achieve a measurable impact.

Program Objectives

The program objectives to be accomplished during the period of performance to support programs goals, are:

- By September 29, 2024, 100 percent of recipients will have developed a draft strategic plan to improve maternal health, including addressing identified health disparities and other gaps and incorporating activities outlined in the State Title V

¹ Severe maternal morbidity is defined as the “unintended outcomes of the process of labor and delivery that result in significant short-term or long-term consequences to a woman’s health.” Definition is provided by ACOG Clinical Guidance on Severe Maternal Morbidity accessed via <https://www.acog.org/Clinical-Guidance-and-Publications/Obstetric-Care-Consensus-Series/Severe-Maternal-Morbidity-Screening-and-Review?IsMobileSet=false>.

Needs Assessment. The Maternal Health Strategic Plan should reflect the most recent maternal health data available.

- By September 29, 2024, 100 percent of recipients will use annual maternal health data to report on and implement culturally and linguistically appropriate and innovative approaches to address identified needs and disparities.
- By September 29, 2024, each recipient is expected to document and report annually on maternal health indicators and outcomes that are disaggregated by maternal race/ethnicity, age, level of education, health insurance coverage, and geographic location (urban/rural), and submit to HRSA in an Annual Report on Maternal Health in order to evaluate existing disparities.
- By September 29, 2025, each recipient and their established Maternal Health Task Force will update and finalize the Maternal Health Strategic Plan by increasing the number of actionable recommendations based on state-level maternal health data and submit a final strategic plan to guide the work of the MHTF and the State MHI Program throughout the remainder of the project period.
- By September 29, 2028, increase the number of innovative approaches for replication and scale-up to improve maternal health.
- By September 29, 2028, award recipients will support and evaluate innovations focused on addressing existing maternal health disparities within their state.

[For more details, see Program Requirements and Expectations.](#)

2. Background

Authority

The State Maternal Innovation program is authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act), which authorizes awards for special projects of regional and national significance (SPRANS) in maternal and child health. SPRANS projects support HRSA's Maternal and Child Health Bureau's (MCHB) mission to improve the health and well-being of America's mothers, children, and families.

Maternal Mortality and Severe Maternal Morbidity

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 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, which vary by race, ethnicity, geography, and select indicators of socio-economic status.^{5 6}

History of the State Maternal Health Innovation Program

HRSA launched the [State MHI program](#) on September 30, 2019, through five-year cooperative agreements with nine state recipients. The purpose of this first set of demonstration awards is to assist states in strengthening their capacity to address disparities and improve maternal health, including through prevention and reduction of pregnancy-related mortality and SMM.

The first cohort of nine State MHI award recipients are addressing a wide variety of maternal health challenges, each taking a unique approach to improving maternal health in their state. Across the program, the recipients focus on testing various innovative approaches, collaborating with key stakeholders, and addressing and advancing maternal health equity. Recipients utilize various strategies (care coordination, telehealth, mobile care delivery, provider trainings, etc.) and focus activities on a variety of topics (postpartum warning signs, maternal health data, mental health, substance use disorders, etc.). The existing recipients are currently in the fourth year of the period of performance, and will continue with testing and evaluating innovative activities, enhancing maternal health data systems, and supporting the

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

state's maternal health infrastructure through the leadership of the Maternal Health Task Force.

On September 30, 2022, HRSA provided funding to a second cohort of State MHI award recipients through the State MHI and Data Capacity Program. Newly funded states include: Alabama, Arkansas, Colorado, Georgia, Indiana, Maine, Massachusetts, Minnesota, and Tennessee. This second cohort of states is funded through September 29, 2027. Funding for the second cohort is to implement all core State MHI components; work to improve the collection, reporting, and analysis of Alliance for Innovation on Maternal Health (AIM) data; and expand the reach of AIM within each state. In FY2023, this program will align with prior year activities and expand to new states. This funding opportunity will support up to 22 state-focused projects tasked with translating maternal health innovations and recommendations from ideas to action.

State MHI Technical Assistance and Capacity Building Support

HRSA launched the Supporting Maternal Health Innovation Program to provide technical assistance and support capacity building for the State MHI award recipients, as well as the Federal Office of Rural Health Policy's Rural Maternity Obstetrics Management Strategies (RMOMS) program. The University of North Carolina at Chapel Hill was awarded the cooperative agreement and created the [Maternal Health Learning and Innovation Center](#) (MHLIC). The mission of MHLIC is to foster collaboration and learning among diverse stakeholders to accelerate evidence-informed interventions advancing equitable maternal health outcomes through engagement, innovation, and policy. MHLIC focuses its activities in the following areas of support:

- Capacity building,
- Resource development and dissemination, and
- Peer learning opportunities.

In addition to supporting the current State MHI recipients and the RMOMS recipients with information and capacity-building resources, coaching, and technical assistance, the MHLIC also serves as a national hub. It connects maternal health stakeholders across the country, cataloging and disseminating best practices related to maternal health improvement. The MHLIC provides a host of learning opportunities for the State MHI and RMOMS recipients, as well as national stakeholders, including annual Learning Institutes, individual coaching, and technical assistance webinars, and by hosting the annual National Maternal Health Innovation Symposium.

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

Goal 2: *Achieve health equity for MCH populations*

Goal 3: *Strengthen public health capacity and workforce for MCH*

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

The State MHI 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's programs, investments and the bureau's strategic plan, visit <http://www.mchb.hrsa.gov>.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where HRSA anticipates substantial involvement with the recipient during performance of the contemplated project.

In addition to the usual monitoring and technical assistance (TA) provided directly to award recipients, HRSA program involvement will include:

- Providing oversight and subject matter expertise in the planning and development of the project;
- Participating, as appropriate, in conference calls, meetings, and technical assistance sessions that are conducted during the period of the cooperative agreement;
- Coordinating the partnership and communication with federally funded maternal health programs and other federal entities that may be relevant for the successful completion of tasks and activities identified in the approved scope of the cooperative agreement;

- Conducting an ongoing review of the establishment and implementation of activities, procedures, measures, and tools for accomplishing the goals of the cooperative agreement;
- Reviewing and providing input on written documents, including information and materials for the activities conducted through the cooperative agreement, prior to submission for publication or public dissemination; and
- Participating with the award recipient in the dissemination of project findings, best practices, and lessons learned from the project.

In addition to adhering to all applicable federal regulations and public policy requirements, the cooperative agreement recipient's responsibilities will include:

- Completing activities proposed in response to the [Program Requirements and Expectations](#) section of this notice of funding opportunity;
- Providing the federal project officer with the opportunity to review and discuss any publications, audiovisuals, and other materials produced, as well as meetings planned, through this cooperative agreement (such review should start as at the time of concept development and include review of drafts and final products);
- Participating in technical assistance and capacity building activities provided by the designated TA provider(s), including participation at an annual meeting hosted by the TA provider(s);
- Participating in face-to-face meetings, virtual meetings, and conference calls with HRSA conducted during the period of performance;
- Consulting with the federal project officer in conjunction with scheduling any meetings that pertain to the scope of the cooperative agreement and at which the project officer's attendance would be appropriate (as determined by the project officer);
- Adherence to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the Application Guide (Acknowledgement of Federal Funding);
- Collaborating with HRSA on ongoing review of activities, procedures and budget items, information/publications prior to dissemination, contracts, and subawards;
- Providing leadership in data collection and analysis;
- Participating in evaluation activities provided by the HRSA-designated evaluation contractor;
- Completing all administrative data and performance measure reports, as

- designated by HRSA, and in a timely manner; and
- Collaborating with their state’s Maternal and Child Health Title V Director(s).
- Ability to remain flexible and collaborate with HRSA to adjust responsibilities as necessary

2. Summary of Funding

HRSA estimates approximately \$23,000,000 to be available annually to fund up to 23 recipients. You may apply for an annual funding amount based on the total number of annual births within the state, as indicated in the table below, with a ceiling amount of up to \$2,000,000 annually (reflecting direct and indirect costs) per year for applicants with more than 200,000 annual births within the state.

Total Number of Annual Births within the State	Annual Funding Amount
≤50,000	Up to \$1,000,000
50,000 - 200,000	Up to \$1,500,000
≥200,000	Up to \$2,000,000

Please reference Table 6 in the National Vital Statistics Reports, Volume 70, No. 17, which provides the number of births by state for 2020 in your application.⁷

The period of performance is September 30, 2023 through September 29, 2028 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the State MHI 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](#).

⁷ [National Vital Statistics Reports Volume 70, Number 17, February 7, 2022 \(cdc.gov\)](#)

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 5304 (formerly cited as 25 U.S.C. 450b)). See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are also eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

Existing award recipients under the FY19 and FY22 State MHI Program funding opportunity are eligible to apply for funding under this announcement and, if funded, the existing State MHI award will be relinquished, and a new award period will begin. If an existing recipient applies but is not awarded funding under this announcement, the existing award will continue at the original level of funding through the project period end date.

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

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](https://www.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](https://www.grants.gov). If you use an alternative electronic submission, see [Grants.gov: APPLICANT SYSTEM-TO-SYSTEM](https://www.grants.gov).

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-23-108 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA’s [SF-424 Application Guide](#) provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, 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 pages that count toward the page limit shall be no more than **55 pages** when we print them. HRSA will not review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using [Section III. Eligibility Information](#) of the NOFO.

These items 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 items that don't count toward the page limit, we'll make this clear in Section IV.2.vi [Attachments](#).

If you use an OMB-approved form that isn't in the HRSA-23-108 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.

Applications must be complete and validated by Grants.gov under HRSA-23-108 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 8: Other Relevant Documents*.

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

Program Requirements and Expectations

For this funding opportunity, applicants should propose projects that involve collaboration with a state public health agency to strengthen state-level capacity in achieving program aims. A letter of agreement and planned participation to document this relationship should be included as Attachment 4, if applicable.

1. Establish a State-Focused Maternal Health Task Force (MHTF)

To implement evidence-informed interventions that address critical gaps or disparities in the state's provision of maternity care services, each program's MHTF will be comprised of, but not limited to: state and local public health professionals (e.g., State Department of Health, State Title V MCH Program, State Medicaid Program); state Maternal Mortality Review Committee (MMRC) liaison(s); pregnant and postpartum individuals with lived experience; clinical providers, including midwives and doulas; hospitals; representatives of community organizations focused

on reducing maternal mortality; insurers/payers; representatives from the state association of community health centers or primary care association; representatives of state and/or local corrections health care providers; and tribes/tribal organizations, if applicable.

Each Maternal Health Task Force is expected to:

- Conduct a baseline assessment of state maternal care and coverage. Examples of assessment topics include: number and distribution of practicing OB/GYNs, midwives, doulas, and family medicine providers providing maternal care in the state; an overview of payor mix and prenatal, birth, and postnatal benefit coverage in the state; number, distribution; and mix of birthing facilities across the state; etc.
- Identify state-specific gaps, based on the findings from MMRC reports and publications, that impact maternal health outcomes. Examples of critical gaps include, but are not limited to: limited state-level surveillance efforts to monitor maternal health; lack of access to quality prenatal and maternity care services in medically underserved areas; and/or inadequate access to mental and behavioral health specialists to screen and treat depression or substance use disorders among pregnant and postpartum people.
- Assist MHI program staff to develop and implement a state-focused strategic plan that is aligned with the state's most recent comprehensive five-year Title V Needs Assessment. The strategic plan should consist of an action plan that reflects strategies to improve maternal health, addresses identified gaps, and translates knowledge and recommendations into practice. It should include vision, strategic goals, and measurable, strategic objectives.
 - The action plan should align with and enhance existing maternal health improvement efforts of the State Title V MCH Block Grant.
 - The strategic plan should be considered a guiding document the Task Force uses to direct all Task Force activities throughout the period of performance.
- Support state and community-level maternal health improvement efforts.
- Provide education and technical assistance in support of state and local action to address critical gaps in and needs for maternal health services in the state.

The MHTF may be a part of an existing statewide task force focused on improving maternal health. However, the award recipient is expected to ensure the MHTF is involved in the development of the State MHI program's strategic plan and implementation of activities outlined within its action plan, as described above.

2. Improve State-Level Maternal Health Data and Surveillance

Access to state-level maternal health data is important for identifying the contributors to adverse maternal health outcomes. Specifically, successful recipients will be expected to identify and collaborate with a multidisciplinary state-focused MMRC or other state-focused initiative that can collect, analyze, and report data on pregnancy-related mortality, SMM, and/or other indicators of maternal health. Award recipients are expected to utilize state-level data to evaluate preventability, identify actionable recommendations, and improve systems of prenatal and maternity care services.

Award recipients could improve state-level maternal health data collection, quality, and surveillance through one or more of the following activities:

1. Support the implementation of recommendations from a state-focused MMRC or other state-focused mechanism that conducts surveillance on maternal health data. Please note that these funds are not to be used solely to support MMRCs, but to allow for *implementation* of recommendations from the state MMRC or a similar mechanism that conducts maternal health data surveillance.
2. Utilize valid and reliable data on maternal health to:
 - a. Improve maternal health data quality and timeliness.
 - b. Examine additional indicators, like social determinants of health, and analyze the data in relation to maternal health.
 - c. Assess other indicators of maternal health, including SMM, and the disparities in these indicators.
3. Improve data linkages to support surveillance activities.
4. Collaborate with the State Systems Development Initiative (SSDI) award recipient in their state to build maternal health data capacity and infrastructure.
5. Use annual maternal health data to implement innovative approaches aimed at addressing identified needs and disparities, and to provide recommendations aimed at improving maternal health.

3. Promote and Execute Innovation in Maternal Health Service Delivery

Award recipients are expected to use program funding to identify and implement innovative strategies to address critical gaps in prenatal and maternity care services in one or more of the following areas:

1. Direct clinical care;
2. Workforce training, recruitment, and diversity;

3. Maternal health data enhancements; and/or
4. Community engagement.

Please see the Appendix A for example of potential innovative approaches to improve maternal health service delivery. Strategies should be culturally responsive and linguistically appropriate.

Program Objectives

Please reference the program objectives as outlined in the Purpose of this Notice of Funding Opportunity.

It is HRSA's expectation that if you are awarded under this notice you will begin or continue a collaborative relationship with other federally funded programs that support maternal health, to include:

- **HRSA's AIM program and AIM Community Care Initiative (CCI)**, where applicable. AIM CCI is developing maternal safety bundles and resources for use in community-based organizations across the country. AIM CCI has also developed a [Racial Equity Learning Series](#), a professional learning series to address racism's impact on maternal health and beyond, as well as a Clinical Community Integration Toolkit.
- **HRSA-funded Maternal Health Learning and Innovation Center (MHLIC)**. The MHLIC directly supports 21 HRSA-funded collaborating partners in 18 states and three rural regions with information and capacity-building resources.
- **Maternal Mortality Review Committee (MMRC)**. You are expected to collaborate with Your state's MMRC, where applicable, to understand leading causes of pregnancy-related deaths and inform prioritization of maternal health innovations and implementation efforts under this award.
- **Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) Program**. If your state or U.S. territory receives CDC funding for the ERASE MM Program, you will be expected to collaborate with the ERASE MM project team. The ERASE MM Program directly supports agencies and organizations that coordinate and manage MMRCs to identify, review, and characterize pregnancy-related deaths and to identify prevention opportunities,

HRSA recommends that award recipients collaborate with state perinatal quality collaboratives, of which CDC provides funding for the technical assistance through the National Network of Perinatal Quality Collaboratives (NNPQC). The NNPQC is funded to support state-based perinatal quality collaboratives in making measurable improvements in statewide health care and health outcomes for mothers and babies. State MHI award recipients are also encouraged to work closely with the CDC on any

efforts to advance Levels of Maternal Care (LoMC) and use of their Levels of Care Assessment Tool (LOCATe). In addition, HRSA recommends that award recipients collaborate with the Indian Health Service when supporting program implementation within tribal communities, and support CMS with the advancement of their Birthing Friendly hospital designation.

HRSA encourages recipients to incorporate telehealth services as a component of their project demonstrations, where appropriate. [The National Consortium of Telehealth Resource Centers \(TRCs\)](#) provides assistance, education, and information to organizations and individuals who are actively providing or interested in providing health care at a distance. Telehealth has been used successfully with pregnant and postpartum people to expand their access to essential services, information, and resources with text messaging, mobile applications, and private and secure video conferencing through smartphones, tablets, and computers with webcams. Telehealth can also address workforce gaps. For example, maternal telehealth programs currently support pregnant and postpartum people with accessing clinical health specialists for the screening and treatment of postpartum depression, remote pregnancy monitoring of gestational diabetes, nutrition counseling, and lactation support.

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

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

ii. **Project Narrative**

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

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

- **INTRODUCTION** -- Corresponds to Section V's Review Criterion #1 [Need](#)
Briefly describe the purpose of the proposed project that is consistent with Section I: [Purpose](#).
- **NEEDS ASSESSMENT** -- Corresponds to Section V's Review Criterion #1 [Need](#)
Outline the maternal health needs of the state. Describe and document the target population, its unmet health needs, and how those unmet health needs contribute to maternal mortality, SMM, and other maternal health outcomes. Use and cite demographic data whenever possible to support the information provided.
 - Identify and describe maternal health indicators at the state-level. Include the total number of live births; total number of pregnancy-related deaths; maternal or pregnancy-related mortality rate (per 100,000 live births); rate of SMM (per 10,000 deliveries); and other related maternal health measures (e.g., percentage of women with health insurance, median age at time of birth, rate of cesarean section deliveries, percentage of women who received a postpartum visit, percentage of women screened for postpartum depression) using the most recent data available, and identifying the year(s) of data used.
 - Describe the geographic and demographic disparities in maternal health indicators and the social determinants of health (SDOH), within the state.

- Describe the maternal health services landscape in the state with respect to access, distribution of providers, type of providers, and payer mix.
 - Describe any ongoing state-led initiatives to improve maternal health (e.g., Title V maternal health priorities or activities from the Title V action plan, activities to improve maternal health data through SSDI, State-led Perinatal Quality Collaborative, State MMRC, or other state-focused initiative to collect, analyze, and report maternal morbidity and mortality data).
 - Demonstrate knowledge of current innovative, evidence-informed strategies within the state to improve maternal health and reduce maternal mortality and SMM.
 - Describe existing efforts utilizing telehealth and telemedicine strategies to improve maternal health, if applicable.
 - Discuss any relevant barriers in the state that the project hopes to overcome.
 - Describe the current capacity to collect, report, and analyze high quality and timely data; and the state's current capacity to collect and report data on race, ethnicity, and social determinants to assess the impact of the program on health equity and health disparities.
- *METHODOLOGY -- Corresponds to Section V's Review Criteria #2 [Response](#) and #4 [Impact](#)*
 - Propose methods that you will use to address the stated needs to meet each of the previously described [Program Requirements and Expectations](#) in this NOFO.
 - Outline and discuss the maternal health data collection, analysis, and review process that will be used to gather requested state-level measures.
 - Specifically, outline the framework for and establishment of the state-focused MHTF, its membership, partnership goals, and how the MHTF will engage and support implementation of project activities.
 - If the work of the MHTF requires approval by a state-level government entity, include a letter of agreement from the entity as an attachment.
 - Outline the process for the development of the Maternal Health Strategic Plan (MHSP) and describe how the MHTF will be involved in implementing strategies.

- Provide Specific, Measurable, Achievable, Realistic, Time-bound, Inclusive, and Equitable (SMARTIE) objectives for each proposed project goal, as applicable.

Program Planning

- Describe plans to provide leadership as convener/collaborator in advancing state maternal mortality efforts.
- Describe plans to center health equity as an ongoing component of all program activities.
- Describe plans to include the input of pregnant and postpartum individuals with lived experiences in program development and implementation.
- Describe the various strategies and activities that the state will implement to achieve project goals. Include any innovative methods that you will use to address the stated needs.
- Describe plans for utilizing telehealth and telemedicine strategies to reduce maternal mortality and SMM, if applicable.
- Propose a plan for project sustainability after the period of federal funding ends.

Program Implementation & Collaboration

- Describe plans to assure alignment with and enhancement of existing State Title V MCH Block Grant maternal health efforts, as well as plans to avoid duplication of existing efforts.
- Describe plans to collaborate with the SSDI award recipient in your state to build data capacity and infrastructure.
- Describe the plans and activities that will be implemented to foster collaborative learning with traditional and non-traditional partners, including tribes/tribal organizations.

Maternal Health Data Capacity

- Describe plans to assure access to state/jurisdictional maternal mortality or pregnancy-related death data and other population health data related to maternal health.
- Discuss plans to disaggregate maternal health indicators and outcomes by maternal race/ethnicity, age, level of education, health insurance coverage, and geographic location (urban/rural).

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

Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section. Incorporate a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application. HRSA recommends that you submit a work plan in table format as Attachment 1 and include all of the information and activities detailed in the Project Narrative and Program Requirements and Expectations sections of the application.

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

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

If the applicant organization is a non-state entity, please discuss how coordination will occur between the award recipient and state agency involved in maternal health data collection. A letter of agreement should be included as Attachment 4.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 [Evaluative Measures](#) and #4 [Impact](#)*

- Describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project.
- Describe the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.
- Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes.

- Describe the data collection strategy to collect, analyze, and track data to measure process and impact, and explain how the data will be used to inform program development and implementation of program activities.
 - 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](#)**
 - Succinctly describe your organization's current mission and structure, the scope of current activities, and how these elements contribute to the organization's ability to conduct the program requirements and meet program expectations. Include a project organizational chart as *Attachment 5*.
 - Describe project personnel, including proposed partners that will be engaged to fulfill the needs and requirements of the proposed project. Include relevant training, qualifications, expertise, and experience of staff to implement and carry out this project. Include a staffing plan and job descriptions for key personnel in *Attachment 2*, and biographical sketches of key personnel in *Attachment 3*. The Staffing Plan (*Attachment 2*) should include a detailed staffing model that supports large-scale program implementation. The model should list staff titles, number of FTEs fulfilling the role, roles and responsibilities of each position.
 - Provide a list of proposed partners for the MHTF and identify partner roles and responsibilities for program implementation. Include letters of agreement (e.g., State Title V MCH Agency) and/or descriptions of proposed/existing project-specific contracts in *Attachment 4*.
 - Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.
 - Describe the organization's relationships to the State Title V MCHB Block Grant Program and demonstrate any collaborative commitments (*Attachment 4*) with the State Maternal and Child Health Title V Director (if the applicant is a non-state agency), organizations or individuals representing people who have experienced adverse pregnancy outcomes, and any other organization or entity with a focus on addressing maternal health (e.g., Healthy Start, state perinatal quality

collaboratives, state hospital association, professional organizations) with which you plan to partner, collaborate, coordinate efforts, or receive consultative services from, while conducting project activities.

- Describe the organization’s capacity to collect, analyze, and track data to measure process and impact, and explain how the data will be used to inform program development and implementation.

iii. **Budget**

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

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

As required by the Consolidated Appropriations Act, 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](#).

In addition, the State Maternal Health Innovation Program requires the following:

Provide a narrative that explains the amounts requested under each line in the budget. The 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 1–5). Line item information must be provided to explain the costs entered in the SF-424A. Be careful about how each item in the “other” category is justified. 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 and proof of non-profit status (if

applicable) 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](#). If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

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

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff, including staff who support data collection, reporting, and analysis, as applicable. Also include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in *Attachment 2*, not to exceed two pages in length 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 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal, beyond the membership of the Maternal Health Task Force. If the applicant organization is a non-state agency, you should include a letter of agreement from the State Maternal and Child Health Title V Director as Attachment 4. The letter of agreement should outline the state support, including providing access to state data and data systems. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

Attachment 5: Project Organizational Chart

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

Attachment 6: Tables, Charts, etc.

This attachment should give more details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 7: For Multi-Year Budgets--5th Year Budget

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B, which does not count in the page limitation; however, any related budget narrative does count. See Section 4.1.iv of HRSA's [SF-424 Application Guide](#).

Attachments 8–15: 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 when you have: an active federal award, an active application, or an active 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 registration, you must submit a notarized letter appointing the authorized Entity Administrator.

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

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

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

- System for Award Management (SAM) (<https://sam.gov/content/home> | [SAM 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 application due date under this NOFO is **June 2, 2023 at 11:59 p.m. ET**. HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Summary of emails from Grants.gov in HRSA's [SF-424 Application Guide](#), Section 8.2.5 for additional information.

5. Intergovernmental Review

The State Maternal Health Innovation program is subject to the provisions of [Executive Order 12372](#), as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than \$2,000,000 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 and 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 award 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 State Maternal Health Innovation 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 within the state:

- The maternal health indicators and outcomes;
- The state's most recent annual data on birth volume;
- The geographic and demographic disparities in maternal health indicators and SDOH;
- Factors that contribute to maternal mortality and SMM;
- The maternal health services delivery landscape, including available providers and payer mix;
- Current innovative, evidence-informed strategies to improve maternal health;
- Existing state-led maternal health initiatives;
- Existing efforts utilizing telehealth and telemedicine strategies to improve maternal health (if applicable);
- The state's current capacity to collect, report, and analyze high quality and timely data; and
- The state's current capacity to collect and report annually on maternal health indicators and outcomes that are disaggregated by maternal race/ethnicity, age, level of education, health insurance coverage, and geographic location (urban/rural).

Criterion 2: RESPONSE (32 points) – Corresponds to Section IV’s [Methodology](#), [Work Plan](#), and [Resolution of Challenges](#)

Methodology (15 points)

The extent to which the proposed project responds to the “Program Requirements and Expectations” included in the program description, as well as the stated needs outlined the Needs Assessment. Specifically:

- The extent to which the applicant’s proposed project responds to the “Purpose” section of the NOFO.
- The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the applicant’s description of activities that will be used during the period of performance, as outlined in the [Methodology](#) section, are adequate, reasonable, meaningful, and clearly depicted.
- The extent to which the strategies and activities described in the application are capable of addressing the problems outlined in the needs assessment, and are able to attain the project objectives. This includes the implementation of innovative methods that address the stated maternal health needs.
- The extent to which the applicant has described the framework for the MHTF, its membership, partnership goals, and how the partnership will engage and support implementation of project activities.
- The extent to which the applicant describes plans for utilizing telehealth and telemedicine strategies to reduce maternal mortality and SMM, if applicable.

Work Plan (7 points)

- The extent to which the applicant has proposed a work plan that is adequate, meaningful, and reasonable. The appropriateness and reasonableness of the timeline that includes each activity and responsible staff, and, as appropriate, identifies support and collaboration with key stakeholders.
- The extent to which the applicant describes plans and activities that will foster collaborative learning with traditional and nontraditional partners, including tribes/tribal organizations, if applicable.
 - The strength of the work plan’s proposed alignment and enhancement of existing State Title V MCH Block Grant maternal health efforts.
 - The extent to which the applicant is able to provide leadership as a convener/collaborator in advancing state maternal health efforts and includes plans to ensure consumers’ voices in planning, development and implementation of the work plan.

- The strength of the proposed work plan to assure access to state/jurisdictional maternal health data.
- The extent to which the applicant's proposed project is aligned with State Title V MCH efforts to improve maternal health, and identifies opportunities to help advance aspects of the State Title V MCH plans.
- The extent to which the applicant describes a plan to assure coordination of maternal health activities across the state.

Resolution of Challenges (10 points)

- The extent to which the applicant discusses challenges they might encounter in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges in a timely manner.
- If the primary applicant is a non-state entity, the extent to which the application demonstrates substantial coordination with the state's efforts, including state agency involvement in data collection and coordination, planning, execution, and evaluation of the proposed activities described in the work plan. A letter of agreement should be included as Attachment 4.

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

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

Specifically:

- The extent to which the applicant describes the systems and process that will support the organization's performance management requirements.
- The extent to which the applicant describes the data collection strategy to collect, analyze, and track data to measure impact.
- The extent to which the applicant describes potential obstacles for implementing the project performance evaluation, and their plan to address those obstacles.
- The extent to which the evaluation findings will inform progress towards project goals and objectives.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's [Methodology](#), [Work Plan](#), and [Evaluation and Technical Support Capacity](#)

The extent to which the proposed application effectively:

- Describes the public health impact.
- Discusses how the project will be effective, if funded.
 - This may include the effectiveness of plans for dissemination of project results, the impact results may have on the community or target population, the extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.
- Describes the extent to which the project is expected to improve maternal health and improve quality, validity, access to, and timeliness of maternal health data.

Criterion 5: RESOURCES/CAPABILITIES (23 points) – Corresponds to Section IV’s [Organizational Information](#)

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization and the quality and availability of resources to fulfill the needs and requirements of the proposed project, including following the approved plan, properly accounting for federal funds, and documenting all costs to avoid audit findings.

Specifically:

- The extent to which the applicant describes their organization’s mission, structure, and scope of current activities to improve maternal health, and the extent to which these components contribute to the organization’s ability to conduct the project activities and meet the project goals and expectations.
- The extent to which project personnel, including proposed partners, are clearly described, and whether they have sufficient training, qualifications, expertise, and experience to carry out the project.
- The extent to which the applicant provided a detailed staffing model that supports large-scale project implementation. The model should list staff titles (e.g., Program Director, Program Assistant, and Data Coordinator), number of FTEs fulfilling the role, and roles and responsibilities.
- The extent to which the applicant describes relationships to and demonstrates collaborative commitments (Attachment 4) from the State Maternal and Child Health Title V Director (as applicable), organizations or individuals representing people who have experienced adverse pregnancy outcomes, and any other organization or entity with a focus on addressing maternal health (e.g., Healthy Start, state perinatal quality collaboratives, state hospital association, professional organizations) with which they plan to partner, collaborate,

coordinate efforts, or receive consultative services from, while conducting project activities.

- The extent to which the applicant describes their organization’s capability to collect, analyze, and track data to measure process and impact, and explained how the data will be used to inform program development and implementation.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV’s [Budget and 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 costs, as outlined in the budget and required resources sections, are reasonable given the scope of the cooperative agreement.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

7. Review and Selection Process

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

8. 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 30, 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 award, 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/forproviders/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/forindividuals/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-englishproficiency/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/sexdiscrimination/index.html>.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated antidiscrimination 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 award-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 awards 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 Forms 1, 6, and 7; Life Course/Cross Cutting 1 (LC 1); Women’s/Maternal Health 1 – 4 (WMH 1, WMH 2, WMH 3, WMH 4); Core 3; Capacity Building 1, 3, and 8 (CB 1, CB 3, CB 8). 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 30, 2023 – September 29, 2028 <i>(administrative data and performance measure projections, as applicable)</i>	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	September 30, 2023 – September 29, 2024 September 30, 2024 – September 29, 2025 September 30, 2025 – September 29, 2026 September 30, 2026 – September 29, 2027	Beginning of each budget period (Years 2–5, as applicable)	120 days from the available date
c) Project Period End Performance Report	September 30, 2027 – September 29, 2028	Period of performance end date	90 days from the available date

- 2) **Progress Report(s)**. The recipient must submit a progress report to HRSA annually. More information will be available in the NOA.

- 3) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), 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:

Janene P. Dyson
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 443-8325
Email: JDyson@hrsa.gov

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

Sarah Meyerholz, MPH
Maternal and Women Health Branch
Division of Healthy Start and Perinatal Services
Attn: State Maternal Health Innovation Program
Maternal and Child Health Bureau
Health Resources and Services Administration
Phone: (301) 443-1702
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
Phone: 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

Phone: (877) 464-4772 / (877) Go4-HRSA

TTY: (877) 897-9910

Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

The EHBs login process is changing May 26, 2023 for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs will use **Login.gov** and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must create a Login.gov account by May 25, 2023 to prepare for the new login process. For step-by-step instructions on creating a Login.gov account refer to the [EHBs Wiki Help page](#).

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: Additional Information for Applicants

Please note that the following list of examples do not constitute a complete list of maternal health innovations currently being implemented by the State Maternal Health Innovation Program award recipients.

Examples of Potential Innovative Approaches to Improve Maternal Health Service Delivery:

1. Direct clinical care:
 - a. Convening a state advisory panel on innovative payment or service-delivery models for maternal care.
 - b. Facilitating implementation and adoption of maternal safety protocols in all state birthing facilities.
 - c. Identifying levels of maternal care for all birthing facilities using CDC's Levels of Care Assessment Tool (LOCATe).⁸
 - d. Establishing levels of maternal care designations and achieving Levels of Maternal Care (LoMC) verification.
 - e. Implementing innovative maternal health interventions for medically underserved communities.

2. Workforce Supports:
 - a. Building quality improvement capacity among birthing facility staff through implementation of the AIM program in all birthing facilities within the state.
 - b. Assessing state maternal health care providers to determine distribution of available providers and identify service area gaps.
 - c. Implementing obstetric emergency simulation trainings for clinical staff and first responders.
 - d. Conducting training for maternal health providers on mechanisms to address and improve maternal health (e.g., implicit bias training).
 - e. Creating a rural OB/GYN Residency training track focused on obstetrical care in rural settings for general practitioners.

⁸ <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/cdc-locate/index.html>

- f. Developing training materials and associated resources for community health workers focused on preventing obstetric emergencies and the maternal early warning signs and symptoms.
3. Maternal health data enhancements:
- a. Creating state-focused maternal health data dashboards to easily access and report on maternal health outcomes.
 - b. Developing SMM surveillance projects.
 - c. Conducting SMM case reviews with state data leads and clinical staff.
 - d. Creating state- and county-specific maternal health data briefs.
 - e. Tracking and data reporting on pregnant persons in relation to COVID-19 health status and outcomes.
4. Community engagement:
- a. Convening community coalitions to ensure consumer voices are reflected in the implementation of the strategic plan.
 - b. Creating and disseminating patient education tools and resources on the early maternal warning signs and symptoms of an obstetric emergency.
 - c. Implementing social media campaigns focused on maternal health lived experiences with near misses and/or maternal death.

Appendix B: Glossary of Key Terms

- Alliance for Innovation on Maternal Health (AIM): AIM is a national maternal safety and quality improvement initiative working to reduce preventable maternal mortality and severe maternal morbidity. AIM works through state and community-based teams to align national-, state-, and hospital-level quality improvement efforts to improve maternal health. Any hospital in a participating AIM state may join the growing and engaged AIM community of multidisciplinary health care providers, public health professionals, and cross-sector stakeholders who are committed to improving maternal outcomes in the U.S.
- 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.”⁹
- 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.
- Maternal Health Annual Report (MHAR): The purpose of the Maternal Health Annual Report is to share state-level data on maternal health, and provide recommendations aimed at reducing preventable maternal deaths. The MHAR will be used to share program plans and initiatives with policy leaders, maternal health stakeholders, and the general public.
- Maternal Health Learning and Innovation Center (MHLIC): MHLIC serves as the direct technical assistance provider for the current State MHI and RMOMS award recipients and other state-focused maternal health initiatives. Their goal is to foster collaboration and learning amongst a wide range of maternal health stakeholders

⁹ The Maternal and Child Health Bureau created this definition of health equity. It is a working definition that encompasses concepts of equity as reflected in the 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>.

and the general public to accelerate evidence-informed maternal health interventions.

- Maternal Health Strategic Plan (MHSP): A strategic plan is a document that outlines a systematic process for moving toward a vision in a manner that involves the development and prioritization of strategic goals along with measurable strategies and objectives. The MHSP is a plan to improve maternal health by addressing identified gaps and incorporating activities outlined the State Title V Needs Assessment. The Maternal Health Task Force is expected to develop the program's MHSP and assist with implementing strategies, with the expectation that the strategic plan will be a guiding document the Task Force uses to direct all Task Force activities. The MHSP should be aligned with the state's most recent comprehensive 5-year Title V Needs Assessment, as well as the most recent ongoing needs assessment that is updated on an annual basis, and consist of an action plan that reflects strategies to improve maternal health, addresses identified gaps, and translates knowledge and recommendations into practice.
- Rural Area: HRSA defines rural areas as all counties that are not designated as parts of metropolitan areas (MAs) by the Office of Management and Budget (OMB). In addition, HRSA uses Rural Urban Commuting Area Codes (RUCAs) to designate rural areas within MAs. This rural definition can be accessed at <https://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx>. If the county is not entirely rural or urban, follow the link for "Check Rural Health Grants Eligibility by Address" to determine if a specific site qualifies as rural based on its specific census tract within an otherwise urban county.
- Underserved Area: HRSA defines underserved areas by the following terms: a Health Professional Shortage Area (HPSA); a Partial Health Professional Shortage Area; a Medically Underserved Area/Population (MUA/P); or a Partially MUA/P.
 - Updated HPSAs and Medically Underserved Areas/Populations (MUA/Ps) are accessible through the HPSA Find, <https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>, and MUA/P Find tools, <https://datawarehouse.hrsa.gov/tools/analyzers/muafind.aspx>, within the HRSA Data Warehouse, <https://datawarehouse.hrsa.gov/topics/shortageAreas.aspx>.
- Telehealth: the use of electronic information and telecommunications technologies to support and promote, at a distance, health care, patient and professional health-related education, health administration, and public health. Telehealth can be an important tool for delivering services and resources to HRSA's target populations. You are strongly encouraged to use telehealth in your proposed service delivery

plans when feasible or appropriate. Additional information on telehealth can be found at [Telehealth.hhs.gov](https://www.telehealth.hhs.gov).

Appendix C: 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.)	<i>My attachment = ___ pages</i>
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	<i>My attachment = ___ pages</i>
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 1: Work Plan	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 2: Staffing Plan and Job Descriptions for Key Personnel	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 3: Biographical Sketches of Key Personnel	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or contracts	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 5: Project Organizational Chart	<i>My attachment = ___ pages</i>

Standard Form Name <i>(Forms themselves do not count against the page limit)</i>	Attachment File Name <i>(Unless otherwise noted, attachments count against the page limit)</i>	# of Pages <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
Attachments Form	Attachment 6: Tables, Charts, etc.	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 7: 5 th Year Budget	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 8: Indirect Cost Rate Agreement (Does not count against the page limit)	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 9:	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 10:	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 11:	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 12:	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 13:	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 14:	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 15:	<i>My attachment = ___ pages</i>
Project Narrative Attachment Form	Project Narrative	<i>My attachment = ___ pages</i>
Budget Narrative Attachment Form	Budget Narrative	<i>My attachment = ___ pages</i>
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.
Page Limit for HRSA-23-108 is 55 pages		My total = ___ pages