U.S. Department of Health and Human Services

HRSA

Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Maternal and Child Health Bureau

Division of Healthy Start and Perinatal Services

Healthy Start Initiative – Enhanced

Funding Opportunity Number: HRSA-23-130

Funding Opportunity Type(s): New

Assistance Listings Number: 93.926

Application Due Date: July 17, 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: May 17, 2023

MODIFIED June 7, 2023: See next page for details

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See Section VII for a complete list of agency contacts.

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

508 COMPLIANCE DISCLAIMER

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

JUNE 7, 2023 MODIFICATION DETAILS

- Pages 9 and 29 – Clarified that calculations for the infant mortality rate and number of infant deaths, low birthweight rate and number of low birthweight births, and preterm birth rate and number of preterm births are based upon the **target population** within the project area and not the project area as a whole.
- Pages 10 and 30 – Clarified that if the combined 2018–2020 number of infant deaths are less than (<) 30 applicants should not use the infant mortality rate to demonstrate need. Instead use data requested for low birthweight or preterm birth.
- Page 13 – Corrected a typographical error. The correct phrase is "social connections".
- Page 19 – Removed the option in *NEEDS ASSESSMENT* to provide data from 2019–2021 to demonstrate need. Data should be from 2018–2020.
- Page 25 – Clarified that data for the requested perinatal indicators by county is available on HRSA's Maternal and Infant Health Mapping Tool - https://data.hrsa.gov/maps/mchb/.
- Page 34 – Corrected the percentage of women entering prenatal care in the first trimester.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2023 Healthy Start Initiative – Enhanced (HSE). The purpose of HSE is to improve health outcomes before, during, and after pregnancy and reduce the well-documented racial/ethnic differences in rates of infant death and adverse perinatal outcomes. HSE has two focus areas: 1) providing direct and enabling services (e.g., screening and referrals, case management, care coordination, health and parenting education, and linkage to clinical care) to enrolled HSE participants; and 2) convening Community Consortia (formerly known as Community Action Networks or "CANs") comprised of diverse-multi-sector partners that advise and inform HSE activities, as well as to develop and implement action plans to improve perinatal outcomes within the project area. HSE has an increased emphasis on addressing social determinants of health in order to improve disparities in maternal and infant health outcomes. The

program provides recipients with increased flexibility to customize interventions to meet the unique needs of their community.

Funding Opportunity Title:	Healthy Start Initiative - Enhanced (HSE)
Funding Opportunity Number:	HRSA-23-130
Due Date for Applications:	July 17, 2023
Anticipated FY 2023 Total Available Funding:	$11,000,000
Estimated Number and Type of Award(s):	Up to 10 grants
Estimated Annual Award Amount:	Up to $1,100,000 per award per year
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. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

HRSA has scheduled the following technical assistance:
Webinar

Day and Date: Wednesday, June 7, 2023

Time: 1:00 p.m. ET

Weblink: https://hrsa-gov.zoomgov.com/j/1603699813?pwd=S25SUFUvWitIdmNmVFRZK09aNmJIQT09

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

Dial-in Toll-Free #: 1-833 568 8864
Meeting ID: 160 369 9813
Passcode: 85581825

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

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Healthy Start Initiative - Enhanced (HSE) Program. The purpose of HSE is to improve health outcomes before, during, and after pregnancy and reduce the well-documented racial/ethnic differences in rates of infant death and adverse perinatal outcomes.[1,2,3] HSE is intended to support projects in diverse communities and populations (e.g., rural, urban, non-Hispanic Black, American Indian/Alaskan Native [AI/AN]) experiencing the greatest disparities in maternal and infant health outcomes.

HSE has two focus areas: 1) providing direct and enabling services (e.g., screening and referrals, case management and care coordination, health and parenting education, and linkage to clinical care to enrolled HSE participants; and 2) convening Community Consortia comprised of diverse multi-sector partners that advise and inform HSE activities and develop and implement plans to improve perinatal outcomes within the selected project area. HSE has an increased emphasis on addressing social determinants of health in order to improve disparities in maternal and infant health outcomes. The program also provides recipients with increased flexibility to customize interventions to meet the unique needs of their target population.

The goals of HSE are to:

1. Continue reducing infant mortality rates (IMR) in the U.S., and
2. Decrease disparities in infant mortality (IM) across racial/ethnic groups by achieving steeper declines for groups with the highest infant mortality rates (e.g., non-Hispanic Black and AI/AN infants).

HSE projects should be implemented in communities experiencing high rates of maternal and infant mortality and morbidity that do not already have access to Healthy Start Services. Successful HSE projects will implement program activities in new[4]

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[1] https://www.cdc.gov/nchs/data/nvsr/nvsr71/nvsr71-05.pdf
[2] https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality-rates-2020.htm
[3] https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Freproductivehealth%2Fmaternalinfanthealth%2Fpregnancy-mortality-surveillance-system.htm
[4] The proposed project area for an HSE project cannot already be served by a recipient of the Healthy Start Initiative: Eliminating Disparities in Perinatal Health (HRSA-19-049). A list of zip codes served by recipients of HRSA-19-049 can be found in Appendix E.

project areas and accomplish the following objectives during the 5-year period of performance:

Direct and Enabling Services for HSE Participants

- Increase receipt of case management and care coordination to facilitate access to medical care and community-based resources.
- Increase uptake of healthy behaviors before, during, and after pregnancy.
- Increase use of safe infant care practices.

Community Consortium

- Convene diverse, multi-sector state, local, and community level partners, including HSE participants and other community members, that will:
- Advise and inform strategies for providing direct and enabling services to HSE participants.
- Develop cross-sector partnerships to ensure access for HSE participants to coordinated, comprehensive maternal, child, and family medical care; health and parenting education; and community-based resources that address social determinants of health within the project area.
- Participate in Communities of Practice with other HSE projects to develop and implement a strategic plan for the community that focuses on at least one social determinant of health.

For more details, see Program Requirements and Expectations.

2. Background

Authority

The Healthy Start - Enhanced program is authorized by 42 U.S.C. § 254c-8 (Title III, § 330H of the Public Health Service Act).[5] The purpose of the Healthy Start program is to reduce the rate of infant mortality and improve perinatal outcomes. In FY 2023, the Joint Explanatory Statement accompanying the Consolidated Appropriations Act of 2023 (P.L. 117-328) identified Healthy Start funding "to support a new targeted expansion of an enhanced Healthy Start program model" that, as described in the President's Budget, aims to reduce racial disparities in maternal and infant health outcomes, such as maternal and infant mortality, low birthweight, preterm birth, and other perinatal health risks. In addition, Healthy Start - Enhanced will address the unique social and environmental factors that contribute to disparities in outcomes for mothers and infants.

[5] 42 USC 254c-8: Healthy start for infants (house.gov)

Infant Mortality, Perinatal Health and Social Determinants of Health

Approximately four million births occur each year in the U.S.[6] While most women have a safe pregnancy and deliver a healthy infant, there are persistently higher rates of infant mortality and maternal morbidity among Black and American Indian/Alaska Native populations. The highest infant mortality rates in the country are among Black infants and AI/AN infants (10.38 and 7.68 infant deaths per 1,000 live births in 2020, respectively) with rates that are significantly higher that of Whites (4.40 infant deaths per 1,000 live births in 2020).[7]

Excess non-Hispanic Black and non-Hispanic AI/AN infant deaths are those that occur due to higher mortality rates relative to non-Hispanic White infants, and can be referred to as deaths attributable to disparity or deaths that need to be prevented to achieve equity. Each year, approximately 3,500 more infant deaths occur due to higher mortality rates among non-Hispanic Black and non-Hispanic AI/AN infants than White infants[8].

Inequities in access to health promoting resources such as education, employment and health care contribute to racial/ethnic disparities in perinatal health and infant death. Research suggests a correlation between individual outcomes and health disparities across racial groups, indicating that they are shaped by interpersonal, institutional, community and policy factors such as racism, providers' cultural competence, access to quality health care, neighborhood quality, and economic and housing opportunities.[9] Several social determinants of health frameworks (e.g., National Birth Equity Framework,[10] Vital Conditions for Well-Being,[11] and Healthy People 2030[12]) have been developed to help communities, medical and public health professionals, and others better understand and address the multiple factors that contribute to disparate health outcomes.

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[6] https://www.cdc.gov/nchs/fastats/births.htm

[7] https://www.cdc.gov/nchs/data/nvsr/nvsr71/nvsr71-05.pdfhttps://www.cdc.gov/nchs/data/nvsr/nvsr71/nvsr71-05.pdf

[8] **Excess Infant Deaths** is a statistical term used in public health to refer to infant deaths that occur due to higher mortality rates than non-Hispanic White infants and can be referred to as deaths attributable to disparity or deaths that need to be prevented to achieve equity in infant mortality rates. Excess deaths are calculated by multiplying excess death rates by the number of births (e.g., [Black IM rate – White IM rate] X Black births).

[9] National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on Community-Based Solutions to Promote Health Equity in the United States; Baciu A, Negussie Y, Geller A, et al., editors. Communities in Action: Pathways to Health Equity. Washington (DC): National Academies Press (US); 2017 Jan 11. 3, The Root Causes of Health Inequity. Available from: https://www.ncbi.nlm.nih.gov/books/NBK425845

[10] https://www.marchofdimes.org/professionals/mom-and-baby-action-network.aspx

[11] https://winnetwork.org/vital-conditions

[12] https://health.gov/healthypeople/priority-areas/social-determinants-health

The Healthy Start Initiative

Since its start as a demonstration project in 1991, the Healthy Start program has provided grants to communities with infant mortality rates at 1.5 times the U.S. national average and high rates of other adverse perinatal outcomes (e.g., low birthweight, preterm birth, maternal morbidity and mortality). The purpose of Healthy Start is to reduce infant mortality rates and improve perinatal outcomes by focusing on project areas with high or growing above the national average annual rates of infant mortality. Healthy Start uses a community-based approach to delivering direct and enabling services that facilitate access to health care and community services. By statute, the program focuses on addressing factors that contribute to infant mortality – such as low birthweight, preterm birth, and social determinants of health -- as well as communities with high rates of infant mortality or high rates of other adverse infant health outcomes in specific subpopulations within the community. As such, Healthy Start works to eliminate the disparity in health status between the general population and individuals who are members of racial or ethnic minority groups.

In the most recent program evaluation, Healthy Start participants were shown to have positive outcomes related to several program goals, including earlier and more frequent prenatal care, greater engagement in infant safe sleep practices, and lower rates of low birthweight infants. Healthy Start participants also met or exceeded targets with respect to having a usual source of health care and having been screened for depression. For more information, see: https://mchb.hrsa.gov/programs-impact/healthy-start.

In FY 2022, the Healthy Start program launched the Catalyst for Infant Health Equity program to implement interventions to accelerate the reduction of infant mortality disparities and excess infant deaths. Nine awards were made to entities with existing action plans addressing social determinants of health that contribute to disparities in infant mortality, with the majority of award recipients focusing on non-Hispanic Black infants and the Healthy People 2030 goal related to Health Care Access and Quality. For a list of award recipients, see: Catalyst for Infant Health Equity Program Fiscal Year 2022 Awards | MCHB (hrsa.gov)

About HRSA's Maternal and Child Health Bureau

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

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

Goal 2: Achieve health equity for MCH populations

Goal 3: Strengthen public health capacity and workforce for MCH

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

This program addresses MCHB's goals to assure access to high quality and equitable health services to optimize health and well-being for all MCH populations. To learn more visit Mission, Vision, and Work | MCHBhttps://mchb.hrsa.gov/about-us/mission-vision-work.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately $11,000,000 to be available annually to fund up to 10 recipients. You may apply for a ceiling amount of up to $1,100,000 (reflecting direct and indirect costs) per year.

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 HSE program in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

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

Recipients of Healthy Start Initiative: Eliminating Disparities in Perinatal Health (HRSA-19-049)[13] are only eligible to apply for this grant if a new project area, not currently funded by your existing grant, is proposed. If overlapping areas are proposed, your application will be deemed ineligible and not considered. This provision ensures that new communities with the highest rates of maternal and infant mortality and morbidity

[13] For a complete list of current grantees please see Appendix E.

that do not already have access to Healthy Start services are reached by this program.

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

Multiple Applications

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

IV. Application and Submission Information

1. Address to Request Application Package

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

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-23-130 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 of uploaded attachment pages that count against the page limit shall be no more than the equivalent of **60 pages** when printed by HRSA. 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 in the page limit

- Standard OMB-approved forms included in the workspace application package
- Abstract (standard form (SF) "Project_Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)
- The 5th year budget **does not** count in the page limit.

If there are other items that do not count against the page limit, we'll make this clear in Section IV.2.vi Attachments.

If you use an OMB-approved form that is not included in the workspace application package for HRSA-23-130 it may count against the page limit. We recommend you only use Grants.gov workspace forms related with this NOFO to avoid exceeding the page limit.

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-23-130 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 9-15: 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

Project Area and Target Population

Healthy Start – Enhanced (HSE) applicants are expected to define their project area and target population using the criteria outlined below. You are expected to include information requested under "Project Area Proposed to be Funded" and "Factors Demonstrating Need for the Target Population" in Attachment 1 – (Project Area, Map of the Project Area with a List of Zip Codes, and Target Population).

Project Area Proposed to be Funded

- A project area is defined as a geographic area where the proposed HSE services will be implemented. HSE project areas are expected to be communities experiencing rates of infant mortality that are 1.5 times the national average or greater and that do not already have access to Healthy Start Services.
- You should identify your organization as serving an urban[14] or rural[15] project area. Use the Rural Health Grants Eligibility Analyzer to determine whether your project is urban or rural https://data.hrsa.gov/tools/rural-health. Note that this calculation is made based upon the population density of your project area.
- A map of the proposed project area and a list of zip codes within the project area should be included in the application (Attachment 1). If you are proposing to serve a portion of a county or zip code, you are expected to define the borders of your project area using street names or census tracts.
    - A project area (i.e., your catchment area) might consist of a group of zip codes or portions of zip codes if it is an urban project. For a rural project, a project area might be a combination of counties (or portions of counties or zip codes). The counties or zip codes in your project area do not need to be contiguous and cannot be served by another Healthy Start-funded project.

Overlapping Project Areas

- If two applications receiving a fundable score propose to serve the same project area in full, HRSA will only consider the highest scoring application. If part of your

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[14] **Urban** – Territory, population, and housing units located within an urbanized area (UA) or an urban cluster (UC), which has: a population density of at least 1,000 people per square mile; and surrounding census blocks with an overall density of at least 500 people per square mile.
[15] **Rural** – To determine whether the Census tract or County for your proposed project area is defined as a rural area, visit the webpage Rural Health Grants Eligibility Analyzer and enter the project area address. Link: https://data.hrsa.gov/tools/rural-health https://data.hrsa.gov/tools/rural-health

project area overlaps with a project area proposed by another applicant, you must establish that there will be no overlap of population served or duplication in services provided as detailed below.

- This includes recipients funded through HRSA-19-049 (a list of HRSA-19-049 recipients' project areas by zip code can be found in Appendix E) and/or this funding opportunity (HRSA-23-130). Please note the following exceptions:
    - AI/AN Primary Target Population - Two applicants/recipients can propose to serve the same project area if the AI/AN population is the primary target population for one but not both of the two projects (a list of HRSA-19-049 recipients whose primary target population is AI/AN is available in Appendix E). If two applicants propose the same project and the AI/AN population is the primary target for both, then only the highest scoring application will be considered.
    - Part of Your Project Area Overlaps with a Project Area Proposed by Another Applicant of HRSA-23-130.[16] If you and the other applicant receive fundable scores, HRSA will notify you and ask you to develop a Memorandum of Agreement (MOA)/Memorandum of Understanding (MOU) with the other recipient. The MOA/MOU should elaborate what areas/roles each entity will take up to ensure there is no overlap of population served or duplication in services by:
        a. Describing the need for multiple HSE/HS recipients within the project area, including the distinct populations served and services provided by multiple HSE/HS recipients.
        b. Defining each applicant's boundaries within the proposed project area using zip codes, street names, and/or or census tracts, demonstrating that there will be no overlap in populations served and services provided.
        c. Outlining partnership responsibilities for outreach, recruitment, and referrals demonstrating that there will be no overlap in populations served and services provided.

Factors Demonstrating Need for the Target Population

The target population is the population that you will serve within your project area. **It should be the population with the highest rate of infant deaths (i.e., IMR).**

Your **target population** within your proposed project area should meet the following criteria:

[16] HRSA will use zip codes, street names, and/or census tracts provided by the applicant to determine project area overlaps.

- Use verifiable, vital statistics[17] data for your project area.
- You may not use state level data.
  1. The 2018 through 2020 combined 3-year IMR[18] should be equal to or more than 8.3 deaths per 1,000 live births (1.5 times the national average) AND there should be 30 or more infant deaths in the target population during the 3-year period, 2018 through 2020.
  2. If the combined 2018 through 2020 number of infant deaths are less than (<)30, **do not use the IMR. To be eligible one of the following should be met:**
     a. The 2018 through 2020 3-year low birth weight rate is equal to or more than 12.5 percent (1.5 times the national average) **AND** there should be 90 or more low birth weight births in the target population during the 3-year period, 2018 through 2020.

     OR

     b. The 2018 through 2020 preterm birth rate is equal to or more than 15.2 percent (1.5 times the national average) **AND** there should be 90 or more preterm births in the target population during the 3-year period, 2018 through 2020.
- HSE projects are expected to have the necessary partnerships (e.g., Title V, health centers, community non-profits), curricula, evidence-based/evidence-informed, and/or scientific information to implement high quality direct and enabling services addressing the main drivers of infant mortality and disparities in perinatal outcomes within the project area.
- In addition to leading Community Consortium activities, HSE projects are expected to take on a leadership role at the local, state, or regional level by participating in committees, projects or initiatives aimed at improving maternal, infant and child health outcomes. Recipients are encouraged to participate in Fetal Infant Mortality Reviews, Maternal Morbidity and Mortality Reviews or Perinatal Periods of Risk analysis.
- HSE staff (at all levels of the program) should be reflective of the communities they serve and have the training and supervision necessary to address the unique needs of individuals and communities. HSE projects are also expected

[17] Vital statistics include records of births, deaths and fetal deaths. They also record information about the cause of death, or details of the birth. There are 57 vital registration jurisdictions in the U.S.: 50 states, 5 territories (Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, Northern Mariana Islands), the District of Columbia, and New York City.

[18] Infant deaths per 1,000 live births over 3 years

to have processes in place to support staff retention. Please see [Strengthening the Maternal Infant Early Childhood Home Visiting Workforce: A Checklist for Staff Recruitment and Staff Retention] as a resource.

Direct and Enabling Services for HSE Participants

HSE direct and enabling services should be customized to meet the needs of the project area. Program activities should focus on the target population, which is the group with the highest IMR within the project area. Strategies should be culturally responsive and linguistically appropriate.

Types and Intensity of Services

The following activities are expected of all HSE projects:

1. **Conduct outreach, recruitment, and retention efforts** to engage and retain residents of the project area in services that focus on identifying and providing HSE services to mothers/women[19] of reproductive age, fathers/partners,[20] and families experiencing the highest rates of infant mortality and other adverse maternal and infant health outcomes within the project area. It is expected that you will use varied outreach and recruitment strategies to target HSE services to the following groups within the project area:

    - Pregnant, preconception and interconception women.
    - Fathers/partners who have a pregnant partner, infant(s), and/or child(ren) less than 18 months old.

    HSE projects are also expected to implement strategies and activities to retain enrolled participants for up to 18 months postpartum. This can include using incentives (e.g., diapers, gift cards, etc.).

2. **Implement a continuum of services that meet the unique needs of HSE participants and communities.** It is expected that HSE projects have processes for identifying which services and intensity of support best meet the needs and interests of participants. At a minimum all HSE sites should offer the following types of services:

    - Health promotion and education

[19] For the purposes of brevity this NOFO will primarily use the term women to describe preconception, pregnant and interconception HSE program participants. The intent is to be inclusive of individuals who are transgender, non-binary or gender-expansive.
[20] Partners who are caregivers to infants and children up to 18 months old.

- Preventative screening services and prenatal care (e.g., providing and/or contracting for wellness visits, prenatal/postpartum care and screening for maternal depression, intimate partner violence, sexually transmitted infections, diabetes, hypertension etc.)
- Referrals and linkages to clinical care and support services addressing social determinants of health (SDOH) using high touch support and warm hand-offs
- Navigation support to retain participants in clinical care and maintain connection to services addressing SDOH (this can include case management and/or care coordination described in more detail below).

No single organization can meet the clinical and/or support needs of all participants. Therefore, it is essential that HSE sites develop and maintain a robust network of culturally responsive referral partnerships that include but are not limited to Title V programs, health care providers, mental health services, doulas, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), education and vocational training programs and organizations addressing housing and food insecurity.

3. **Provide case management/care coordination services for women of reproductive age and fathers/partners**. HSE projects should provide family-centered, strength-based case management/care coordination for enrolled participants. Case management is a process of developing and executing a plan for an individual to access medical care, community-resources and education by advocating, guiding and coordinating services and supports. Care coordination organizes and aligns participant care by sharing information and individual family preferences to eliminate duplication and increase efficiency and effectiveness. For additional guidance on the essential components of case management/care coordination, please review the Healthy Start Case Management/Care Coordination guidance available online.

   All HSE participants enrolled in case management/care coordination services should also receive health/parenting education.

   Number Served Through Case Management/Care Coordination:

   - HSE projects are expected to provide case management/care coordination to a minimum of 450 participants annually. A minimum of 225 participants should be pregnant women. The remaining 225 participants may be any combination of:
     - Pregnant women;
     - Preconception women;
     - Interconception women of reproductive age;

- Fathers/partners with a pregnant partner or who have an infant or child younger than 18 months of age or who are a current or former partner of an enrolled participant;
- Infants/children from birth to 18 months of age.

- Out of the 450 participants who receive case management/care coordination, a minimum of 50 percent should be from your proposed target population, which is the population with the highest IMR in your project area.

  Note that HSE projects are expected to complete Healthy Start data collection forms and collect benchmark data for HSE participants enrolled in case management/care coordination.

4. **Provide group-based health and parenting education classes.**[21] In addition to providing case management/care coordination to 450 enrolled participants, HSE projects must provide group-education to a minimum of 200 individuals (e.g., mothers/women of reproductive age and/or fathers/partners) annually. HSE programs are encouraged to implement strategies that reduce barriers to attending group-based education sessions (e.g., providing child care and transportation) and create opportunities for participants to develop peer-to-peer social support.

   Group-based education classes should be facilitated by a knowledgeable HSE staff member, contractor or subject matter expert. Classes should be interactive with opportunities for participants to ask questions, discuss topics and share experiences. HSE projects are encouraged to organize group education classes in cohorts with multiple, successive sessions so that participants have the ability to develop social connections and have a reliable, ongoing source of support and information.

5. **Provide health promotion, education, and prevention activities aimed at increasing family health and wellness and promoting optimal perinatal health outcomes.** It is expected that:

   - HSE projects must offer individual and group-based health and parenting education to all 450 HSE participants enrolled in case management/care coordination and the 200 participants attending group-based education annually.

   Health promotion and educational information is delivered through multiple modalities to best meet the unique needs of participants and families. HSE projects should consider strategies that reduce barriers to accessing health promotion and

[21] Group-Based Education- HSE projects report a non-duplicated count of numbers served through group-based education. Healthy Start data collection forms are not required for group-based participants.

educational information. For example, meeting with participants in the home and virtually or providing child care at group-based educational sessions.

6. **Ensure HSE participants have access to preventive health services, behavioral health care, and other specialty services.**[22]

    - HSE projects must deliver prenatal care and other preventive health services and/or have partnerships and referral procedures for ensuring participants receive clinical and behavioral health services from other entities within the project area. If services are unavailable within the project area, HSE awardees must have plans for transportation and other supports to ensure services are delivered. Prenatal and preventive health services must be operational within 90 days of grant award.

    - It is expected that all grantees provide clinical services to HSE participants.[23] Successful applicants will be expected to dedicate 10 percent of their award to support nurse practitioners, certified nurse midwives, physician assistants, behavioral health specialists, and other maternal-child advance practice health professionals dedicated to HSE projects. As a part of the 10 percent, funds may also be used to support health educators by having clinical staff conduct trainings on associated topics, such as Maternal Early Warning Signs.

    - Applicants are strongly encouraged to consider community-based doulas as members of HSE participant care teams.

Health Promotion Topics

It is expected that HSE projects address the following health promotion topics: preventive health services, behavioral health and wellness, infant care and parenting, and access to community-based resources and benefits. More details on these four topics and what should be covered can be found in Appendix C.

<u>Community Consortia</u>

Community Consortia (formerly known as Community Action Networks or “CANs”) are intended to bring together various representatives across the community to address pressing issues and needs that may lead to poor perinatal health outcomes.

- **Establish a Community Consortium within 3 months of the start of the HSE project period.** It is expected that post-award a minimum of 25 percent of

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[22] Examples of preventive health services, behavioral health care and other specialty services include: well-woman health visits, prenatal/postpartum care, primary care, nutrition counseling, mental health services and tobacco cessation.
[23] Note that $15 million of the total FY23 HS funding is intended to support clinical services within all grants funded through this program, including HSE projects.

Community Consortium members are enrolled HSE participants and women of reproductive age, mothers, fathers or partners and other people with lived experience living in the project area. It is expected that the Community Consortium will have representation from Title V, public health departments, hospitals, health centers under section 254b, State substance abuse agencies, and other significant sources of health care services. Other categories of partners can include: community leaders, representatives from service agencies, community-based organizations; state/non-profit organizations/faith-based organizations addressing housing, employment, education, transportation, and health care.[24]

- The HSE project is expected to hire or contract with a Community Consortium Coordinator from, and representative of, the community being served. The Community Consortium Coordinator will oversee the development and implementation of the plan described below.
- As a best practice, the Community Consortia chair or co-chair should be a current or former Healthy Start participant.

- **Advise and inform the planning and implementation of HSE direct and enabling services**.
- **Develop and submit a Community Consortium plan to address SDOH by June 30, 2024.** Plans should go beyond solely addressing barriers to clinical care and improving the local system of care. They should address the environmental, social, and economic conditions that contribute to disparities in perinatal outcomes. Plans are expected to be based upon the results of a community needs assessment and environmental scan that identifies and prioritizes SDOH causes of disparities in perinatal outcomes in the project area. The plan is expected to:
  - Describe strategic partnerships and strategies to address the “upstream factors” and unique SDOH contributing to disparities in perinatal outcomes within the project area.
  - Include a minimum of five performance measures corresponding to plan activities. Examples of performance measures include:
    - Increase access to nutritious foods by ensuring X percent of eligible residents of the project area are enrolled in WIC;

[24] In making grants under subsection (a), the Secretary shall require that applicants (in addition to meeting all eligibility criteria established by the Secretary) establish, for project areas under such subsection, community-based consortia of individuals and organizations (including agencies responsible for administering block grant programs under title V of the Social Security Act [42 U.S.C. 701 et seq.], participants and former participants of project services, public health departments, hospitals, health centers under section 254b of this title, State substance abuse agencies, and other significant sources of health care services) that are appropriate for participation in projects under subsection (a).

- Increase access to prenatal care by coordinating X centering groups within less than a X minute walk from public transportation;
- Increase access to employment opportunities by increasing the General Educational Development test completion rate in project area by X percent.

- The Community Consortium should regularly report out/disseminate information to community members and partners on the implementation of the HSE project overall, the plan and progress made towards achieving goals/objectives of the plan.

  NOTE: No appropriated funds may be expended by the recipient of a Federal contract, grant, loan, or cooperative agreement to pay any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with any of the following covered Federal actions: the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

- **Begin implementation of the plan to address SDOH by September 29, 2024.**
- **Participate in HSE Community Consortia Community of Practice activities through the Healthy Start Technical Assistance and Support Center.** These activities may focus on peer support across HSE projects, sharing of best practices in partnership engagement, plan implementation, and creation of new knowledge.

  HSE Community Consortium Coordinators are expected to participate in focused learning communities such as community of practice, peer support, webinars and in-person meetings on SDOH topics such as housing, food insecurity, and transportation, and racism or discrimination. Examples of performance metrics include:

  - Number of promising practices identified addressing SDOH topics
  - Number of Community Consortium participants engaged in focused learning opportunities.

- The Community Consortium Coordinator may invite community partners to engage in select Community of Practice activities.

Performance Monitoring and Evaluation

1. Data Collection and Performance Monitoring of Direct and Enabling Services

Healthy Start Benchmarks

Awardees will report annually on progress toward achieving the 10 HS benchmark goals and final year outcomes (please see Appendix D for the complete list of HS benchmarks). Failure to ensure compliance with reporting requirements once an award is made may result in further actions or conditions during post-award monitoring (see 45 CFR § 75.371 Remedies for noncompliance).

Objectives and Performance Measures

The application should include baselines for all HS benchmarks in the work plan. When utilizing baseline data, you should document the date of the source. If baseline data sources are older than 2019, please explain why more current estimates are not available. If percentages are used, the relevant numerators and denominators should be provided.

Standardized Healthy Start Data Collection Forms

Your program is expected to use the standardized HS data collection forms for collection of universal participant-level data elements. Your program should ensure organizational approvals are in place (e.g., Institutional Review Board) in order to be ready and able to report on data collected through the forms on a quarterly basis via the Healthy Start Monitoring and Evaluation Data System (HSMED).

2. Quality Improvement

Your program is expected to engage in quality improvement (QI) efforts informed by participant-level, program-level, and community-level data. QI is a process of systematic and continuous actions that lead to measurable improvement, particularly around health care services and the health status of the targeted population

You are encouraged to access technical assistance on QI from the Healthy Start Technical Assistance and Support Center. It is expected that your program will identify opportunities for QI related to your activities, services, and supports, as well as for the overall program. After your program reports its first year of HS benchmark data you are expected to work with HRSA staff and the Supporting Healthy Start Performance Project to develop a QI plan to improve performance on specific HS benchmarks and/or address data collection challenges.

Evaluation

Program Evaluation

The awardee should monitor impact, ongoing processes, and the progress towards the goals and objectives of the project. Your HSE program should continue to refer to the needs assessment findings throughout the period of performance and monitor progress to identify opportunities for QI. A final program evaluation and performance monitoring plan will be required 12 months after the award is made. A description of progress to implement the program evaluation and performance monitoring plan will be due annually, when submitting your annual non-competing progress report.

National Evaluation

Acceptance of grant funding reflects agreement on the part of the grantee, if selected, to participate fully in the national evaluation of the program.

Program-Specific Instructions

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

i. *Project Abstract*

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

NARRATIVE GUIDANCE

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

Narrative Section	Review Criteria
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response

Narrative Section	Review Criteria
Evaluation and Technical Support Capacity	(3) Evaluative Measures
Organizational Information	(5) Resources/Capabilities
Budget and 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*

  Provide all of the following information in Attachment 1:

  Briefly describe the purpose of the proposed HSE project and your project area (i.e., geographic area where the proposed HSE services will be implemented). Indicate whether you are serving an urban or rural project area. Use the Rural Health Grants Eligibility Analyzer to determine whether your project is urban or rural https://data.hrsa.gov/tools/rural-health. Note that this calculation is made based upon the population density of your project area.

  Include a map of the proposed project area and a list of counties and zip codes within the project area. If you are proposing to serve a portion of a county or zip code, you must define the borders of your project area using street names or census tracts.

  As described in the Program Requirements and Expectations, include a statement indicating whether or not, to the best of your knowledge: 1) your project area overlaps with a project area of a recipient funded through HRSA-19-049.

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

  For consistency across applications, use data from 2018 through 2020 (3-year average). Include all of the following information in Attachment 1.

Describe the target population that you will serve within the project area (it should be the population with the highest IMR). Indicate if AI/AN is the primary target population.

- For the target population within your proposed project area, provide the following data using verifiable, vital statistics data, typically a group of zip codes for urban projects and a combination of counties (or portions of counties or zip codes) for rural projects:

  a. the number of infant deaths over the 3-year period (2018-2020) and the combined 3-year IMR;

  b. the number of preterm births and the preterm birth rate (2018-2020 rates); and

  c. the number of low birthweight infants and low birthweight rate (2018-2020 rates).

You may report data by zip code or census tract if those data are available to you. You may not use state level data.

State the annual number of excess Black infant deaths[25] for each county that your project area falls within (obtained from HRSA's Maternal and Infant Health Mapping tool https://data.hrsa.gov/maps/mchb/).

State the number of annual births in your proposed project area AND provide the following perinatal health indicators for each county that your project area falls within (obtained from HRSA's Maternal and Infant Health Mapping Tool - https://data.hrsa.gov/maps/mchb/):

a. Percentage of pregnant women with pre-pregnancy or gestational diabetes.

b. Percentage of pregnant women with pre-pregnancy or gestational hypertension.

c. Percentage of pregnant women with pre-pregnancy obesity.

d. Percentage of pregnant women entering prenatal care in the first trimester.

[25] Excess Black infant deaths are those that occur due to higher mortality rates relative to non-Hispanic White infants, and can be referred to as deaths attributable to disparity or deaths that need to be prevented to achieve equity in IM rates. Excess infant deaths are calculated by multiplying excess infant mortality rates by the number of births (e.g., [Black IMR – White IMR] X Black births).

- *METHODOLOGY -- Corresponds to Section V's Review Criteria #2 RESPONSE and #4 IMPACT*

  Describe the SDOH that are contributing to adverse perinatal outcomes for the target population in the project area. Describe barriers/challenges to equity in perinatal health for the target population, as well as strengths/assets, such as state, Tribal (if applicable), local/community resources and services, collaborations/partnerships, and systems change interventions intended to address disparities in perinatal health.

  Use and cite demographic data whenever possible to support the information provided above. Use of story-telling or qualitative data is permitted (as an addition to, but not replacement of, the quantitative data).

  Direct and Enabling Services for HSE Participants

  Describe methods for implementation of direct and enabling services that the project will provide to participants described in the Program Requirements and Expectations section of this NOFO, ensuring services are culturally responsive and linguistically appropriate

  Discuss in detail the strategies and activities you will use to address the main drivers of infant mortality in the community (e.g., preterm birth, low birthweight Sudden Infant Death Syndrome [SIDS] and accidental injuries) and promote optimal maternal, infant, child, and family health and wellness.

  Community Consortium

  Describe your proposed methods for meeting all required project activities and expectations listed under Convene a Community Consortium in the Program Requirements and Expectations section of the NOFO.

  Describe the composition and structure of the proposed Community Consortium.

  - Include a tentative roster which includes names and affiliations of proposed members, including identifying individuals with lived experience with adverse maternal or infant health outcomes
  - Include any Letters of Agreement, MOUs/ Proposed/Existing Contracts (project specific) in Attachment 5.
  - Include any letters of support in Attachments 9 –15: Other Relevant Documents.

  Describe your proposed approach/methodology for conducting a community needs assessment and an environmental scan to identify and prioritize underlying root

causes[26] of disparities in perinatal outcomes in your project area to inform your action plan.

Briefly describe a plan for disseminating the action plan and for regularly reporting out information to community members and partners on the plan's progress and impact.

Describe how you will conduct regular and ongoing measurement of your action plan's implementation and progress. Describe how you will collect data on the following process measures:

- Number of systems-level changes/actions developed and implemented to address SDOH and reduce racial/ethnic disparities in adverse perinatal outcomes within the project area. Examples: partners develop green space in community to promote physical activity; providers integrate behavioral health services into primary care locations; and pregnant tenants receive education on eviction prevention and access to pro-bono eviction prevention resources.
- Number and type of partners, including HSE participants and community members, engaged in development and implementation of the action plan to address the SDOH that contribute to perinatal disparities in the project area.

Describe plans for ongoing facilitation, support, and assistance to the Community Consortium. State whether community members and/or HSE participants on the Community Consortium will be compensated for services provided.

For activities described under both Direct and Enabling Services for HSE participants and Community Consortia, propose a plan for project sustainability after the period of federal funding ends. HRSA encourages recipients to sustain key elements of their projects, e.g., strategies and interventions which have been effective in improving practices and those that have led to improved outcomes for the priority population. A sustainability plan will be required in the final year of the award.

- *WORK PLAN -- Corresponds to Section V's Review Criteria (2) RESPONSE and (4) IMPACT*

Develop a work plan for the entire period of performance that details the activities and steps that you will use to achieve each of the two focus areas outlined in the NOFO Purpose and include it in Attachment 2.

Include a timeline with dates for completing key tasks in the work plan and identify responsible personnel/staff or other parties. The application should include baselines for all HS benchmarks in the work plan. The work plan should demonstrate that your

organization possesses the capacity to implement and carry out the proposed project successfully within the period of performance.

In this section of the Project Narrative, describe the key activities and steps that you will use to achieve each of the required objectives and major milestones of your proposed work plan. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation and oversight of funds, including compliance with grant requirements such as non-lobbying provisions.

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

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

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion(a) #3 EVALUATIVE MEASURES*

Describe the plan for performance monitoring. Performance monitoring should track processes and progress towards the goals and objectives of the project and contribute to continuous quality improvement.

Describe the systems and processes that will support your organization's performance management requirements; how you will effectively track performance outcomes; and 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 HS benchmarks and performance measures for Community Consortia activities. See Appendix D for a list of HS benchmarks associated with the HSE program.

Describe your plan for program evaluation**.** The program evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion(a) # 5 RESOURCES/CAPABILITIES*

Succinctly describe your organization's current mission, structure, and scope of current activities. Include an organizational chart in Attachment 6. Describe any current collaboration efforts or partnerships that will contribute to the organization's ability to implement the HSE program requirements and meet program expectations.

Describe your organization's capacity and experience in 1) providing direct and enabling services as described in the Program Requirements and Expectations section of this NOFO; and 2) convening and facilitating a diverse, multi-sector network focused on implementing systems changes and improvements that address SDOH.

Include a staffing plan in Attachment 3. Describe the key personnel responsible for the project and the amount of time each will devote to the project. Describe current experience, relevant expertise, skills, and knowledge of staff, contractors, and partners. Include biographical sketches for each key personnel in Attachment 4. Note that the Community Consortium Coordinator, should be from, and representative of, the community being served.

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.

Note: Funds awarded under the Healthy Start Initiative- Enhanced NOFO cannot be used to provide in-kind benefits or cash payments (e.g., rental assistance payments, housing vouchers, income supplements, etc.).

As required by the Consolidated Appropriations Act, 2023 (P.L. 117-328), "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*.

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, proof of non-profit status (if applicable), and 5th year budget 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: Project Area, Map of Proposed Project Area, List of Counties and Zip Codes within the Proposed Project Area, and Target Population.

Provide all of the information requested under “Project Area Proposed to be Funded” in the Program Requirements and Expectations section of this NOFO.

Provide a map of the proposed project area and a list of zip codes within the project area. If you are proposing to serve a portion of a county or zip code, define the borders of your project area using street names or census tracts.

Provide a statement indicating if your proposed project area is the same as or overlaps with a project area served by a recipient of HRSA-19-049.

Provide all of the information requested under “Factors Demonstrating Need for the Target Population” in the Program Requirements and Expectations section of this NOFO. Indicate if your proposed target population is AI/AN.

Provide excess Black infant deaths for each county in your proposed project area. (Data for excess Black infant deaths by county is available on HRSA’s Maternal and Infant Health Mapping Tool - https://data.hrsa.gov/maps/mchb/.)

The number of annual births in your proposed project area and the following perinatal health indicators for each county within your project area. (Data for the following perinatal indicators by county is available on HRSA’s Maternal and Infant Health Mapping Tool - https://data.hrsa.gov/maps/mchb/.):

a. Percentage of pregnant women with pre-pregnancy or gestational diabetes.

b. Percentage of pregnant women with pre-pregnancy or gestational hypertension.

c. Percentage of pregnant women with pre-pregnancy obesity.

d. Percentage of pregnant women entering prenatal care in the first trimester.

Attachment 2: Work Plan

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

Attachment 3: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA’s SF-424 Application Guide)

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

Attachment 4: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in Attachment 3, not to exceed two pages in length per person. In the event that 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 5: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

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

Attachment 6: Project Organizational Chart

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

Attachment 7: Tables, Charts, etc.

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

Attachment 8: Budget for Year 5

Provide the 5th year budget as an attachment. It does not count in the page limit.

Attachments 9 – 15: Other Relevant Documents (15 is the maximum number of attachments allowed).

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.).

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.

3. Submission Dates and Times

Application Due Date

The application due date under this NOFO is ***July 17, 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.

4. Intergovernmental Review

Healthy Start Initiative - Enhanced 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.

5. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than $1,100,000 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.

Note: Except for the nominal incentives to retain enrolled participants as noted above (e.g., diapers, gift cards, etc.), funds awarded under Healthy Start Initiative - Enhanced NOFO cannot be used to provide in-kind benefits or cash payments (e.g., rental assistance payments, housing vouchers, income supplements, etc.).

The General Provisions in Division H of the Consolidated Appropriations Act, 2023 (P.L. 117-328) apply to this program. These Provisions prohibit funds provided by the Healthy Start Initiative – Enhanced program from being used for lobbying and related activities. See Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. From this Section, note that lobbying activities to influence the introduction, enactment, or modification of legislation by the U.S. Congress or a state legislature are generally unallowable. Under certain circumstances, as provided in the applicable cost principles, costs associated with activities that might otherwise be considered "lobbying" that are directly related to the performance of a grant or cooperative agreement may be allowable. A recipient of funding for the Healthy Start Initiative – Enhanced program should obtain an advance understanding with their HRSA Grants Management Specialist if it intends to engage in these activities. Reference the "Restriction on Lobbying" section of the *SF-424 Application Guide* and the 45 CFR 75.450 for additional descriptions and examples of prohibited activities. 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 grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Grant regulations prohibit 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.

Review criteria are used to review and rank HSE applications. The HSE application has six review criteria, with a maximum objective review score of 80 points, as outlined below.

HRSA will determine the remaining 20 points of the score using the information provided in *Criterion 1: NEED* (i.e., the information you provide in your application must demonstrate a high need by meeting the specified IMR, number of infant deaths, number of preterm births and the preterm birth rate, number of low birthweight infants and the low birthweight rate[27] for the target population in your proposed project area). Use verifiable, vital statistics data for your project area, typically a group of zip codes or portions of zip codes for urban projects and a combination of counties (or portions of counties or zip codes) for rural projects. If your application meets the review criteria outlined in *Criterion 1: NEED*, HRSA will apply 20 points to your application. If your

[27] IMR, preterm birth and low birth weight are all critical health determinants used to assess which target populations are at highest risk for adverse maternal and infant health outcomes.

application fails to meet the indicators outlined in the review criteria under *Criterion 1: NEED*, you will receive 0 points.

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

Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (20 points determined by HRSA) – Corresponds to Section IV's Introduction and Needs Assessment

The need for the project will be assessed by HRSA based on the extent to which the application clearly and effectively:

- Describes and defines the project area and includes a list of counties and zip codes. (e.g., rural/urban, size demographic characteristics).
- Describes the needs of the target population and the adverse perinatal health outcomes they experience including the IMR, number of infant deaths, preterm births and the preterm birth rate, low birthweight infants and the low birthweight rate (using data from 2018-2020). Specifically:
    1. The 2018 through 2020 combined 3-year IMR[28] should be equal to or more than 8.3 deaths per 1,000 live births (1.5 times the national average) AND there must be 30 or more infant deaths in the target population during the 3-year period, 2018 through 2020.
    2. If the combined 2018 through 2020 number of infant deaths are less than (<)30, do not use the IMR. One of the following must be met:
        a. The 2018 through 2020 3-year low birthweight rate is equal to or more than 12.5 percent (1.5 times the national average) AND there must be 90 or more low birthweight births in the target population during the 3-year period, 2018 through 2020.

           OR

        b. The 2018 through 2020 preterm birth rate is equal to or more than 15.2 percent (1.5 times the national average) **AND** there must be 90 or more preterm births in the target population during the 3-year period, 2018 through 2020.

[28] Infant deaths per 1,000 live births over 3 years

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

Methodology (15 points)

The application will be assessed based on the extent to which:

- Knowledge and awareness of health status of individuals in the project area and the SDOH contributing to adverse perinatal outcomes for the target population is demonstrated, as well as an understanding of the existing barriers/challenges and strengths/assets, such as state, Tribal (if applicable), local/community resources and services, collaborations/partnerships, and systems change interventions intended to address disparities in perinatal health.
- The activities described in the application are capable of addressing the problem and attaining the objectives of both focus areas of the NOFO (Direct and Enabeling Services for HS Participants and Community Consortia activities).
- The application comprehensively describes methods/proposed plans to carry out the multiple components of Direct and Enabeling Services for HS Participants and Community Consortia activities.
- The application demonstrates an actionable plan for staffing and ensuring the timely delivery in the project area of preventive care, required clinical services, case management, care coordination and community/social service supports to the target population.
- The application has a well-defined and achievable approach to conducting high quality health promotion and education activities at an appropriate frequency to reach the target population and influence health behaviors.
- Activities described in the application are likely to reduce infant mortality rates in the target population.
- The application describes a feasible and appropriate approach by the Community Consortium to develop and begin implementation of an SDOH plan in the first year of the project with cross-sector Tribal (if applicable), state, and local partners (including the State Title V Maternal and Child Health Block Grant Program), community members, and individuals with lived experience.
- The application describes an effective and feasible approach or process for the Community Consortium to regularly report out/disseminate information to community members and partners on the action plan's progress and impact.

Work Plan (10 points)

- The work plan activities proposed for each HSE focus area appear feasible and likely to contribute to the achievement of the project's objectives within each budget period.
- The work plan demonstrates that the applicant organization has adequate capacity to implement and carry out the proposed project successfully within the period of performance.
- The work plan successfully demonstrates that the applicant can stand up prenatal and other clinical services within 90 days, provide care coordination to 450 participants per year, build a robust referral network for community-based social services, and act quickly to recruit and commit 10 percent of funds for clinical hiring beginning in the first year.

Resolution of Challenges (5 points)

The application identifies challenges in implementing the activities described in the work plan and proposes feasible responses to resolve challenges.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's <u>Evaluation and Technical Support Capacity</u>

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

- Demonstrates a feasible and appropriate approach for monitoring and tracking overall performance and progress on the project's activities and objectives, and for evaluating outcomes.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's <u>Methodology</u> and <u>Work Plan</u>

The application will be assessed based on the extent to which it demonstrates that the overall project will result in outcomes (e.g., decreases in disparities in infant mortality and adverse perinatal outcomes and disparities; systems changes and improvements) and that the project's outcomes will have a positive impact on the target population in the proposed project area.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's <u>Organizational Information</u>

The application will be assessed based on the degree to which it demonstrates the applicant organization (including contractors/consultants, partners, and key personnel/project staff) has the experience – including lived experience, knowledge, capacity, time/level of effort, infrastructure, and resources necessary to address both focus areas of HSE and to conduct project requirements in other areas successfully.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget and Budget Narrative

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

- Costs, as outlined in the budget and required resources sections, are adequately described and are reasonable given the scope of work and the period of performance.
- The budget and budget narrative is aligned with the NOFO's requirements and objectives, and the applicant's proposed activities/technical approach.

2. Review and Selection Process

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

In addition to the ranking based on merit criteria, HRSA approving officials may fund out of rank order to ensure a diverse target population and geographical distribution (e.g., urban, rural, non-Hispanic Black, AI/AN) described below in selecting applications for award:

- HRSA will award no more than 6 Healthy Start grants per state (i.e., awardees of HRSA -19-049 and HSE projects combined). A list of HRSA-19-049 recipients can be found online: https://mchb.hrsa.gov/programs-impact/programs/2020-healthy-start-grant-awards.
- HRSA intends to award at least one grant to serve a rural project area.[29] To determine whether the Census tract or County for your proposed project area is defined as a rural area, visit the Rural Health Grants Eligibility Analyzer and enter the project area address https://data.hrsa.gov/tools/rural-health.
- HRSA intends to award at least one grant to serve AI/AN as their primary target population.

As outlined in Program Requirements and Expectations, an application will not be funded if a higher scoring application is received that proposes to serve the same project area. If multiple applications are submitted that propose to serve the same project area, HRSA will only fund the highest scoring application.

[29] Applications will be funded in rank order . However, if there are no applicants proposing to serve a rural project area with a fundable score, the highest scoring applicant proposing to serve a rural project area will be awarded and the applicant in the rank order list with the lowest fundable score will not be awarded.

Funding Priorities

This program includes a funding priority. A funding priority is the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. HRSA will adjust the score by a set, pre-determined number of points. The HSE program has two funding priorities:

Note: HRSA will award a maximum of 2 additional points if an application meets one or both of the criteria listed below:

Priority 1: Excess Black Infant Deaths (2 Points)
Excess Infant Deaths is a statistical term used in public health to refer to infant deaths that occur due to higher mortality rates than non-Hispanic White infants and can be referred to as deaths attributable to disparity or deaths that need to be prevented to achieve equity in infant mortality rates. You will be granted a funding priority if:

- You propose to serve a project area which falls within one or more counties with 15 or more annual excess Black infant deaths. Data for excess infant death by county is available on HRSA's Maternal and Infant Health Mapping Tool[30] https://data.hrsa.gov/maps/mchb/.

Priority 2: Other Perinatal Indicators (2 Points)

You will be granted a funding priority if:

- Your proposed project area is located within at least one county that meets at least three of the criteria below. Data for these indicators are available on HRSA's Maternal and Infant Health Mapping Tool. https://data.hrsa.gov/maps/mchb/. https://data.hrsa.gov/maps/mchb/.
    - Percentage of pregnant women with pre-pregnancy or gestational diabetes is 9.0 percent or more;
    - Percentage of pregnant women with pre-pregnancy or gestational hypertension is 12.3 percent or more;
    - Percentage of pregnant women with pre-pregnancy obesity is 35.7 percent or more;
    - Percentage of pregnant women entering prenatal care in the first trimester is 71.1 percent or less.

[30] The Maternal and Infant Health Mapping Tool does not have data for U.S. Territories. If your proposed project area is in a U.S. Territory please contact MCHBHealthyStart@hrsa.gov. MCHBHealthyStart@hrsa.gov.

3. Assessment of Risk

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

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

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of September 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 grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

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

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

Executive Order on Worker Organizing and Empowerment

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

Requirements of Subawards

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

Data Rights

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

Health Information Technology (IT) Interoperability Requirements

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities by any funded entity	Utilize health IT that meets standards and implementation specifications adopted in 45 CFR part 170, Subpart B, if such standards and implementation specifications can support the activity. Visit https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-D/part-170/subpart-B to learn more.

If standards and implementation specifications adopted in 45 CFR part 170, Subpart B cannot support the activity, recipients and subrecipients are encouraged to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at https://www.healthit.gov/isa/.

3. Reporting

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

1) **DGIS Performance Reports.** Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report annually, by the specified deadline. Please be advised the administrative forms and performance measures for MCHB discretionary grants will be updated on May 4, 2023. DGIS reports created on or after May 4, 2023 will contain the updated forms. To prepare successful applicants for their reporting requirements, the administrative forms and performance measures for this program are:

    - Core 3
    - Budget Form 1
    - Project Abstract Form 6
    - Project Summary Data Form 7

- Products, Publications, and Submissions Data Collection Form
- Women's/Maternal Health 1, 2, 3, and 4
- Prenatal/Infant Health 1 and 2
- Life Course 1 and 2
- Child Health 1
- Healthy Start 4

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	9/30/2023 – 9/29/2028 *(administrative data and performance measure projections, as applicable)*	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	9/30/2023 - 9/29/2024 9/30/2024 – 9/29/2025 9/30/2025 – 9/29/2026 9/30/2026 – 9/29/2027	Beginning of each budget period (Years 2–5, as applicable)	90 days from the available date
c) Project Period End Performance Report	9/30/2027 – 9/29/2028	Period of performance end date	90 days from the available date

2) **Progress Report**(s). The recipient must submit a progress report to HRSA-23-130. More information will be available in the NOA. Final Report Narrative. The recipient must submit a final report narrative to HRSA 90 days after the conclusion of the project.

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

- Benchmarks, Performance Measures, and Program Data

  The Healthy Start Program established benchmarks and goals for performance. Achievement of benchmarks will be evaluated using the data submitted for the HSE performance measures. Your HSE program is required to collect data and demonstrate progress towards meeting program goals. Your program will collect and report data to HRSA in two ways:

  You are expected to:

  - Use the Healthy Start data collection forms to collect individual client-level data for HSE participants receiving CM/CC services, and report the client-level data elements to HRSA quarterly using the Healthy Start Monitoring and Evaluation Data System (HSMED) within the HRSA Electronic Handbooks (EHBs).

  - Collect data to report indicators for the HS performance measures in the Discretionary Grants Information System (DGIS) within the HRSA Electronic Handbooks (EHBs).

HRSA encourages grantees to consider using the CAREWare database for their data collection, management, and reporting needs. CAREWare provides grantees with a client-level data collection system at no cost to them with reporting and case management features; customization capabilities; dedicated technical assistance; a quick-start option for new and inexperienced grantees; and an adaptable system that is directly informed by/linked to Healthy Start's data reporting requirements.

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

VII. Agency Contacts

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

Tonya Randall
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 594-4259
Email: Trandall@HRSA.gov

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

Attn: HRSA-23-130
Division of Healthy Start and Perinatal Services
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18N-96
Rockville, MD 20857
Phone: (301) 443-0543
Email: MCHBHealthyStart@hrsa.gov

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

Grants.gov Contact Center
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: 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)	Attachment 1: Project Area, Map of the Proposed ProjectTransmittal Letter (The project area for which you are applying and a List of Zip Codes,Target Populationthe factors demonstrating need for the proposed target populat).	*My attachment pages* =__
Application for Federal Assistance (SF-424 - Box 16)	Attachment 2: Work Plan	*My attachment* =___ *pages*
Application for Federal Assistance (SF-424 - Box 20)	Attachment 3: Staffing Plan and Job Descriptions for Key Personnel	*My attachment* =___ *pages*
Attachments Form	Attachment 4: Biographical Sketches of Key Personnel	*My attachment* =___ *pages*
Attachments Form	Attachement 5: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)	*My attachment* =___ *pages*
Attachments Form	Attachment 6: Project Organizational Chart	*My attachment* =___ *pages*

Standard Form Name ***(Forms themselves do not count against the page limit)***	**Attachment File Name** ***(Unless otherwise noted, attachments count against the page limit)***	**# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Attachments Form	Attachment 7: Tables, Charts, etc.	*My attachment =___ pages*
Attachments Form	Attachment 8: Budget for Year 5	*My attachment =___ pages*
Attachments Form	Attachment 9 - 15: Other Relevant Documents (15 is the maximum number of attachments allowed)	*My attachment =___ pages*
Project/Performance Site Location Form	Additional Performance Site Location(s)	*My attachment =___ pages*
Project Narrative Attachment Form	Project Narrative	*My attachment =___ pages*
Budget Narrative Attachment Form	Budget Narrative	*My attachment =___ pages*
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.
Page Limit for HRSA-23-130 is 60 pages		**My total = ____ pages**

Appendix B: Glossary

Benchmarks - A means of assessing progress on a select group of outcomes and activities, which are common to all HS projects

Case Management\Care Coordination Services (CM/CC) – Helps participants to access medical care, community resources and health/parenting information by encouraging, guiding and coordinating services and supports. It is a family-centered, strength-based partnership between the HSE participant, HSE staff/team and other affiliated providers. Services are flexible, culturally responsive, and linguistically appropriate. CM/CC can include the following components:

- Screening and intake using Healthy Start enrollment forms;
- Comprehensive assessment and identification of each participant's/family's unique needs;
- Partnering with participants to develop a shared plan of care:
    - This includes identification of participant strengths, goals, and support needs (e.g., health/parenting information, linkage or referral to medical care and other community-based resources).
- Monitoring and discussing progress on the shared plan of care.
- Updating the shared plan of care to reflect participant accomplishments and changes in participant priorities.

Community Consortium- A formally organized partnership, advisory board or coalition of organizations and individuals representing program participants such as appropriate agencies at the State, Tribal, local government levels; public and private providers, faith-based organizations local civic/community action groups; and local businesses which identify with the project's target project area. The Community Consortium works collaboratively to develop and implement a plan focused on SDOH with activities that result in systems changes and improvements in order to accelerate reducing disparities in perinatal outcomes.

Community of Practice - A community of practice (CoP) is a group of people who share a common concern, a set of problems, or an interest in a topic and who come together to fulfill both individual and group goals by sharing expertise, ideas, strategies, and best practices.

Direct Services – Direct services are preventive, primary, or specialty clinical services to pregnant women, infants, and children where funds are used to reimburse or fund providers for these services through a formal process similar to paying a medical billing claim or managed care contracts.

Downstream Interventions - Involves individual-level behavioral approaches for prevention or health management.
https://www.cdc.gov/pcd/issues/2010/jul/09_0249.htm

Enabling Services – Enabling services are non-clinical services (i.e., not included as direct or public health services) that enable individuals to access health care and improve health outcomes. Enabling services include, but are not limited to case management, care coordination, referrals, translation/interpretation, transportation, eligibility assistance, health education for individuals or families, environmental health risk reduction, health literacy, and outreach.

Equity - The 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.[31]

Excess Infant Deaths – Statistical term used in public health to refer to infant deaths that occur due to higher mortality rates than non-Hispanic White infants and can be referred to as deaths attributable to disparity or deaths that need to be prevented to achieve equity in infant mortality rates. Excess deaths are calculated by multiplying excess death rates by the number of births (e.g., [Black IM rate – White IM rate] X Black births).

Health Disparities – The preventable differences in the burden of disease, injury, violence, or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic, and other population groups, and communities. https://www.cdc.gov/healthyyouth/disparities/index.htm

Interconception – Between pregnancies. Interconception care (or interpregnancy care) is the care provided to women of childbearing age who are between pregnancies to improve their health outcomes [and their infant's].

Infant Mortality - Infant mortality is the death of an infant before their first birthday. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm

Low Birthweight – Defined as an infant born weighing 2,500 grams or less. This measure is usually reported as a percentage of total live births.

Performance Measure - A narrative statement that describes a specific maternal and child health need, or requirement, that when successfully addressed, will lead to, or will assist in leading to, a specific health outcome within a community or project area and

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

generally within a specific time frame. (Example: Percentage of HS women participants that receive a well-woman/preventive visit.)

Preconception – Before pregnancy. Preconception health care is the medical care a person receives from their doctor or other health professionals that focuses on the parts of health that have been shown to increase the chance of having a healthy baby. [Preconception Health and Health Care is Important for All (cdc.gov)]

Preterm Births - Live births that occur before 37 weeks of gestation. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm

Quality Improvement (QI) - A process of systematic and continuous actions that lead to measurable improvement, particularly around health care services and the health status of the targeted population

Social Determinants of Health - The conditions in which people are born, grow, live, work and age as well as the complex, interrelated social structures and economic systems that shape these conditions. Social determinants of health include aspects of the social environment (e.g., discrimination, income, education level, marital status), the physical environment (e.g., place of residence, crowding conditions, built environment [i.e., buildings, spaces, transportation systems, and products that are created or modified by people]), and health services (e.g., access to and quality of care, insurance status). https://www.cdc.gov/nchhstp/socialdeterminants/index.html)
https://www.cdc.gov/socialdeterminants/index.htm
https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Systems Change - An intentional process designed to change the root causes of an issue, as opposed to an individual-level behavioral change which only addresses indicators.

Upstream Interventions – Strategies that impact the conditions that provide the context within which an individual's behaviors are shaped. Upstream interventions focus on improving fundamental social and economic conditions in order to decrease barriers and improve supports that allow people to achieve their full health potential.[32] Examples of upstream interventions include:

- Identify opportunities to enhance green spaces, address food deserts and improve economic security in HSE project area.
- In collaboration with local housing authorities and others working on housing access and affordability, conduct a Landlord and Developer Symposium to

[32] National Academies of Sciences, Engineering, and Medicine. 2017. *Communities in Action: Pathways to Health Equity. Washington, DC: The National Academies Press https://doi.rog/10.17226/24624*

promote information-sharing and best practices to improve housing stability/security among pregnant and postpartum women.

- Ensure all eligible HSE participants are connected to the Volunteer Income Tax Assistance program in order to access appropriate tax credits such as the Earned Income Tax Credit, which researchers suggest can improve perinatal outcomes such as low birth weight.
- Implement medical-legal partnership in the HSE program and through the legal services provided to HSE participants, identify systemic barriers to fair housing practices, medical or insurance benefits, etc.

Appendix C: Health Promotion Topics

HSE projects may use strategies including screening and referral, individual or group-based education, support navigating resources (e.g., CM/CC) and linkage to clinical care to address the following health promotion topics.

1. Preventive Health Services

- Entry into prenatal care in the first trimester and adherence to the recommended American College of Obstetrics and Gynecologists prenatal and postpartum visit schedule.
- Healthy birth spacing and sexual and reproductive health during the preconception, interconception, prenatal and postpartum periods. These efforts include engaging participants in reproductive life planning.
- Having a usual source of medical care (e.g., medical home) and attending recommended preventive health care visits.

2. Behavioral Health and Wellness

- Healthy interpersonal relationships (e.g., screening and referral for interpersonal violence).
- Optimal mental health and wellness (e.g., screening and referrals for maternal depression).
- Tobacco cessation and reduction of alcohol and substance misuse.

3. Infant Care and Parenting

- Breastfeeding and feeding infants with expressed breast milk.
- Prevention of SIDS and accidental injuries.
- Infant care and parenting practices that support optimal infant and child development.
- Father/partner involvement.

4. Community-Based Resources and Benefits

- HSE projects may work to ensure participants have access to:
    - Health insurance (e.g., Medicaid), Supplemental Nutrition Assistance Program, Special Supplemental Nutrition Program for Women, Infants, and Children, Temporary Assistance for Needy Families, Social Security Income, housing assistance and other state and federal benefit programs.
    - Material and educational resources to reduce the impact of negative SDOH on perinatal outcomes.

Appendix D: Healthy Start Benchmarks

1. Increase the proportion of HSE women and child participants with health insurance to 90 percent (reduce uninsured to less than 10 percent).
2. Increase the proportion of pregnant HSE participants who receive prenatal care in the first trimester to 80 percent.
3. Increase the proportion of HSE women participants who receive a postpartum visit to 80 percent.
4. Increase the proportion of HSE women participants who receive a well-woman/preventive visit in the past year to 80 percent.
5. Increase the proportion of HSE infants placed to sleep following safe sleep practices to 80 percent.
6. Increase the proportion of HSE infant participants who were:
    i. ever breastfed or fed breast milk to 82 percent
    ii. breastfed or fed pumped breast milk at 6 months to 50 percent.
7. Increase the proportion of pregnant HSE participants that abstain from cigarette smoking, or using any tobacco products, to 90 percent.
8. Increase the proportion of HSE child participants who receive the last age-appropriate recommended well-child visit based on the AAP schedule to 90 percent.
9. Increase the proportion of HSE women participants who receive depression screening to 90 percent; of those who screen positive for depression, increase the proportion who receive referral to 95 percent.
10. Increase the proportion of HSE women participants who receive interpersonal violence (IPV) screening to 90 percent; of those who screen positive for IPV, increase the proportion who receive referral to 95 percent.

Appendix E: Healthy Start Project Site Counties and Zip Codes

Access Community Health Network	IL	Cook County	60608 60612 60622 60623 60624 60639 60647 60651 60707 62207 62220
Alameda County Health Care Services Agency	CA	Alameda County	94501 94502 94536 94538 94539 94541 94542 94544 94545 94546 94550 94551 94552 94555 94560 94566 94568 94577 94578 94579 94580 94586 94587 94588 94601 94602 94603 94605 94606 94607 94608 94609 94610 94611 94612 94615 94617 94618 94619 94621 94702 94703 94704 94705 94706 94707 94708 94709 94710 95377 95391 94618 94619 94621 94702 94703 94704 94705 94706 94707 94708 94709 94710 95377 95391 94537 94540 94543 94557 94604 94613 94614 94620 94623 94624 94661 94662 94701 94712 94622 94649 94659 94660 94666 94720
Albert Einstein College Of Medicine	NY	Bronx County	10453 10457 10458 10460 10461 10462 10468
Albert Einstein Healthcare Network	PA	Philadelphia County	19140 19150 19119 19144 19138 19141 19126 19120 19124
Baltimore City Healthy Start, Inc.	MD	Baltimore City	21205 21217 21230 21229 21216 21213 21224
BCFS Health And Human Services	TX	Taylor County Smith County	75702 75708
Ben Archer Health Center, Inc.	NM	Doña Ana County, Luna County, Otero County, Sierra County	87937 87936 87940 87941 88001 88002 88004 88005 88007 88011 88012 88032 88033 88047 88003 88046 88052 88030 88029 87933 87901 87942 87930 87931 87935 87939 87943 88046 88310 88373 88352 88352 88354 88340 88350 88347 88330 88317 88314 88325 88349 88349 88311
Birmingham Healthy Start Plus Inc	AL	Jefferson County	34204 34212 35203 35022 35064 35205 35206 35207 35208 35211 35214 35217 35218 35221 35222 35223 35224 35234

Boston Public Health Commission	MA	Suffolk	02119 02120 02121 02122 02124 02125 02126 02130 02136
Center For Black Women's Wellness, Inc.	GA	Fulton	30312 30213 30291 30310 30311 30314 30315 30318 30328 30331 30337 30344 30349 30350 30354
Centerstone of Indiana, Inc.	IN	Fayette County, Henry County, Jackson County, Jefferson County, Rush County, Scott County, Union County, Wayne County	47374 4733147362 47394 46173 47102 47274 47250
Centerstone of Tennessee, Inc.	TN	Fentress County, Jackson County, Marshall County, Moore County, Van Buren County, Warren County, Wayne County	3701937034 37047 37091 37352 38401 38425 38450 38452 38471 38485 38562 38564 38588 38504 38553 38556 38565 38577 37110 37111 37357 37378 37394 38550 38581 38585
Central Mississippi Civic Improvement Association, Inc.	MI	Hinds County	39213 39041 39056 39058 39066 39154 39170 39175 39201 39202 39203 39204 39206 39209 39210 39211 39212 39216 39217 39225 39250 39269 39271 39272
Charles Drew Health Center	NE	Douglas County	68110 68111 68112 68152 68132
Children's Futures, Inc	NJ	Mercer County	08608 0860908911 08618 08629 08938

Children's Hospital Medical Center	OH	Hamilton County	45211 45223 45224 45232 45239 45204 45205 45214 45225 45202 45229 45237
Children's Service Society Of Wisconsin	WI	Milwaukee County	53110 5312953130 53132 53154 53172 53201 53202 53203 53204 53205 53206 53207 53208 5320953210 53211 53212 53213 53214 53215 53216 53217 53218 53219 53220 53221 5322253223 53224 53225 53226 53227 53228 53233 53234 53235 53237 53259 53263 5327453278 53288 53290 53293 53295
City Of New Orleans	LA	Orleans Parish	7012970128 70127 70126 70122 70117 70116 70112 70113 70130 70115 70118 70125 7011970124 70114 70131 70148
Clayton, County Of	GA	Clayton County	3021530228 30236 30237 30238 30250 30260 30273 30274 30281 30287 30288 30294 3029630297 30298 30320 30337 30349 30354
Cleveland Department Of Public Health	OH	Cuyahoga County	44102 44103 44104 44105 44106 44107 44108 44109 44110 44111 44112 44113 44114 44115 44117 44119 44120 44121 44122 44125 44127 44128 44135 44144 44101 44130 44134 44142
Cobb County Board Of Health	GA	Cobb County, City of Douglasville	3000830060 30061 30062 30063 30064 30065 30066 30067 30068 30080 30081 30082 30090 30106 30122 30126 30127 30133 30134 30135 30154 30168
Colorado Non Profit Development Center	CO	Adams County, Arapahoe County, Denver County, Douglas County	8001080011 80012 80013 80239 80249
Columbus Health Department	OH	Franklin County	43081 43123 43026 43230 43228 43068 43229 43232 43207 43224 43204 43235 43017 43016 43110 43213 43201 43221 43219 43209 43119 43220 43214 43223 43085 43004 43054 43227 43211 43231 43206 43212 43202 43215 43146 43125 43205 43210 43203 43222 43137 43217 43126 43194 43002 43086 43109 43196 43195 43199 43198 43216 43218 43226 43234 43236 43260 43251 43266 43265 43270 43268 43272 43271 43287 43279 43299 43291
Community Foundation of Greater New Haven	CT	New Haven County	06510 06511 06512 06513 06514 06515 06516 06519 06520 06521 06524 06525 06530
Community Health Center of	NY	Richmond County	1030110302 10303 10304 10305 10306 10307 10308 10309 10310 10312 10314

Richmond, Inc.			
Community Health Centers, Inc.	OK	Oklahoma County, Pottawatomie County	73013 73034 73012 73120 73159 73112 73110 73119 73162 73127 73107 73132 73003 73020 73109 73130 73008 73129 73114 73135 73115 73139 73106 73142 73118 73108 73122 73025 73111 73045 73116 73134 74857 73049 73117 73084 73149 73179 73150 73103 73105 73128 73054 73007 73131 73169 73141 73121 73145 73102 73104 73151 73185 73198 73199 73066 73083 73097 73101 73113 73124 73123 73126 73125 73137 73136 73140 73144 73143 73146 73148 73147 73152 73154 73156 73155 73157 73164 73163 73167 73172 73178 73184 73190 73194 73193 73196 73195 73197 74801 74802 74804 74826 74840 74851 74852 74854 74866 74873 74878
Community Service Council Of Greater Tulsa	OK	Tulsa County	7411974104 74107 74108 74112 74129 74133 74134 74135 74136 74145 74146 74103 7410574114 74120 74128 74132 74137
Cook, County Of	IL	Cook County	60601 60602 60603 60604 60605 60606 60607 60608 60609 60610 60611 60612 60613 60614 60615 60616 60617 60618 60619 60620 6062160622 60623 60624 60625 60626 60627 60628 60629 60630 60631 60632 60633 60634 60635 60636 60637 60638 60639 60640 60641 60642 60643 60644 6064560646 60647 60648 60649 60650 6065160652 60653 60654 60655 60656 60657 60658 60659 60660 60661 60662 60663 60664 60665 60666 60667 60668 60669 60670 60671 60672 60673 60674 60675 60676 60677 60678 60679 60680 60681 60682 60683 60684 60685 60686 60687 60688 60689 60690 60691 60692 60693 60694 60695 60696 60697 60698 60699 60701 60706 60707 60808 60804 6080560827 60004 60010 60103 60040 60016 60120 60007 60208 60022 60025 60029 6010360172 62656 60067 60043 60053
Corporation Of Mercer University, The	GA	Appling County, Bulloch County, Candler County, Emanuel County, Evans County, Jefferson County, Jenkins County, Screvin County,	31513 31515 31563 30415 30450 30452 30458 30459 30460 30461 30439 30451 30401 30425 30447 30448 30464 30471 31002 30422 30822 30420 30421 30427 30438 30499 30453 30436 30474 30475 30414 30417 30423 30429 30413 30434 30477 30803 30818 30823 30833 30424 30446 30449 30455 30467

		Tattnall County, Toombs County	
County of Fresno	CA	Fresno County	93721 93730 93706 93725 93740 93703 93720 93702 93741 93701 93728 93722 93705 93737 93727 93723 93711 93650 93704 93726 93710
County of Ingham, Health Department	MI	Ingham County	48805 4881948823 48824 48827 48840 48842 48854 48864 48872 48892 48895 48906 48910 4891148912 48913 48915 48916 48919 48930 48933 48937 49251 49264 49285
County Of Sedgwick	KS	Sedgwick County	67205 6720767208 67210 67211 67213 67214 67217 67218 67219
Crescent City Family Services, Inc.	LA	Jefferson Parish	70056 70053 70058 70072 70094 70001 70002 70003 70005 70006 70036 70062 70065 70067
Dallas County Hospital District	TX	Dallas County	75001 75006 75019 75038 75039 75040 75041 75042 75043 75044 75048 75050 75051 75052 75054 75060 75061 75062 75063 75064 75080 75081 75082 75088 75089 75104 75115 75116 75134 75137 75141 75146 75149 75150 75159 75172 75180 75181 75182 75201 75202 75203 75204 75205 75206 75207 75208 75209 75210 75211 75212 75214 75215 75216 75217 75218 75219 75220 75223 75224 75225 75226 75227 75228 75229 75230 75231 75232 75233 75234 75235 75236 75237 75238 75240 75241 75243 75244 75246 75247 75248 75249 75250 75251 75253 75254 75260
Dc Department Of Human Services	DC	District of Columbia	20002 2001720018 20019 20020 20032
Delta Health Alliance, Inc.	MS	Holmes County, Humphreys County, Leflore County, Yazoo County	38924 39063 39079 39095 39146 39169 38754 39038 39097 39115 39166 38930 38935 38941 38945 38946 38952 38959 39194
Family Road Of Greater Baton Rouge, Inc.	LA	East Baton Rouge Parish	70806 70704 70714 70739 70770 70791 70801 70802 70803 70804 70805 70807 70808 70809 70810 70811 70812 70813 70814 70815 70816 70817 70818 70819 70820 70821 70822 70823 70825 70826 70827 70831 70833 70835 70836 70837 70873 70874 70879 70883 70884 70891 70892 70893 70894 70895 70896 70898

Family Tree Information Education & Counseling Center	LA	Acadia Parish, Evangeline Parish, Iberia Parish, Lafayette Parish, St. Landry Parish, St. Martin Parish, Vermilion Parish	70508 70501 70502 70503 70504 70505 70506 70507 70509 70510 70511 70512 70513 70515 70516 70517 70518 70519 70520 70521 70524 70525 70526 70527 70528 70529 70531 70533 70534 70535 70537 70541 70542 70543 70544 70548 70550 70551 70552 70554 70555 70556 70559 70560 70562 70563 70569 70570 70571 70575 70576 70577 70578 70580 70582 70584 70585 70586 70589 71345 71353 71356 71358 71367
Five Rivers Health Centers	OH	Montgomery County	45342 45403 45404 45405 45406 45409 45410 45414 45417 45426
Fund For Public Health In New York, Inc.	NY	Kings County	1120711208 11212 11216 11221 11233
Genesee County Health Department	MI	Genesee County	48502 48503 48504 48505
Gift Of Life Foundation	AL	Montgomery County	3610636109 36117 36116 36013 36036 36043 36046 36052 36057 36064 36065 36069 36101 36102 36103 36104 36105 36107 36108 36110 36111 36112 36112 36113 36113 36114 36114 36115 36115 36119 36120 36121 36123 36124 36125
Great Plains Tribal Chairmen's Health Board	NE, ND, SD	NE: Dawes and Sheridan; ND: Adams, Benson, Eddy, Emmons, Grant, Morton, Nelson, Ramsey, Richland, Rolette, Sargent, and Sioux; SD:	57701 57702 57719 57770 57764 57716 57722 57752 57772 57778 57738 57442 57501 57532 57537 57553 57567 57601 57622 57623 57625 57626 57630 57633 57636 57644 57652 57656 57657 57661 57748 57568 57544 57569 57548 57501 57325 57345 57339 57341 57345 57346 57365 57370 57260 57255 57224 57270 57262 56219 57257 57279 57273 57256 57266 58053 58310 58316 58317 58329 58353 58363 58366 58367 58369 58384 58385 57658 57642 57601 58538 57639 57621 58528 58569

		Bennett, Brule, Buffalo, Campbell, Codington, Corson, Custer, Day, Dewey, Fall River, Grant, Haakon, Hand, Hughes, Hyde, Jackson, Marshall, Meade, Oglala-Lakota, Pennington, Perkins, Potter, Roberts, Sully, Walworth, and Ziebach.	
Hamilton Health Center, Inc.	PA	Dauphin County	1705517018 17023 17028 17032 17101 17102 17103 17104 17105 17106 17107 17108 17110 17111 17112 17113 17129 17033 17034 17036 17109 17048 17057 17061 17113 17080 17097 17098
Health & Hospital Corp Of Marion County	IN	Marion County	46201 4620346205 46218 46219 46222 46226 46229 46235 46239 46254
Health Care Coalition Of Southern Oregon, Inc.	OR	Douglas County, Josephine County	9752697527 97531 97435 97442 97447 97457 97470 97471 97479 97496 97499
Health, Florida Department Of	FL	Orange County	3280532808 32809 32811 32818 32819 32835 32839
Healthier Moms And Babies, Inc.	IN	Allen County	4680346805 46806 46815 46816

Healthy Start, Inc	PA	Allegheny County	15025 15037 15104 15110 15112 15120 15132 15136 15137 15140 15145 1514615147 15201 15203 15204 15206 15207 15208 15210 1521115212 1521315214 15216 15217 15218 15219 15220 15221 1522215224 15232 1523315235
Indiana Rural Health Association	IN	Daviess County, Dubois County, Greene County, Martin County	47501 47519 47529 47553 47558 47562 47568 47513 47521 47527 47532 47541 47542 47545 47546 47547 47549 47564 47575 47580 47590 47403 47424 47438 47441 47443 47445 47449 47453 47457 47459 47460 47462 47465 47471 47529 47578 47848 47432 47446 47453 47470 47522 47553 47562 47581
Institute For Population Health, Inc.	MI	Wayne County	4820348205 48212 48213 48214 48215 48224 48234
Inter-Tribal Council Of Michigan, Inc. Consortium Of Michigan's Federal Tribes	MI	Alcona County, Allegan County, Alpena County, Antrim County, Baraga County, Barry County, Benzie County, Berrien County, Calhoun County, Cass County, Charlevoix County, Cheboygan County, Chippewa County, Delta County, Emmet County, Grand Traverse County, Iosco	49726 49785 49762 49883 49837 49848 49728 49786 49775 49864 49858 49736 49788 49781 49872 49863 49748 49790 49820 49878 49873 49752 49793 49827 49880 49874 49768 49838 49894 49886 49887 49706 49701 48730 49743 49730 49707 48705 49716 49705 48739 49759 49734 49744 4872149718 49717 48743 49765 49735 49747 48728 49722 49721 48748 49776 49751 49753 48737 49723 49749 48750 49777 49795 49766 48738 49737 49761 48763 49779 49797 48740 49740 49792 48764 48742 49755 49799 48770 48745 49764 49709 48762 49769 49746 49770 49720 49756 49711 49727 49712 49782 49713 49796 49611 49622 49648 49621 49653 49670 49612 49627 49659 49630 49654 49674 49615 49629 49729 49636 49664 49682 49610 49685 49616 49613 49660 49637 49686 49617 49614 49675 49643 49690 49628 49619 49689 49649 49696 49635 49625 49666 49640 49626 49673 49650 49634 49684 49683 49645 48804 48618 49010 49408 49013 49064 48858 48620 49070 49416 49026 49065 48859 48628 49078 49419 49027 49071 48878 48640 49080 49450 49043 49079 48883 48641 49311 49453 49045 49090 48893 48642 49314 49055 48896 48657 49323 49056 49310 48667 49328 49057 48670 49335 49062 48674 49344 49063 49686 49348 49406 49022 49098 49107 49119 49128 49031 49023 49101 49111 49120 49129 49047 49038 49102 49113 49121 49061 49039 49103 49115 49125 49067 49084 49104 49116 49126 49095 49085 49106 49117 49127 49112 49130 48005 48044 48066 48093 48315 48015 48045 48080 48094 48316 48021 48046 48081 48095 48317 48026 48047 48082 48096 48318 48035 48048 48088 48310 48397 48036 48050 48089 48311 48038 48051 48090 48312 48042 48062 48091 48313 48043 48065 48092 48314 48007 48301 48343 48101 48174 48228 48009 48302 48346 48111 48180 48229 48012 48303 48347 48112 48183 48230 48017 48304 48348 48120

		County, Isabella County, Leelanau County,	48184 48231 48025 48306 48350 48121 48185 48232 48030 48307 48356 48122 48186 48233 48033 48308 48357 48123 48187 48235 48034 48309 48359 48124 48188 48236 48037 48320 48360 48125 48192 48238 48067 48321 48361 48126 48193 48239 48068 48322 48362 48127 48195 48240 48069 48323 48363 48128 48201 48242 48070 48324 48366 48134 48202 48243 48071 48325 48367 48135 48204 48244 48072 48326 48370 48136 48206 48255 48073 48327 48371 48138 48207 48260 48075 48328 48374 48141 48208 48264 48076 48329 48375 48146 48209 48265 48083 48330 48376 48150 48210 48266 48084 48331 48377 48151 48211 48267 48085 48332 48380 48152 48216 48268 48086 48333 48381 48153 48217 48269 48098 48334 48382 48154 48218 48272 48099 48335 48383 48164 48219 48275 48165 48336 48386 48167 48221 48277 48178 48340 48387 48168 48222 48278 48220 48341 48170 48223 48279 48237 48342 48173 48225 48288 48226 48227 49401 49427 49464 48897 49011 49051 49403 49428 49035 49014 49068 49404 49429 49046 49015 49069 49409 49430 49050 49016 49092 49417 49434 49058 49017 49224 49422 49435 49060 49018 49245 49423 49448 49073 49020 49424 49456 49325 49029 49426 49460 49333 49033
Johns Hopkins All Children's Hospital, Inc.	FL	Pinellas County	3370133702 33705 33707 33709 33710 33711 33712 33713 33714 33755 33756
Kalamazoo County Health And Community Services Department	MI	Kalamazoo County	4900149002 49004 49006 49007 49008 49009 49024 49048
Laurens County Board Of Health	GA	Bleckley County, Dodge County, Johnson County, Laurens County, Montgomery	3041030411 30412 30428 30445 30454 30457 30470 30473 31001 31009 31011 31012 31014 31019 31021 31022 31023 31027 31036 31037 31040 31049 31055 31060 31065 31071 31072 31075 31077 31079 31083 31084 31096 31544 31549

		County, Pulaski County, Telfair County, Treutlen County, Wheeler County, Wilcox County	
Little Dixie Community Action Agency, Inc.	OK	Atoka County, Choctaw County, McCurtain County, Pushmataha County	7474374523 74745 74728 74525
Los Angeles, County Of	CA	Los Angeles County	91040 91302 91321 91350 91355 9135 91367 91381 91384 93510 93535 93591 91006 91007 91010 91016 91024 91030 91077 91101 91103 91104 91105 91106 91107 91108 91109 91110 91117 91125 91702 91706 91711 91722 91723 91724 91731 91732 91733 91740 91741 91744 91745 91746 91748 91750 91754 91755 91765 91766 91767 91768 91769 91770 91773 91775 91776 91778 91780 91788 91789 91790 91791 91792 91795 91801 91803 91804 90004 90005 90006 90010 90012 90013 90014 90015 90017 90019 90020 90021 90023 90026 90027 90028 90029 90030 90031 90032 90033 90036 90038 90039 90041 90042 90046 90048 90051 90054 90057, 90060 90065 90068 90069 90071
Louisville/Jefferson County Metro Government	KY	Jefferson County	4020340208 40210 40211 40212
Lucas, County Of	OH	Lucas County	43460 43504 43522 43528 43537 43542 43547 43551 43558 43560 43566 43571 43604 43605 43606 43607 43613 43614 43615 43616 43617 43619 43620 43623 43608 43609 43610 43611 43612 43402 43412 43432 43434 43445 43449

Maricopa County Department Of Health	AZ	Maricopa County	8500385004 85006 85007 85008 85009 85013 85014 85015 85016 85017 85019 85031 8503385034 85035 85040 85041 85042 85044 85201 85202 85204 85210 85225 85233 85257 85282 85301 85303
Maternity Care Coalition	PA	Philadelphia County, Montgomery County	19121 19122 19125 19129 19132 19133 19134 19137 19111 19135 19136 19149 19152 19027
Missouri Bootheel Regional Consortium, Inc.	MO	Dunklin County, Mississippi County, New Madrid County, Pemiscot County, Scott County	63735 63736 63740 63742 63758 63767 63771 63774 63780 63784 63801 63820 63821 63823 63824 63826 63827 63828 63829 63830 63833 63834 63837 63839 63845 63847 63848 63849 63851 63852 63853 63855 63857 63860 63862 63863 63866 63867 63868 63869 63870 63873 63874 63876 63877 63878 63879 63880 63882 63933
Multnomah County Dept. Of Human Services	OR	Multnomah County	97211 97009 97014 97019 97024 97030 97055 97060 97080 97201 97202 97203 97204 97205 97206 97209 97210 97212 97213 97214 97215 97216 97217 97218 97219 97220 97221 97227 97229 97230 97231 97232 97236 97239 97266
Nashville & Davidson County, Metropolitan Government Of	TN	Davidson County	37115 37207 37208 37210 37216 37218 37221
NC Department Of Health & Human Services	NC	Edgecombe County, Halifax County, Nash County, Pitt County	2760927886 27839 27856 27834

Newark Community Health Centers Inc	NJ	Essex County	07017 07018 07019 07050 07051 07101 07102 07103 07104 07105 07106 07107 07108 07109 07111 07112 07114
Northeast Florida Healthy Start Coalition	FL	Duval County	3220832209 32211 32277
Northern Manhattan Perinatal Partnership, Inc.	NY	New York County	1002610027 10029 10030 10035 10037 10039
Nurture Kc	KS, MO	Wyandotte County, KS; Jackson County, MO	6610166102 66104 66105 66106 66111 64109 64111 64124 64126 64127 64128 64130 64132
Onondaga County Health Department	NY	Onondaga County	1320213203 13204 13205 13206 13207 13208 13210 13224
Pee Dee Healthy Start Inc	SC	Chesterfield County, Darlington County, Dillon County, Florence County, Marion County, Marlboro County, Williamsburg County	2950129554 29555 29556 29560 29741 29101 29520 29709 29728 29718 29727 29584 29536 29543 29547 29563 29565 29567 29069 29079 29532 29540 29550 29551 29593 29114 29161 29502 29503 29504 29505 29506 29530 29541 29591 29519 29546 29571 29574 29589 29592 29512 29516 29525 29570 29594 29596 29056 29518 29564 29580 29591 29583 29590

Philadelphia Public Health Department	PA	Philadelphia County	1910419131 19139 19142 19143 19145 19146 19147 19151 19153
Piedmont Health Services And Sickle Cell Agency	NC	Forsyth County, Guilford County	2740127406 27101 27105 27260
Prisma Health-Midlands	SC	Richland County, Sumter County	2901629044 29052 29061 29063 29201 29203 29204 29205 29206 29209 29210 29214 29215 29222 29223 29229 29040 29104 29125 29128 29150 29152 29153 29154 29168 29045 29212
Global Communities (formerly Co-Op Housing Foundation/ Project Concern International)	CA	San Diego County	92101 9210292103 92104 92134 92106 92107 92140 92147 92118 92135 92155 91950 92113 9211492139 92105 92115 92116 92108 92110 92111 92117 92123 92037 92109 92121 9212292014 92126 92130 92091 92127 92128 92129 92064 92131 92145 92119 92120 9212491902 91913 91914 91915 91910 91911 91932 92154 92173 91917 91935 91978 91977 91945 91941 91942 92019 92020 92071 92040 92019 92020 92021 91901 92065 9200792024 92067 92075 92008 92009 92010 92011 92054 92056 92057 92058 92055 92672 92025 92026 92027 92029 92069 92078 92081 92083 9208492082 92059 92061 9200392028 92592 92060 92066 92070 92086 92536 9191691931 91948 91905 9190691934 91962 91963 91980 92004 92036 92259
Public Health Solutions	NY	Queens County	11101 11412 11413 11414 11429 11433 11434 11435
Public Health, Georgia Department Of	GA	Muscogee County, Brooks County, Echols County, Lowndes County	31625 31629 31648 31601 31602 31605 31606 31632 31636 31641 31645 31643 31778 31638 31631 31630 31648 31808 31820 31829 31901 31902 31903 31904 31906 31907 31908 31909 31914 31917 31993 31995 31997 31998 31999

Reach Up, Inc.	FL	Hillsborough County	33605 33610 33612
San Antonio City Department Of Finance	TX	Bexar County	7820778211 78212 78213 78218 78220 78221 78222 78239 78242 78263 78266
Sga Youth & Family Services Nfp	IL	Cook County, Sangamon County	6060960617 60619 60620 60621 60628 60636 60643 60649
Shields For Families Project Inc.	CA	Los Angeles County	90001 90002 90003 90007 90008 90011 90016 90018 90037 90043 90044 90047 90059 9006190062 90220 90221 90222 90262 90723
South Carolina State Office	SC	Allendale County, Bamberg County, Orangeburg County	29003 29042 29081 29810 29827 29843 29849 29846 29836 29112 29115 29116 29117 29118 29059 29048 29142 29039 29047 29163 29133 29146
Southern Illinois Healthcare Foundation	IL	St. Clair County	62201 62203 62204 62205 62206 62207 62220 62223
Southern New Jersey Perinatal	NJ	Camden County	08102 08103 08104 08105

Spectrum Health	MI	Kent County	49301 49302 49306 49315 49316 49316 49317 49319 49321 49326 49330 49331 49341 49343 49345 49418 49418 49468 49501 49503 49504 49505 49506 49506 49507 49508 49508 49509 49509 49510 49512 49512 49515 49516 49518 49518 49523 49525 49544 49546 49548 49548 49548 49588 49599
State Of Connecticut Department Of Public Health	CT	Hartford County	06134 06101 06106 06112 06105 06057 06120 06160 06103 06114 06050 06051 06052 06053 06102 06126
The Center For Health Equity, Inc.	FL	Gadsden County	3233032332 32333 32343 32351 32353 32324 32352
The Foundation For Delaware County	PA	Delaware County	19013190154 19022 19029 19061 19094
Tougaloo College	MS	Bolivar County, Coahoma County, Quitman County, Sunflower County, Tallahatchie County, Tunica County, Washington County	38720 38725 38726 38730 38732 38740 38746 38759 38762 38764 38769 38772 38773 38774 38614 38617 38739 38630 38631 38639 38644 38645 38767 38669 38622 38623 38643 38646 38964 38736 38737 38749 38753 38761 38738 38768 38771 38778 38963 38962 38921 38966 38920 38950 38958 38957 38927 38928 38676 38670 38664 38626 38703 38731 38776 38780 38744 38748 38760 38782 38723 38722 34875
Tulsa City-County Health Department	OK	Tulsa County	7410674110 74115 74116 74117 74126 74127 74130

Union Hospital, Inc.	IN	Fountain County, Parke County, Vigo County	46135 46175 47803 47804 47830 47832 47834 47836 47837 47859 47860 47862 47872 47874 47918 47932 47933 47949 47952 47958 47969 47987 47988 47989 47990 47994
University Of Arkansas System	AR	Benton County, Carroll County, Madison County, Washington County	72711 72712 72713 72714 72715 72716 72718 72719 72722 72732 72733 72734 72736 72739 72745 72747 72751 72757 72758 72761 72768 72611 72613 72616 72624 72631 72632 72638 72660 72721 72740 72742 72752 72756 72760 72773 72776 72701 72702 72703 72704 72717 72727 72729 72730 72735 72737 72738 72741 72744 72749 72753 72762 72764 72765 72766 72769 72770 72774
University Of Houston System	TX	Harris County	7700477016 77021 77033 77035 77047 77067 77088 77091 77093
University Of Illinois	IL	Cook County	6064960619 60620 60621 60636 60637 60640
University Of Miami	FL	Miami-Dade County	3305433055 33167 33169
University Of North Carolina At Pembroke	NC	Robeson County	2834028357 25358 28360 28364 28369 28371 28372 28375 28377 28383 28384 28386
University Of North Texas Health Science Center At Fort Worth	TX	Tarrant County	76102 76103 76014 76105 76112 76119

Urban Strategies Llc	PR	Ciales, Jayuya, Ponce, Juana Diaz, Santa Isabel, Salinas, Guayama, Arroyo	0092500716 00715 00717 00728 00730 00731 00780 00795 00751 00784 00714 00664 0063800757 00769
Virginia State Department Of Health	VA	Norfolk city, Portsmouth city, Petersburg city, Hopewell city	2332423455 23501 23502 23503 23504 23505 23506 23507 23508 23509 23510 23511 23513 23514 23515 23517 23518 23519 23520 23523 23529 23541 23551 23701 23702 23703 23704 23705 23707 23708 23709 23803 23804 23805 23806 23860
VISITING NURSE SERVICES	IA	Polk County	5000950266 50312 50313 50314 50316
West Virginia University Rsch Corp	WV	Barbour County, Harrison County, Lewis County, Marion County, Monongalia County, Preston County, Randolph County, Taylor County, Upshur County	2630126302 26306 26323 26330 26361 26366 26369 26385 26386 26404 26408 26422 2642626431 26438 26448 26451 26463 26568 26501 26502 26504 26505 26506 26507 26508 26521 26527 26531 26534 26541 26543 26544 26546 26590 26554 26555 26559 26560 26563 26566 26570 26571 26572 26574 26576 26578 26582 26585 26586 26587 26588 26591 26374 26410 26425 26444 26519 26520 26524 26525 26537 26542 26547 26705 26716 26764 26238 26250 26275 26349 26405 26416 26347 26354 26424 26435 26440 26201 26210 26215 26218 26219 26228 26229 26234 26236 26237 26321 26338 26343 26372 26378 26412 26447 26321 26452 26447 26452 26376 26224 26230 26241 26253 26254 26257 26259 26263 26267 26268 26270 26273 26276 26278 26280 26282 26283 26285 26293 26294 26296