# U.S. Department of Health and Human Services

Health Resources & Services Administration

## NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2024

Maternal and Child Health Bureau

Division of Child, Adolescent, and Family Health

**Maternal and Child Health – Improving Oral Health Integration Demonstration Projects (MCH-IOHI Projects)**

**Funding Opportunity Number:** HRSA-24-039

and

**Maternal and Child Health – Improving Oral Health Integration National Consortium (MCH-IOHI Consortium)**

**Funding Opportunity Number:** HRSA-24-040

**Funding Opportunity Type(s):** Competing Continuation, New

**Assistance Listing Number:** 93.110

## Application Due Date: January 22, 2024

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
We will not approve deadline extensions for lack of registration.
Registration in all systems may take up to 1 month to complete.

**Issuance Date:** October 16, 2023

**Modified on October 25, 2023 to: clarify the Estimated and type of Award in the Summary on page iii and in section II.2. Award Information, and to correctly identify the reference supporting the definition of Underserved Communities in Appendix B.**

**Modified on 10/31 – updated Grants.gov Links on Page 8**

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See Section VII for a complete list of agency contacts.

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

# 508 COMPLIANCE DISCLAIMER

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.

# SUMMARY

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| Funding Opportunity Number: Title | **HRSA-24-039:** Maternal and Child Health – Improving Oral Health Integration Demonstration Projects **(MCH-IOHI Projects)** |
| Funding Opportunity Number: Title | **HRSA-24-040:** Maternal and Child Health – Improving Oral Health Integration National Consortium **(MCH-IOHI Consortium)** |
| Assistance Listing Number: | 93.110 |
| Due Date for Applications: | January 22, 2024 |
| Purpose: | The program's purpose is to integrate preventive oral health care into primary care services accessible to MCH populations living in communities underserved by oral health care. |
| Program Objective(s): | **HRSA-24-039: MCH-IOHI Projects**<br>1. By June 2028, 85% of the MCH-IOHI Project teams will report enhanced state-level policy and/or scopes of practice aimed to increase access and use of integrated preventive oral health care.<br>2. By June 2028, MCH-IOHI Project teams will report increased oral health awareness among 85% of the health organizations across the state targeted for organizational oral health literacy training and outreach.<br>3. By June 2028, 85% of the MCH-IOHI Project teams will implement state-level oral health surveillance enhancements aimed to improve trend analysis. |

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| | 4. By June 2028, 100% of participating primary care settings will implement an evidence-based model of care aimed to integrate preventive oral health care and primary care services, to include: primary care clinic workflow modifications, provider training, and dental referral tracking.<br><br>**HRSA-24-040: MCH-IOHI Consortium**<br><br>1. By June 2028, 85% of the MCH-IOHI Project teams will perceive that the right amount of time, expertise, and resources are invested in their collaboration efforts aimed to sustain successful aspects of the project.<br><br>2. By June 2028, 85% of the Consortium recipients of universal TA will have applied their new oral health knowledge and/or skill.<br><br>3. Annually update/develop and disseminate at least eight evidence-based or informed educational resources that respond to resource needs among MCH-IOHI Project teams and other individuals or organizations serving the oral health needs of MCH populations. |
| Eligible Applicants: | You can apply if your organization is in the United States and is:<br><br>• Public or private<br>• Community-based<br>• Tribal (governments, organizations)[1]<br><br>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information. |
| Anticipated FY 2024Total Available Funding: | Total Annual Funding: Up to $4,450,000<br><br>• **MCH-IOHI Projects:** $2,975,000 |

[1] For awards authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act), see also 42 CFR § 51a.3(a).

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| | • **MCH-IOHI Consortium:** $1,475,000<br><br>*We're issuing this notice to ensure that, should funds become available for this purpose, we can process applications and award funds appropriately. You should note that we may cancel this program notice before award if funds aren't appropriated.* |
| Estimated Number and Type of Award(s): | **MCH-IOHI Projects:** Up to 7 new cooperative agreements in seven different states<br><br>**MCH-IOHI Consortium:** One new cooperative agreement |
| Estimated Annual Award Amount: | **MCH-IOHI Projects:** $425,000<br><br>**MCH-IOHI Consortium:** $1,475,000<br><br>Subject to the availability of appropriated funds. |
| Cost Sharing or Matching Required: | No |
| Period of Performance: | July 1, 2024 through<br>June 30, 2028<br>(4 years) |
| Agency Contacts: | **Business, administrative, or fiscal issues:**<br>Amy Glasser<br>Grants Management Specialist<br>Division of Grants Management Operations, OFAM<br>Email: aglasser@hrsa.gov<br>**Program issues or technical assistance:**<br>Pamella Vodicka<br>Senior Public Health Analyst<br>Maternal and Child Health Bureau<br>Email: pvodicka@hrsa.gov |

**Application Guide**

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

**Technical Assistance**

We have scheduled the following webinars for the two separate project competitions (one for each competition) announced in this NOFO:

**HRSA-24-039:** Maternal and Child – Improving Oral Health Integration Demonstration Projects (MCH-IOHI Projects)

Wednesday, November 1, 2023
3 p.m.— 4 p.m. ET
Weblink:
https://hrsa-gov.zoomgov.com/j/1614733287?pwd=V2t6YnMraTdFMnY5SGNoVDNmekJRdz09

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

Call-In Number: 1-833-568-8864
Meeting ID: 55075449

**HRSA-24-040:** Maternal and Child – Improving Oral Health Integration National Consortium (MCH-IOHI Consortium)

Thursday, November 2, 2023
3 p.m.— 4 p.m. ET
Weblink:
https://hrsa-gov.zoomgov.com/j/1617052987?pwd=aGxpNHhXQ2t0THZyZ29XN0Q1QTVLdz09

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

Call-In Number: 1-833-568-8864
Meeting ID: 82656071

We'll record the webinar and include closed captioning. You can access the recording here.

# Table of Contents

# I. Program Funding Opportunity Description

## 1. Purpose

This notice announces the opportunity to apply for funding under the Maternal and Child Health (MCH) – Improving Oral Health Integration (MCH-IOHI) Program. The program's purpose is to integrate preventive oral health care into primary care services accessible to MCH populations living in communities underserved[2] by oral health care.

**The MCH-IOHI Program consists of two types of projects**. This announcement includes application instructions for the **two separate project competitions**. You may only apply for HRSA-24-039 **or** HRSA-24-040, but not both awards.

### HRSA-24-039: MCH-IOHI Demonstration Projects (MCH-IOHI Projects)

MCH-IOHI Projects will aim to improve access to integrated preventive oral health care (integrated POHC) in primary care services accessible to MCH populations at increased or higher risk for poor oral health. Funding will support an MCH-IOHI Alliance (Alliance), to include key state stakeholders such as policy, practice, and public health leaders; healthcare providers; healthcare payers; and public health surveillance experts. The Alliance will implement a two-tier, state **and** local, improvement approach that'll address three core functions: 1) Policy and Practice; 2) Education and Outreach; and 3) Data, Analysis and Evaluation. State level improvements, in support of the local approach, will aim to inform state policy and practice decisions that promote integrated POHC (such as Medicaid payment for oral health services and health professions' state practice acts);[3] increase oral health literacy[4] across the state using an organizational health literacy approach;[5] and enhance the state's oral health surveillance (for example, data collection and trends analysis). The local improvement approach will aim to establish, implement, and validate evidence-based models of integrated POHC in communities underserved by oral health care. MCH-IOHI Projects will take part in an MCH-IOHI Consortium-led learning collaborative.

### HRSA-24-040: MCH-IOHI Consortium (Consortium)

The Consortium will bridge the gap between evidence and practice. As the principal technical assistance (TA) provider, the Consortium will accelerate the adoption and implementation of evidence-based integrated POHC strategies that aim to advance

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[2] See appendix for definition.
[3] James W. Hilliard & Marjorie E. Johnson, State Practice Acts of Licensed Health Professions: Scope of Practice, 8 DePaul J. Health Care L. 237 (2004)
[4] Kleinman DV, Horowitz AM and Atchison KA (2021) A Framework to Foster Oral Health Literacy and Oral/General Health Integration. Front. Dent. Med. 2:723021.
[5] Office of Disease Prevention and Health Promotion. National Health Initiatives (NIH): Health Literacy. [August 24, 2021] Health Literate Care Model. U.S. Department of Health and Human Services (HHS). Accessed June 1, 2023, here.

health equity.[6] The Consortium will provide targeted TA, using implementation science and collaborative learning, to strengthen an MCH-IOHI Project team's two-tier, state and local, improvement approach. The Consortium will also provide universal TA that's easily accessible to all states and jurisdictions.[7] Universal TA will include the development and dissemination of evidence-based/-informed preventive oral health care resources and guidance.

**Program Goals** are to improve access to preventive oral health care and oral health equity among MCH populations living in communities underserved by oral health care.

The **Program Objectives**, to accomplish during the period of performance, include:

**HRSA-24-039: MCH-IOHI Demonstration Projects**

1. By June 2028, 85% of the MCH-IOHI Project teams will report enhanced policy and/or scope of practice aimed to increase access and use of integrated preventive oral health care.
2. By June 2028, MCH-IOHI Project teams will report increased oral health awareness among 85% of the health organizations across the state targeted for organizational oral health literacy training and outreach.
3. By June 2028, 85% of the MCH-IOHI Project teams will implement state-level oral health surveillance enhancements aimed to improve trend analysis.
4. By June 2028, 100% of participating primary care settings will implement an evidence-based model of care aimed to integrate preventive oral health care and primary care services, to include: primary care clinic workflow modifications, provider training, and dental referral tracking.

**HRSA-24-040: MCH-IOHI National Consortium**

1. By June 2028, 85% of the MCH-IOHI Project teams will perceive that the right amount of time, expertise, and resources are invested in their collaboration efforts aimed to sustain successful aspects of the project.
2. By June 2028, 85% of the Consortium recipients of universal TA will have applied their new oral health knowledge and/or skill.
3. Annually update/develop and disseminate at least eight evidence-based or informed resources that respond to resource needs among MCH-IOHI Project teams and other individuals or organizations serving the oral health needs of MCH populations.

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[6] See appendix for definition.
[7] For purposes of this NOFO, "all states and jurisdictions" include the 50 United States and the following nine jurisdictions: District of Columbia, Republic of the Marshall Islands, Federated States of Micronesia, Republic of Palau and U.S. territories of the Commonwealth of Puerto Rico, Virgin Islands, Guam, American Samoa, and Commonwealth of the Northern Mariana Islands.

For more details, see Program Requirements and Expectations.

## 2. Background

HRSA-24-039, the Maternal and Child Health – Improving Oral Health Integration Demonstration Projects and HRSA-24-040, the Maternal and Child Health – Improving Oral Health Integration National Consortium (Consortium) are both authorized by 42 U.S.C § 701(a)(2) (Title V, §501(a)(2) of the Social Security Act).

### Program Background

In the United States, pregnant individuals and children who live in low-income, historically underserved communities lack access to oral health care.[8,9] Less than half of pregnant women in the United States report having had a dental cleaning during pregnancy, and that number is much lower among socially disadvantaged women.[10] Children from low-income families are twice as likely to have untreated cavities as children from higher-income families.[11] And Mexican American and non-Hispanic black children have untreated cavities at a higher rate than non-Hispanic white children.[11] Research shows gum disease, reported to be common during pregnancy, can increase the odds of maternal complications.[12] During childhood, untreated cavities are associated with school absenteeism and lower academic achievement.[13]

An upstream approach to address disparities in oral health and access to oral health services has been to expand integrated POHC in primary care settings to reduce the risk of oral health problems, such as caries, and ensure linkages to oral health care, when needed.[14] HRSA elevated the focus on integrated POHC with the 2014 release of

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[8] Al Jallad N, Vasani S, Wu TT, Cacciato R, Thomas M, Lababede N, Lababede A, Xiao J. Racial and oral health disparity associated with perinatal oral health care utilization among underserved US pregnant women. Quintessence Int. 2022 Oct 21;53(10):892-902.
[9] Corr A, Wenderoff J. Inequitable Access to Oral Health Care Continues to Harm Children of Color. Analysis of outcomes among third-graders highlights gaps in data. Pew Charitable Trust. [March 11, 2022] Accessed June 1, 2023, here.
[10] Centers for Disease Control and Prevention (CDC). PRAMS. Prevalence of Selected Maternal and Child Health Indicators for All Pregnancy Risk Assessment Monitoring System (PRAMS) Sites, 2016–2020. HHS. [March 28, 2023] Accessed June 1, 2023, here.
[11] CDC. Oral Health Surveillance Report: Trends in Dental Caries and Sealants, Tooth Retention, and Edentulism, United States, 1999–2004 to 2011–2016. Atlanta, GA: CDC, US Dept of Health and Human Services (HHS); 2019.
[12] Starzyńska A, Wychowański P, Nowak M, Sobocki BK, Jereczek-Fossa BA, Słupecka-Ziemilska M. Association between Maternal Periodontitis and Development of Systematic Diseases in Offspring. Int J Mol Sci. 2022 Feb 24;23(5):2473.
[13] Ryan RR, Sashendra S, Stephanie RS, Atsuko T. Oral health, academic performance, and school absenteeism in children and adolescents: A systematic review and meta-analysis. J Am Dent Assoc. 2019 Sept;150(2): 111-121.
[14] Harnagea H, Lamothe L, Couturier Y, Esfandiari S, Voyer R, Charbonneau A, Emami E. From theoretical concepts to policies and applied programmes: the landscape of integration of oral health in primary care. BMC Oral Health. 2018 Feb 15;18(1):23.

*Integration of Oral Health and Primary Care Practice*,[15] which aimed to support integrated POHC in primary care services, especially for populations that lacked access to oral health services. Based on that report, we funded, in 2019, the Networks for Oral Health Integration (NOHI) Within the Maternal and Child Health Safety Net program to further develop and test models of integrated POHC in primary care settings. These projects improved access to quality preventive oral health care among MCH populations in 70 clinics across 12 states. With one year left in the period of performance, NOHI sites have provided clinical competency training to almost 2000 non-dental primary care providers. The delivery of integrated POHC during a primary care visit at NOHI sites increased from 10%, in 2021, to 61%, in 2023. In total, over 225,000 integrated preventive oral health care services were received by the MCH population served including nearly 85,000 risk assessments, over 82,000 fluoride varnish treatments, nearly 21,000 dental sealant applications, and over 37,000 oral health referrals. In sum, the NOHI projects demonstrate that with adequate funding and TA support, primary care providers can increase access to integrated POHC services.

In addition to changes in practice models and provider skills, other effective approaches to advancing integrated POHC include enhancing both Medicaid payments for oral health care and the scope of state practice acts.[16,17] Because the levers of improving access to preventive oral health care services vary by state,[18] specific TA expertise is needed that can deal with the policy issues, educational needs, and surveillance capacity that are unique to each state. This work is necessary to support and sustain long term integrated POHC.[19] Finally, reporting reduction of oral health disparities will rely on recording progress towards expanding access to integrated preventive oral health care and the oral health improvements that result from these efforts, which will require enhancements in data collection and surveillance.[20]

## About MCHB and Strategic Plan

Our 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,

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[15] Health Resources and Services Administration (HRSA). Integration of Oral Health and Primary Care. HHS. [February 2014] Accessed May 15, 2023, here.
[16] American Public Health Association. Improving Access to Dental Care for Pregnant Women through Education, Integration of Health Services, Insurance Coverage, an Appropriate Dental Workforce, and Research. Policy No. 20203. [October 24, 2020] Accessed March 15, 2023, here.
[17] Lipton BJ, Decker SL, Stitt B, Finlayson TL, Manski RJ. Association Between Medicaid Dental Payment Policies and Children's Dental Visits, Oral Health, and School Absences. JAMA Health Forum. 2022;3(9):e223041.
[18] American Dental Association. Dental coverage, access & outcomes. Reimbursement rates for child and adult dental services in Medicaid by state. [October 2021] Accessed March 15, 2023, here.
[19] Northridge ME, Kumar A, Kaur R. Disparities in Access to Oral Health Care. Annu Rev Public Health. 2020 Apr 2;41:513-535.
[20] Herndon, JB, Ojha, D. Racial and ethnic disparities in oral healthcare quality among children enrolled in Medicaid and CHIP. J Public Health Dent. 2022; 82(Suppl. 1): 89– 102.

MCHB is implementing a strategic plan that includes the following four goals:

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

***Goal 2:*** *Achieve health equity for MCH populations*

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

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

To learn more about MCHB and the bureau's strategic plan, visit Mission, Vision, and Work | MCHBhttps://mchb.hrsa.gov/about-us/mission-vision-work.

## II. Award Information

### 1. Type of Application and Award

Application type(s): New

We will fund you via a cooperative agreement.

A cooperative agreement is like a grant in that we award money, but we are substantially involved with program activities.

Aside from monitoring and technical assistance (TA), we also get involved in these ways:

- Participating, when appropriate, in meetings, conference calls, and other sessions conducted during the period of performance, including but not limited to, stakeholder meetings, TA sessions, and learning collaborative sessions.
- Reviewing and editing, as appropriate, written documents developed by the recipient prior to submission for publication or public dissemination.
- Participating with the recipient in the dissemination of project findings, best practices, and lessons learned, and in producing and jointly reviewing reports, articles, and/or presentations developed under this NOFO.
- Conducting site visits with the recipient during the period of performance.
- Assisting in the establishment of partnerships, collaboration, and cooperation that may be necessary to carry out the project, including other federal agencies or programs within HRSA.
- Monitoring performance measurement and evaluation data reported by recipients to track recipient progress, provide feedback to individual recipients, and assess (in an aggregate manner) whether our program is achieving intended program

outcomes. We will work together with the recipients after an award to finalize the performance monitoring and accountability approach.

- Monitoring the extent to which the products and services provided by the recipients meet needs identified by stakeholders.

You must follow all relevant federal regulations and public policy requirements. Your other responsibilities will include:

- Meeting with our project officer at the time of the award to review the current strategies and ensure the project and goals align with our priorities for this activity.
- Collaborating with our personnel in the planning and development of project activities including developing policies and procedures; identifying measures and data; identifying emerging issues; revising the monitoring and evaluation plan to address emerging needs; developing strategies and tools; and identifying topics for advisory committee meetings, learning collaboratives, publications, and other materials produced.
- Producing and disseminating project findings through publishing articles, reports and/or presentations; and adhering to our guidelines pertaining to acknowledgement and disclaimer on all products produced by our awards (see Acknowledgement of Federal Funding in Section 2.2 of HRSA's SF-424 Application Guide).
- Leveraging existing products or resources to maximize efficiency and effectiveness and reduce duplication.
- Collaborating with all MCH-IOHI Program recipients (HRSA-24-039 and HRSA-24-040) to meet the goals and objectives of the program.

## 2. Summary of Funding

### HRSA-24-039, MCH-IOHI Projects

We estimate $2,975,000 will be available each year to fund up to 7 recipients in 7 different states for the MCH-IOHI Projects. You may apply for a ceiling amount of up to $425,000 annually (reflecting direct and indirect costs).

### HRSA-24-040, the Consortium

We estimate $1,475,000 will be available each year to fund 1 recipient. You may apply for a ceiling amount of up to $1,475,000 annually (reflecting direct and indirect costs).

The period of performance for the MCH-IOHI Program (HRSA-24-039 **and** HRSA-24-040) is July 1, 2024 through June 30, 2028 (4 years).

This program notice depends on the appropriation of funds. If funds are appropriated for this purpose, we'll proceed with the application and award process.

Support beyond the first budget year will depend on:

- Appropriation
- Satisfactory progress in meeting the project's objectives
- A decision that continued funding is in the government's best interest

**Note:** Award recipients may request supplemental funding at any point during the period of performance to address unique project needs that are connected to, but not duplicative of, the funded project's work plan. We may provide funding for such supplemental activities if funding is available and allocable, the request is reasonable and allowable, sufficient time remains in the budget period to approve the request, and the activities align with our priorities and do not duplicate work we or other HRSA funding recipients perform.

45 CFR part 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards applies to all HRSA awards.

If you've never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate of 10 percent of modified total direct costs (MTDC)*. You may use this for the life of the award. If you choose this method, you must use it for all federal awards until you choose to negotiate for a rate. You may apply to do so at any time. See Section 4.1.v. Budget Narrative in the *Application Guide*.

**Note*: One exception is a governmental department or agency unit that receives more than $35 million in direct federal funding.

## III. Eligibility Information

### 1. Eligible Applicants

You can apply if your organization is in the United States and is:

- Public or private
- Community-based
- Tribal (governments, organizations) [21]

### 2. Cost Sharing or Matching

Cost sharing or matching is not required for this program.

[21] For awards authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act), see also 42 CFR § 51a.3(a).

### 3. Other

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

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

**Multiple Applications**

You can only apply for the HRSA-24-039 (MCH-IOHI Projects) **or** HRSA-24-040 (Consortium). We will not consider applicants that apply for both awards.

We'll only review your **last** validated application before the Grants.gov due date.

**NOTE:** A Consortium application must be submitted by the lead applicant. Each consortium partner must demonstrate substantial involvement and contribute significantly to the project's goals. Each partner will be evident in the project organizational chart (**Attachment 2**). Roles and responsibilities of key consortium members (**Attachment 3**) must be clearly defined in a proposed Memorandum of Understanding/Agreement (MOU/A) that is supported in writing by all consortium members (**Attachment 5**)

## IV. Application and Submission Information

### 1. Address to Request Application Package

We ***require*** you to apply online through Grants.gov. Use the SF-424 workspace application package associated with this notice of funding opportunity (NOFO). Follow these directions: How to Apply for Grants. If you choose to submit using an alternative online method, see Applicant System-to-System.

**Note**: Grants.gov calls the NOFO "Instructions."

Select "Subscribe" and enter your email address for HRSA-24-039 or HRSA-24-040 to receive emails about changes, clarifications, or instances where we republish the NOFO. You'll also be notified by email of documents we place in the RELATED DOCUMENTS tab that may affect the NOFO and your application. *You're responsible for reviewing all information that relates to this NOFO.*

### 2. Content and Form of Application Submission

**Application Format Requirements**

Submit your information as the *Application Guide* and this program-specific NOFO state. **Do so in English and budget figures expressed in U.S. dollars.** There's an Application Completeness Checklist in the *Application Guide* to help you.

**Application Page Limit**

The total number of pages that count toward the page limit shall be no more than **60 pages** when we print them. We will not review any pages that exceed the page limit. Using the pages within the page limit, we'll determine eligibility using Section III. Eligibility Information of the NOFO.

These items do not count toward the page limit:

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

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

If you use an OMB-approved form that is not in the HRSA-24-039 or HRSA-24-040 workspace application package, it may count toward the page limit.

**Applications must be complete and validated by Grants.gov under HRSA-24-039 or HRSA-24-040 before the deadline.**

**Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**

- When you submit your application, you certify that you and your principals[22] (for example, program director, principal investigator) can participate in receiving award funds to carry out a proposed project. That is, no federal department or agency has debarred, suspended, proposed for debarment, claimed you ineligible, or you have voluntarily excluded yourself from participating.
- If you fail to make mandatory disclosures, we may take an action like those in 45 CFR § 75.371. This includes suspending or debarring you.[23]
- If you cannot certify this, you must include an explanation in *Attachment 11-15: Other Relevant Documents*.

(See Section 4.1 viii "Certifications" of the *Application Guide*)

**Program Requirements and Expectations**

In addition to the goal, purpose, and objectives of the MCH-IOHI Program listed above, successful MCH-IOHI applicants will also address two overarching expectations:

[22] See definitions at eCFR :: 2 CFR 180.995 -- Principal. and eCFR :: 2 CFR 376.995 -- Principal (HHS supplement to government-wide definition at 2 CFR 180.995).
[23] See also 2 CFR parts 180 and 376, 31 U.S.C. § 3354, and 45 CFR § 75.113.

- A health equity approach will be evident, including a feasible work plan that'll identify disparities in access and use of preventive oral health care and clearly describes attainable strategies that'll address the disparities identified.
- The performance measurements, project evaluation, and quality improvement (QI) activities that you propose to assess progress towards the Program Objectives will include required measures (outlined below) along with key indicators that aim to measure the sustainability of the project.

The MCH-IOHI Program depends on a collaborative approach between the MCH-IOHI Projects and Consortium. For this reason, all applicants, for either the MCH-IOHI Project **or** Consortium awards, are encouraged to read all of the Purpose section, above, and the Program Requirements and Expectations, that continues below.

**HRSA-24-039: MCH-IOHI Demonstration Project (MCH-IOHI Project)**

The successful MCH-IOHI Project applicant will implement a two-tier improvement approach that will address three core functions at the state **and** local level: 1) Policy and Practice; 2) Outreach and Education; and 3) Data, Analysis, and Evaluation. We recommend a team effort to coordinate and implement all core function activities outlined below. Key personnel we suggest for the project are *italicized*.

**Overarching MCH-IOHI Project Expectations**

- Form an MCH-IOHI Alliance (Alliance) of key state stakeholders. We do not require a specific state stakeholder to participate. For example, a public health leader may represent the state Title V agency or oral health program, a state coalition, or other state advisory council whose focus includes oral health. We expect *Alliance members* to take leadership roles in the coordination, implementation, and evaluation of the two-tier, state and local improvement approach. We expect the *Project Director* will represent the applicant lead organization and, as the Alliance lead, will be responsible for the oversight of the MCH-IOHI Project. We expect the Alliance members will be responsible for identifying strategies to establish effective collaboration in support of and commitment to the program's Purpose.
- Participate in a Consortium-led MCH-IOHI learning collaborative (LC) to foster consensus and a joint approach among the projects. For budget purposes, we expect the MCH-IOHI Projects and Consortium will plan for the following:
    - Consortium-led coordination of common project activities, to show collective impact and progress, to include an agreed set of common metrics, common definitions, and methods for data collection and analyses of the project's required measures (outlined below).
    - Consortium-led agenda, including structured virtual LC learning sessions and follow up (such as six 60-to-90-minute virtual learning sessions that alternate with six structured team-based, check-in calls per year).

- Virtual MCH-IOHI LC Kickoff (that can replace the first learning session in project year 1) to allow our project officer, in coordination with the Consortium, to review: (1) Program Requirements and Expectations, (2) the Consortium's LC framework, and (3) annual reporting requirements.
- Annual, virtual or in-person MCH-IOHI meetings. For budget purposes, the MCH-IOHI Projects and Consortium will plan for no less than four key personnel to attend a 2-day, in-person annual meeting, in the Washington DC Metro area, for project years 1 and 4.

In addition, successful MCH-IOHI Project applicants will address the following:

**State Level Approach**

Your state level improvement approach will clearly implement the state core function activities, we outline below, as it aims to achieve the Purpose described above.

**State Implementation (SI)** – We expect Alliance members to take leadership roles in the coordination, implementation and evaluation of the state core function activities outlined below. We advise an *SI Coordinator* to provide oversight. We recommend a *State Core Function (SCF) Lead* for each core function to assist if the SI Coordinator could benefit from additional knowledge the SCF Lead(s) can offer.

**State Core Function (SCF) 1: Policy and Practice** – SCF 1 aims to inform state policy decisions.

- Complete the HRSA-funded *Environmental Scan for Integrating Oral Health Care and Primary Care*, to identify capacity factors that can impact access to integrated POHC services in your state. For budget purposes, complete an initial scan in project year 1; repeat in years 3 and 4 to identify improvements.
- Implement the HRSA-funded *Capacity Inventory Tool for Integrating Oral Health Care and Primary Care for Pregnant Women*, to identify policy and practice improvement opportunities. The Consortium will assist in the use of this tool for all MCH populations. You'll **identify no less than four improvement strategies** to demonstrate a linkage between state level improvements and access. For budget purposes, plan to implement this tool in project year 1.

**State Core Function (SCF) 2: Outreach and Education** – SCF 2 aims to increase oral health literacy[24] across the state using an organizational health literacy approach.[25] For any state to participate, no matter size or geographic diversity, your plan to implement SCF 2 will include: (1) a sufficient geographic area to provide conclusive results that

[24] Horowitz AM, Kleinman DV, Atchison KA, Weintraub JA, Rozier RG. The Evolving Role of Health Literacy in Improving Oral Health. Stud Health Technol Inform. 2020 Jun 25; 269:95-114..
[25] Healthy People 2030. Health Literacy in HP 2030. Accessed June 1, 2023, here.

demonstrate improvement and (2) a realistic, measurable plan to scale up.[26]

- Implement an organizational oral health literacy knowledge gaps analysis of health organizations and the professionals they represent, include but do not limit to primary care settings. For budget purposes, plan to implement in project year 1; repeat in year 4 to demonstrate improvement.
- Develop and implement an organizational oral health literacy plan with QI measures[27] and a realistic, measurable plan to scale up and spread statewide. This plan can be one of your state level improvement strategies (see SCF 1).

**State Core Function (SCF) 3: Data, Analysis, and Evaluation** – SCF 3 aims to implement state level oral health surveillance improvements to enhance trend data.

- Implement state oral health surveillance enhancements[28] to improve the monitoring of disparities in oral health status and burden of oral disease among MCH populations. For example, you can identify new oral health data or enhance expertise to better assess and report results. We expect the data to address social determinants of health,[29] to include community level data if available. For budget purposes, plan to assess the effectiveness of your surveillance enhancements in project year 4. This plan can be one of your state level improvement strategies (see SCF 1).

### Local Level Approach

Your local improvement approach will clearly implement the local core function activities outlined below, as it aims to implement, validate, and establish a replicable, evidence-based/-informed model of care that integrates preventive oral health and primary care. We encourage a community-centered approach to preventive oral health care integration, that considers the social determinants of health and social inequities as barriers to care.[30] While we do not require a specific MCH population type or a total number of primary care settings for participation in the MCH-IOHI Project, the project you propose will include a sufficient volume of the population being served to produce conclusive results that demonstrate progress towards the required measures using the agreed set of common metrics.

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[26] Greenhalgh T, Papoutsi C. Spreading and scaling up innovation and improvement. BMJ. 2019 May 10;365:l2068.
[27] Agency for Healthcare Research and Quality. Health Literacy. Health Literacy Improvement Tools. HHS. [December 2022] Accessed June 1, 2023, here.
[28] CDC. Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion. Oral Health Data Collection & Surveillance. HHS. [December 2020] Accessed March 15, 2023, here.
[29] See appendix for definition.
[30] National Academies of Sciences, Engineering, and Medicine. 2023. Sharing and Exchanging Ideas and Experiences on Community-Engaged Approaches to Oral Health: Proceedings of a Workshop. Washington, DC: The National Academies Press.

- **Select an evidence-based/-informed model of integrated POHC** for implementation and testing. A model of care that integrates preventive oral health care and primary care services[15,31] will include at a minimum: an oral health risk assessment, oral health screening, oral health anticipatory guidance, preventive oral health care services (such as fluoride varnish), and dental referrals for non-urgent (maintenance) and urgent (comprehensive) treatment, as needed.
- **Select one population type (the target population)** from the population groups used in MCHB's Reporting requirements (see Form 5): pregnant individuals (all ages) and/or infants (< 1 year), children (1–21 years), or children and youth with special health care needs (1–21 years). You'll justify your selection with data.
- **Select primary care settings** in communities underserved by oral health care. We encourage you to use dental workforce shortage designations we recognize to justify your selection.[32] We expect you to **begin with no less than three primary care settings** to produce conclusive results that show progress.

**Primary Care Integration (PCI)** – We advise *Alliance members* take leadership roles in coordination, implementation and evaluation of the local core function activities outlined below. We recommend a *PCI Coordinator* provide oversight and guidance for all participating primary care settings. For each primary care setting we encourage you to designate a lead along with a PCI Team to oversee the implementation of integrated POHC. We encourage your PCI Teams include a medical and an oral health champion, and personnel with knowledge and skill in clinic management and clinical data analytics. We advise a *Local Core Function (LCF) Lead* for each core function to assist if the PCI Coordinator could benefit from additional knowledge the LCF Lead(s) can offer.

**Local Core Function (LCF) 1: Policy and Practice** – LCF 1 aims to fully integrate POHC into primary care services.

- Modify clinic workflows to add preventive oral health services during a primary care visit at participating primary care settings. We encourage telehealth[33] in your workflow modifications when feasible or appropriate. We also advise you to optimize use of supportive healthcare workers, for example community health workers, community navigators, promotores(as),[34] or health educators.
- Implement a referral tracking process to determine receipt of oral health care.

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[31] Prasad M, Manjunath C, Murthy AK, Sampath A, Jaiswal S, Mohapatra A. Integration of oral health into primary health care: A systematic review. J Family Med Prim Care. 2019 Jun;8(6):1838-1845.
[32] HRSA. Health Workforce. What is Shortage Designation. HHS. [June 2023] Accessed March 15, 2023, here.
[33] See appendix for definition.
[34] CDC. Minority Health. Promotores/Community Health Workers. HHS. [September 2019] Accessed March 15, 2023, here.

- Identify QI tools (such as process mapping[35]) to assess workflow improvements, and a realistic, measurable plan to scale up. We expect you to expand your model of integrated POHC to new primary care settings to validate replicability.

**Local Core Function (LCF) 2: Outreach and Education** – LCF 2 aims to increase POHC knowledge and skill among non-dental primary care providers and improve oral health awareness among the target population.

- Implement an oral health knowledge and skill gaps analysis of the primary care providers and target population. For budget purposes, plan to implement in project year 1; repeat in year 4 to measure change.
- Develop and implement trainings to increase providers' knowledge and skill. For example, you can choose an organizational health literacy approach to align this activity with your state level improvement strategy relevant to SCF 2 (see above).
- Develop preventive oral health care anticipatory guidance and client education, with the help of individuals with lived experience,[36] to raise awareness among the target population.

**Local Core Function (LCF) 3: Data, Analysis, and Evaluation** – LCF 3 aims to enhance clinical data collection and analysis.

- Implement a realistic, measurable plan to capture meaningful clinical data across all primary care settings. Include demographic data when possible. Include a plan for documenting and reporting the project's performance improvement, including progress towards the required measures using the agreed set of common metrics, common definitions, and methods to collect and analyze your data. You'll collect and report bi-annually on the agreed set of common metrics. We encourage you to identify metrics unique to your project in addition to the agreed set of common metrics.

Evaluating progress will need staff who are knowledgeable and skilled in data collection and analytics. We do not require you use electronic health records (EHRs). We do expect all primary care settings to revise reporting requirements, as needed, to identify delivery of integrated POHC services and to track dental referrals. If using EHRs, you may need to access experts who understand EHR interoperability. If relevant to your approach, see Health Information Technology (IT) Interoperability Requirements in the Administrative and National Policy Requirements section of this NOFO.

[35] Institute for Healthcare Improvement. Improving Health and Healthcare Worldwide. Improvement Blog. 5 Steps for Creating Value Through Process Mapping and Observation. [October 1, 2015] Accessed May 15, 2023, here.
[36] Office of Assistant Secretary for Planning and Evaluation. Engaging People with Lived Experience to Improve Federal Research, Policy, and Practice. HHS. Accessed August 1, 2023, here.

**HRSA-24-040: MCH-IOHI National Consortium (Consortium)**

High-quality TA (that is TA based on evidence and best practices, delivered by trained personnel) can help bridge the gap between evidence, policy, and practice. As the principal TA provider, the Consortium will implement expert-led TA as described in the Purpose section and outlined below. The Consortium partners will have expertise and proven knowledge in providing targeted TA using implementation science and collaborative learning that's responsive to the needs of MCHB's oral health projects participating in a Consortium-led LC. In addition, the Consortium will provide universal TA easily accessible to all states and jurisdictions (that's TA received by individuals or organizations through their own initiative or Consortium-led TA outreach). Universal TA includes the development and dissemination of evidence-based and -informed preventive oral health care resources and guidance. The Consortium's TA approach will underscore the importance of establishing a shared vision among Consortium partners, clearly defining roles of key personnel. Key personnel we suggest for the Consortium are *italicized* below.

**Overarching Consortium Expectations**

- Identify a *Consortium Management Team* to advise and provide guidance in the implementation and evaluation of the Consortium, using partners' feedback.
- Engage partners in the field to address challenges in implementation strategies and emerging issues, to include national, state, and local level perspectives, and lived experience from diverse and underrepresented populations. To respond timely to emerging issues, the organization and planning for partner input will be finalized in consultation with our project officer.
- Maintain a public website that features easily accessible resources and guidance, including consumer materials, for organizations and professionals interested in the oral health of MCH populations. The website will be publicly accessible upon award, offering alternative modes of outreach, such as electronic newsletters and educational opportunities (for example, webinars and online curricula).
- Implement an annual assessment to identify areas for performance improvements[37] and evaluate achievements, including progress towards required measures listed below. Your plan should distinguish between the various types of TA provided and include TA recipient feedback to inform processes.

The successful Consortium applicant will also address the following activities:

[37] Office of the Assistant Secretary for Planning and Evaluation. Measuring T/TA Effectiveness. HHS. Accessed June 1, 2023, here.

**Targeted TA** - Implement five LCs based on implementation science principles.

- Develop an LC framework that includes: (1) a clear agenda and expectations for each learning session, that includes active learning and collects feedback; (2) a system to easily request individual TA and track assistance; (3) a communication system for peer-to-peer sharing and to disseminate Consortium updates and MCHB announcements; and (4) a system to collect common metric data.
- Develop and maintain an online shared workspace for LC project teams, to include a password-protected portal for the collection of common metric data, displaying data results, and sharing of project activities in a trusted space.
- Develop and maintain public-facing project profiles to share progress.

**Implement one, 4-year MCH-IOHI LC**

- Assist the MCH-IOHI Alliance achieve effective collaboration and commitment to the MCH-IOHI Project, to include sustaining successful aspects of the project. We encourage you to use accessible tools online, such as the Wilder Collaborative Factors Inventory Tool,[38] to measure collaboration and to identify opportunities for TA.
- Assist MCH-IOHI Projects in their achievement of Program Requirements and Expectations (as outlined above). Support team building and peer-to-peer learning among all projects. Assist with state and local improvement strategies, coordinating common project activities to show collective impact and progress towards the project's required measures.

**Implement four, 12-month Title V Oral Health Performance (TV-OHP) LCs**

*This activity is subject to the appropriation of funds for FY 2024. The inclusion of the TV-OHP LCs is a contingency action to ensure that, should funds become available for this purpose, we can process the Consortium application and award funds appropriately. For additional instruction see the text box below.*

- Implement four, 12-month TV-OHP LCs. Participating teams will model at least one oral health core clinical competency described in the *Integration of Oral Health and Primary Care Practice* report.[15] For budget purposes, plan for four LCs to run consecutively (one after the other).
- Target Title V agencies who've prioritized oral health. To allow a timely response to emerging issues relevant to Title V agencies, the TV-OHP LC plan will be finalized in consultation with our project officer.
- Select at least six TV-OHP LC teams and provide a reasonable incentive to

[38] Wells R, Yates L, Morgan I, deRosset L, Cilenti D. Using the Wilder Collaboration Factors Inventory to Strengthen Collaborations for Improving Maternal and Child Health. Matern Child Health J. 2021 Mar;25(3):377-384.

participate. For budget purposes, plan for no less than $40,000 per participating team.

**NOTE:** Six TV-OHP LC teams may receive additional funding as an incentive to participate. If funded through an annual appropriation, the LC may be limited to one year. If the final FY 2024 appropriation does not include funding for this purpose, the MCH-IOHI Consortium, in consultation with our project officer, may redirect their budget and staff time to implement a web-based learning series.

**Universal TA -** Provide general TA, including resources and guidance.

- Deliver universal TA (that includes information and resources received by individuals or organizations through their own initiative or Consortium-led TA outreach) to improve the TA recipient's application of evidence-based new knowledge. Universal TA should be easily accessible to all states and jurisdictions. Include a mechanism to track TA, including the focus of the TA request, your response, and the outcome of your assistance.
- Use an evidence-to-practice approach to review new evidence and emerging topics for new resource development. **Update or develop and disseminate at least eight educational resources per year.**
- Broaden the use of reliable dissemination pathways with input from HRSA-funded organizations as appropriate, such as the Association of Maternal and Child Health Programs, National MCH Workforce Development Center, National Network for Oral Health Access, Primary Care Associations, and Strengthen the Evidence Base for Maternal and Child Health Programs.

### Performance Measurement, Program Evaluation, and Quality Improvement

Develop and implement a four-year performance monitoring and evaluation plan to track progress towards project goals and objectives, and that contributes to continuous QI. The data you collect and your analysis must be discussed and shared regularly (at least annually) with our project officer. You will include the measures outlined below, any additional unique measures you develop to track your performance, and the Discretionary Grants Information System (DGIS) measures noted in the Reporting section.

Recipients will collect and report annually or bi-annually on the following measures:

### MCH-IOHI Projects

The MCH-IOHI Project recipients will participate in a Consortium-led coordination of an agreed set of common metrics, common definitions, and methods for data collection and analyses. In addition, the project recipients and the Consortium will work with our

project officer to establish targets for the local level measures in the first 6 months after award.

State Level Measures – **to report annually:**

- Number of enhanced state policy and/or scopes of practice that aim to increase access and use of integrated POHC in primary care settings.
- Number of health organizations participating in organizational oral health literacy professional trainings and outreach events who demonstrate increased organizational oral health literacy.
- Number of health professionals participating in organizational oral health literacy professional trainings and outreach events who report increased oral health literacy.
- Number of state surveillance enhancements implemented that improve trend analysis of the oral health status and burden of poor oral health among MCH populations.
- Number of state level data analyses that aim to assess equitable access to preventive oral health care at the community level.

Local Level Measures – **to report bi-annually:**

- Number and percent of participating primary care settings that modify clinic workflows to include integrated POHC services.
- Number and percent of participating primary care settings that track dental referrals to determine receipt of needed oral health care.
- Number and percent of the target population (unduplicated numbers) who receive integrated POHC services during primary care visits (to include an oral health risk assessment, an oral health screening or evaluation, preventive oral health care services, anticipatory guidance, and/or referral for non-urgent or urgent dental care as appropriate).
- Number and percent of the target population (unduplicated numbers) who receive integrated POHC services during a primary care visit at a participating primary care setting and are referred for non-urgent or urgent dental care as appropriate, who have a documented dental visit.
- Number and percent of primary care providers, who participated in training organized by the MCH-IOHI Project, who report increased knowledge of preventive oral health care and key components of oral health integration.
- Number and percent of the target population (unduplicated numbers), who received integrated POHC services during a primary care visit at a participating primary care setting, who select an oral health self-management goal.

**MCH-IOHI Consortium**

Targeted TA Measures – **report annually:**

- Number of Alliance member organizations that perceive a benefit from being involved in the collaboration.
- Number of Alliance member organizations that perceive that collaboration efforts are sustainable (that's the right amount of time, expertise and resources are invested in their collaborative efforts aimed to sustain successful aspects of the project).

Universal TA Measures – **report annually:**

- Number of Consortium TA recipients who have applied evidence-based new knowledge after receipt of expert-led universal TA.
- Number of evidence-based/informed educational resources or tools developed/revised and disseminated.

Note that a number of the MCH-IOHI Projects and Consortium measures will be reported annually through the DGIS. For more information on these measures, please see the Reporting section.

## Program-Specific Instructions

Include application requirements and instructions from Section 4 of the *Application Guide* (budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract). Also include the following:

### i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form that you'll find in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information you must include in the Project Abstract Summary Form, see Section 4.1.ix of the *Application Guide.*

## NARRATIVE GUIDANCE

The following table provides a crosswalk between the narrative language and where each section falls within the review criteria. Make sure you've addressed everything. We may consider any forms or attachments you reference in a narrative section during the merit review.

| Narrative Section | Review Criteria |
|---|---|
| Introduction | *Criterion 1: NEED* |

| Narrative Section | Review Criteria |
|---|---|
| Organizational Information | *Criterion 3: EVALUATIVE MEASURES, Criterion 4: IMPACT, Criterion 5: RESOURCES/CAPABILITIES, and Criterion 6: SUPPORT REQUESTED* |
| Need | *Criterion 1: NEED and Criterion 2: RESPONSE* |
| Approach | *Criterion 2: RESPONSE, Criterion 4: IMPACT, and Criterion 6: SUPPORT REQUESTED* |
| Work Plan | *Criterion 2: RESPONSE, Criterion 3: EVALUATIVE MEASURES, Criterion 4: IMPACT, and Criterion 5: RESOURCES/CAPABILITIES* |
| Resolution of Challenges | *Criterion 2: RESPONSE and Criterion 4: IMPACT* |
| Evaluation and Technical Support Capacity | *Criterion 3: EVALUATIVE MEASURES, Criterion 5: RESOURCES/CAPABILITIES, and Criterion 6: SUPPORT REQUESTED* |
| Budget Narrative | *Criterion 6: SUPPORT REQUESTED* |

### ii. *Project Narrative*

This section must describe all aspects of the proposed project. Make it brief and clear.

Provide the following information in the following order. Please use the section headers. This ensures reviewers can understand your proposed project.

- *Introduction -- Corresponds to Section V's Review Criterion 1: Need*

  **For both projects:**

  State the project you're applying. Briefly describe, in your own words, the purpose of your proposed project.

- *Organizational Information -- Corresponds to Section V's Review Criteria 3: Evaluative Measures, 4: Impact, 5: Resources/Capabilities, and 6: Support Requested*

  **For both projects:**

  Succinctly describe your organization's current mission, structure, and scope of current activities, and how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations.

Include an organizational chart. Describe relationships with any agency or organizations (for example, subrecipients) you intend to partner, collaborate, coordinate efforts, or receive consultation from, while conducting project activities. Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings. Describe how you'll routinely assess and improve the unique needs of target populations of the communities served.

Acknowledge and include the following attachments: a project organizational chart as **Attachment 2**, a staffing plan and job descriptions as **Attachment 3**, biological sketches of key personnel and signed letters of commitment as **Attachment 4**, and acknowledgements of planned subawards and contracts as **Attachment 5**.

**For the MCH-IOHI Projects (HRSA-24-039):**

- Describe the organization of the MCH-IOHI Alliance and clearly identify what expertise will be represented and why. Describe how the expertise and input of its members will contribute to accomplishing your state and local approaches. Include, as **Attachment 6**, a list of the personnel you propose and the expertise they bring to the team.

**For the MCH-IOHI Consortium (HRSA-24-040):**

- Describe the organization of the Consortium Management Team and what expertise will be represented and why. Include, as **Attachment 7,** a list of the personnel you propose and the expertise they bring to the team. This team should help advise you on project activities.
- Describe your vision for a group of national, state, local partners, including those with lived experience, who you'll engage to address challenges in implementation and emerging issues. Include, as **Attachment 8**, a list of partners you propose.

- *Need -- Corresponds to Section V's Review Criteria 1: Need and 2: Response*

This section will help reviewers understand the community and/or organization(s) you'll serve. Use and cite data when possible to support your information.

**For the MCH-IOHI Projects (HRSA-24-039):**

Describe the unmet oral health care needs among the target population in your state. Describe your existing state oral health infrastructure (including data and data systems), relevant policies, and relationships with key stakeholders. Discuss relevant barriers and challenges that may hinder state and local improvements which you hope to address with the proposed project.

**For the MCH-IOHI Consortium (HRSA-24-040):**

Describe the current state of unmet oral health care needs among MCH populations across the U.S. and the ongoing public health, professional and

organizational challenges related to achieving effective and timely access to preventive oral health care services. Describe the gaps and challenges, from both a state and local perspective, that should be targeted to address any unmet educational, resource, or other TA needs. Describe how your project will systematically address needs of state Title V agencies and oral health programs, and other professionals and organizations who serve MCH populations.

- *Approach -- Corresponds to Section V's Review Criteria 2: Response, 4: Impact, and 6 Support Requested*

  **For both projects:**

  This section will help reviewers understand the realistic and measurable approach, for both the methods and strategies, you propose. Identify project goals and SMARTIE objectives (-strategic, measurable, ambitious, realistic, time-bound, inclusive, and equitable) that respond to the Program Objectives and required measures outlined in the Program Requirements and Expectations.

  - Propose methods you'll use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO, including the three core functions and required activities.
  - Clearly identify your health equity approach. Include in this approach how you will address the disparities in access and use of preventive oral health care you describe in the Need section of your narrative. Include attainable strategies that'll address the disparities identified for target population.
  - Include a description of any innovative methods you'll use to address the stated needs. Include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing and dissemination with efforts to involve patients, families, and communities.
  - Include a plan to disseminate reports, products, and/or project outputs to ensure target audiences receive project related information.
  - Propose a plan for project sustainability after the period of federal funding ends. We expect recipient to sustain key elements of their projects, such as strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population.

- *Work Plan -- Corresponds to Section V's Review Criteria 2: Response, 3: Evaluative Measures, 4: Impact, and 5: Resources/Capabilities*

**For both projects:**

Describe the steps, for the entire period of performance, you'll use to achieve the objectives and corresponding activities proposed in your *Approach*. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application. Submit, as **Attachment 1**, a diagram that outlines, by timeline, all activities and responsible staff described in your work plan. We expect your work plan will be operational 9 months after the initial award date.

- *Resolution of Challenges -- Corresponds to Section V's Review Criteria 2: Response and 4: Impact*

  **For both projects:**

  Discuss challenges that you're likely to encounter in designing and implementing the activities described in your *Approach* and *Work Plan*, including, but not limited to, potential challenges in facilitating key partnerships and identifying team members; implementing or fully participating in a learning collaborative as described in the Program Requirements and Expectations; providing or receiving TA; working with the target population; implementing professional training and developing educational resources; and collecting data and measuring the impact. Describe approaches you'll use to resolve such challenges.

- *Evaluation and Technical Support Capacity -- Corresponds to Section V's Review Criteria 3: Evaluative Measures, 5: Resources/Capabilities, and 6: Support Requested*

  **For both projects:**

  *Evaluation* - Applicants must provide a performance measurement and evaluation plan that demonstrates how you'll fulfill the expectations and requirements for performance measurement and evaluation described in the Program Requirements and Expectations section. This plan should include the following:

    - **Monitoring**: Describe how you'll track project-related processes, activities, and milestones, and use data to identify actual or potential challenges to implementation. Provide an initial list of measures (indicators, metrics) you'll use to monitor progress. The required measures, listed above, will be evident in this list as well as key indicators that aim to measure the sustainability of the project.

    - **Performance Measurement**: Address the timely collection and reporting of measures used for monitoring, to include the required measures, measures listed in the Program Requirements and Expectations section, any unique (additional) measures you develop to measure and track your project's performance, and the DGIS measures noted in the Reporting section.

- **Program Evaluation and QI**: Describe the data you will collect and how those data relate to program goals and objectives and performance measurement, data analysis plans, and expected deliverables and dissemination. Address in your program evaluation the Consortium-led coordination of an agreed set of common metrics, common definitions, and methods for data collection and analyses. Address how often you'll assess data for indications of progress or challenges. Include how you'll use and incorporate information from performance measurement and evaluation to inform and improve processes and outcomes.

*Technical Support Capacity* –

- Describe your capacity (that is your key staffs' experience, skills and knowledge; and your budget) to collect and manage data in a way that allows for accurate and timely monitoring, performance measurement, and evaluation.
- Describe the systems and processes that you'll use to track performance outcomes. Address your ability to establish baseline data and targets. Describe how you'll collect and manage data (for example, assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of those outcomes.
- Describe your plan to evaluate how the program performs and how that'll contribute to continuous quality improvement. The evaluation should monitor ongoing processes and the progress towards the project's goals and objectives. Describe any potential barriers for implementing and sustaining your evaluation plan and how you plan to address them.

### iii. *Budget*

The *Application Guide* directions may differ from those on Grants.gov.

Follow the instructions in Section 4.1.iv Budget of the *Application Guide* and any specific instructions listed in this section. Your budget should show a well-organized plan.

**Participant Compensation:** People with lived experience should be fairly compensated for their participation in project activities, such as advisory committee, training, etc.

**Reminder:** The total project or program costs are all allowable (direct and indirect) costs used for the HRSA activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include MOE, if applicable).

As required by the Consolidated Appropriations Act, 2023 (P.L. 117-328), Division H, § 202, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of

Executive Level II." Effective January 2023, the salary rate limitation is $212,100. As required by law, salary rate limitations may apply in future years and will be updated.

### iv. *Budget Narrative*

See Section 4.1.v. of the *Application Guide.*

In addition, the HRSA-24-039 (MCH-IOHI Projects) **and** Consortium (HRSA-24-040) budgets require the following:

**For both projects:**

Travel: Budget for no less than four key personnel to travel to the Washington DC area for an annual 2-day, in-person MCH-IOHI Project meeting in project years 1 and 4. The Budget Narrative will include justification for the staff selected to attend.

**For the MCH-IOHI Consortium (HRSA-24-040):**

*This budget item is subject to the appropriation of funds for FY 2024. The inclusion of Title V-Oral Health Performance (TV-OHP) Learning Collaborative (LC) is a contingency action to ensure, should funds become available for this purpose, we can process the Consortium application and award funds appropriately. See Program Requirements and Expectations for details.*

Other (Direct): Annually budget $40,000, each, for up to six project teams as an incentive to participate in a 12-month TV-OHP LC.

### v. *Attachments*

**Provide the following attachments in the order we list them.**

**Most attachments count toward the** application page limit. Indirect cost rate agreement and proof of non-profit status (if it applies) are the only exceptions. They will not count toward the page limit.

**Clearly label each attachment**. Upload attachments into the application. Reviewers will not open any attachments you link to.

*Attachment 1: Work Plan*

Attach a project work plan that includes all information detailed in the Project Narrative. If you'll make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

*Attachment 2: Project Organizational Chart*

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

*Attachment 3: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of* the *Application Guide)*

Keep each job description to one page as much as possible. Include the role, responsibilities, and qualifications of proposed project staff. Describe your organization's timekeeping process. This ensures that you'll comply with federal standards related to recording personnel costs.

*Attachment 4: Biographical Sketches of Key Personnel (**Does not** count towards the page limit)*

Include biographical sketches for people who'll hold the key positions you describe in *Attachment 3*. Keep it to two pages or less per person. **Do not** include personally identifiable information (PII). If you include someone you have not hired yet, include a letter of commitment from that person with the biographical sketch.

*Attachment 5: Letters of Agreement, Memoranda of Understanding (as required to document eligibility)*

Provide any documents that describe working relationships between your organization and other entities and programs you cite in the proposal. Documents that confirm actual or pending contracts or agreements should clearly describe the roles of the contractors and any deliverable. Make sure you sign and date any letters of agreement. If letters of support are *required for eligibility*, include in this attachment.

*Attachment 6: MCH-IOHI Alliance*

List the persons you propose as Alliance members, the organization they represent and leadership/coordination expertise they offer to the project.

*Attachment 7: Consortium Management Team*

List of the persons you propose the organization they represent and the expertise they bring for the purpose of offering guidance and advice to the Consortium.

*Attachment 8: Expert Counsel*

List the partners you propose to provide counsel to the Consortium and MCHB. List their organization, if applicable, and experience, including lived experience.

*Attachment 9: Proof of Non-profit Status (Does not count towards the page limit)*

*Attachments 10–15: Other Relevant Documents (no more than 15 attachments)*

Include any other documents that are relevant to the application. This may include letters of support, that are not required for eligibility. Letters must show a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

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

A UEI is required to apply for this funding. You must register in the SAM.gov to receive your UEI.

You cannot use a DUNS number to apply. For more details, visit the following webpage: General Service Administration's UEI Update

After you register with SAM, maintain it. Keep your information updated when you have: an active federal award, application, or plan that an agency is considering.[39]

When you register, you must submit a notarized letter naming the authorized Entity Administrator.
We will not make an award until you comply with all relevant SAM requirements. If you have not met the requirements by the time we're ready to make an award, we'll deem you unqualified and award another applicant.

If you already registered on Grants.gov, confirm that the registration is active and that the Authorized Organization Representative (AOR) has been approved.

To register in Grants.gov, submit information in two systems:

- System for Award Management (SAM) (SAM Knowledge Base)
- 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're an entity using a non-employee or if you're 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 the *Application Guide.*

*Note*: Allow enough time to register with SAM and Grants.gov. We do not give application extensions or waivers if you fail to register in time.

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[39] Unless 2 CFR § 25.110(b) or (c) exempts you from those requirements or the agency approved an exemption for you under 2 CFR § 25.110(d)).

### 4. Submission Dates and Times

#### Application Due Date

Your application is due on *January 22, 2024, at 11:59 p.m. ET.* We suggest you submit your application to Grants.gov at least 3 calendar days before the deadline to allow for any unexpected events. See the *Application Guide's* Section 8.2.5 – Summary of emails from Grants.gov.

### 5. Intergovernmental Review

The MCH-IOHI Program (both MCH-IOHI Demonstration Projects **and** National Consortium) must follow the terms of Executive Order 12372 in 45 CFR part 100.

See Section 4.1 ii of the *Application Guide* for more information.

### 6. Funding Restrictions

The General Provisions in Division H of the Consolidated Appropriations Act, 2023 (P.L. 117-328) apply to this program. See Section 4.1 of the *Application Guide* for information. Note that these and other restrictions will apply in fiscal years that follow, as the law requires.

You must have policies, procedures, and financial controls in place. Anyone who receives federal funding must comply with legal requirements and restrictions, including those that limit specific uses of funding.

- Follow the list of statutory restrictions on the use of funds in Section 4.1 (**Funding Restrictions**) of the *Application Guide.* We may audit the effectiveness of these policies, procedures, and controls.
- 2 CFR § 200.216 prohibits certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

If funded, for-profit organizations are prohibited from earning profit from the federal award (45 CFR § 75.216(b)).

## V. Application Review Information

### 1. Review Criteria

We review your application on its technical merit. We have measures for each review criterion to help you present information and to help reviewers evaluate the applications.

We use six review criteria to review and rank MCH-IOHI Demonstration Projects **and** National Consortium applications. Here are descriptions of the review criteria and their scoring points.

*Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction and Need*

**For both projects:**

- *5 points* – How well the application describes and demonstrates the problem and associated contributing factors to the problem.
- *5 points* – The strength of the proposed goals and objectives to address the applicant's identified need and the programs Purpose

*Criterion 2: RESPONSE (40 points) – Corresponds to Section IV's Need, Approach, Work Plan, and Resolution of Challenges*

*Approach* (30 points) --

**For both projects:**

- *5 points* – The extent to which the activities described in the application address the problem (including the needs identified), and are capable to attaining the project objectives (including the required measures).

**For MCH-IOHI Projects (HRSA-24-039):**

- *10 points* – The strength of the rationale for selecting the proposed stakeholders for the MCH-IOHI Alliance. The strength of the proposed strategies to establish effective collaboration and commitment to the project (for example, sharing diverse competencies and complementary resources). And the strength and clarity of the proposed plan to participate in a joint approach among all MCH-IOHI program award recipients, that aims to show collective impact.
- *15 points* – The strength and clarity of the project's two-tier approach that addresses:
    - State level improvements focused on policy and practice, organizational oral health literacy and state oral health surveillance enhancements.
    - Local level improvements that clearly identifies the need of the target population, selection of participating primary care settings, and to plan to validate and establish a replicable, evidence-based/-informed model of care that integrates preventive oral health care and primary care services.

**For the MCH-IOHI Consortium (HRSA-24-040):**

- *10 points* - The strength and clarity in the proposed learning collaborative approach, including the proposed plan for coordinating common project activities to show collective impact and progress towards the project's required measures, including an agreed set of common metrics, definitions, methodologies, and analyses. The strength of the proposed strategies to establish effective collaboration and commitment among the MCH-IOHI Alliances and individually among their members.

- *15 points* – How well the proposed plan clearly demonstrates the planned TA and resource support responds to TA needs. The strength and clarity of the Consortium's plan to increase the implementation and adoption of integrated POHC policies and practices designed to:
    - Provide targeted TA to MCH-IOHI Projects using implementation science and a collaborative learning approach to accelerate change;
    - Develop evidence-based educational resources and guidance for professionals working in or with MCH or oral health programs; and
    - Provide easily accessible, high-quality universal TA to all states and jurisdictions, that's information and resources received by individuals or organizations through their own initiative or Consortium-led TA outreach.

*Work Plan (5 points)* –

**For both projects:**

- *5 points* –The clarity and completeness outlined in the work plan, identifying responsible staff and timeline of the planned performance that's clearly operational 9 months after the initial award date.

*Resolution of Challenges (5 points)* –

**For both projects:**

- *5 points* –The thoroughness with which potential challenges are discussed and the justification of the proposed approaches to resolve them.

*Criterion 3: EVALUATIVE MEASURES (20 points) – Corresponds to Section IV's Work Plan, and Evaluation and Technical Support Capacity, and Organizational Information*

The strength and effectiveness of the proposed performance measurement and evaluation plan, including:

*Work Plan and Evaluation* and *Technical Support Capacity (15 points)* –

**For both projects:**

- *10 points* - The strength and effectiveness of the evaluation plan and methods proposed to demonstrate outcomes and apply continuous program quality improvement. The extent to which the applicant describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities.
- *5 points* – How well the applicant describes a plan to collect data for all measures they propose to use for monitoring. The extent to which the applicant describes the measures specified in the Program Requirements and Expectations and any unique (additional) measures the applicant proposes in their Narrative. The quality and feasibility of all measures (that's the ease of calculating accurately), and the degree to which all measures align with the purpose of the NOFO and

are adequate to assess performance and progress towards the program goals and objectives.

*Evaluation and Technical Support Capacity* and *Organizational Structure* (5 points) –

**For both projects:**

- *5 points* – How well the applicant describes a plan to collect, track, manage, and report data over time. The degree to which the applicant describes available resources, systems, and processes that'll support this plan.

*Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Approach, Work Plan, Resolution of Challenges, and Organizational Information*

**For both projects:**

- *5 points* – How effective the proposed project will be.
- *5 points* – How strong of a public health impact it'll have. This may include:
    - The degree to which the plans for sharing project results be effective.
    - How realistic is the planned impact on the community or target population.
    - The degree to which the project results will be national in scope.
    - The degree to which project activities can be copied.
    - How likely the program will continue beyond the federal funding.

*Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's Work Plan, Evaluation and Technical Support Capacity and Organizational Information*

*Work Plan and Evaluation* and *Technical Support Capacity (10 points)* --

**For both projects:**

- *10 points* – How well the applicant organization demonstrates readiness to meet the program's Purpose and Program Requirements and Expectations, including the described data collection, analysis and reporting requirements.
    - Whether project staff have the training or experience to carry out the project.
    - Whether the applicant organization has capabilities to fulfill the needs of the proposed project.
    - Whether the applicant has quality facilities available to fulfill the needs of the proposed project.

*Evaluation and Technical Support Capacity* and *Organizational Structure* (5 points) --

**For the MCH-IOHI Projects (HRSA-24-039):**

- *5 points* – How well the applicant organization demonstrates the capacity and expertise to oversee the project's design, implementation and evaluation, and the Alliance members' capacity and expertise to assume leadership roles in the coordination of the state and local approach.

**For the MCH-IOHI Consortium (HRSA-24-040):**

- *5 points* – How well the applicant organization demonstrates the Consortium partners' capacity and expertise will provide the scope of TA and support activities required, including the strength and effectiveness of the technology proposed to host a public website as described and an interactive, easily accessible secure electronic portal for the projects' use.

*Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's Approach, Evaluation and Technical Support Capacity, Organizational Information, Budget and Budget Narrative*

**For both projects:**

- *5 points* – How well the applicant organization describes the funding support requested to meet the program's Purpose and Program Requirements and Expectations, including:
    - How reasonable the proposed budget is for each year of the period of performance.
    - Whether costs, as outlined in the budget and required resources sections, are reasonable and align with the scope of work.
    - Whether key staff have adequate time devoted to the project to achieve project objectives.
    - Includes funding to support no less than four key personnel to attend a 2-day, in-person annual meeting, in the Washington DC Metro area, for project years 1 and 4.

**2. Review and Selection Process**

Subject matter experts provide an impartial evaluation of your application. Then, they pass along the evaluations to us, and we decide who receives awards. See Section 5.3 of the *Application Guide* for details. When we make award decisions, we consider the following when selecting applications for award:

- How high your application ranks
- Funding availability

- Risk assessments
- Other pre-award activities, as described in Section V.3 of this NOFO

### 3. Assessment of Risk

If you have management or financial instability that directly relates to your ability to carry out statutory, regulatory, or other requirements, we may decide not to fund your high-risk application (45 CFR § 75.205).

First, your application must get a favorable merit review. Then we:

- Review past performance (if it applies)
- Analyze the cost of the project/program budget
- Assess your management systems
- Ensure you continue to be eligible
- Make sure you comply with any public policies.

We may ask you to submit additional information (for example, an updated budget) or to begin activities (for example, negotiating an indirect cost rate) as you prepare for an award.

However, even at this point, we do not guarantee that you'll receive an award. After a full review we'll decide whether to make an award, and if so, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and final. You cannot appeal them to any HRSA or HHS official or board.

We review information about your organization in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may comment on anything that a federal awarding agency previously entered about your organization. We'll consider your comments, and other information in FAPIIS. We'll use this to judge your organization's integrity, business ethics, and record of performance under federal awards when we complete the review of risk. We'll report to FAPIIS if we decide not to make an award because we have determined you do not meet the minimum qualification standards for an award (45 CFR § 75.212).

## VI. Award Administration Information

### 1. Award Notices

The Notice of Award (NOA) is issued on or around the start date listed in the NOFO. See Section 5.4 of the *Application Guide* for more information.

### 2. Administrative and National Policy Requirements

See Section 2.1 of the *Application Guide*.

If you receive an NOA and accept the award, you agree to conduct the award activities in compliance/accordance with:

- All provisions of 45 CFR part 75, currently in effect.
- Other federal regulations and HHS policies in effect at the time of the award. In particular, the following provision of 2 CFR part 200, which became effective on or after August 13, 2020, is incorporated into this NOFO: 2 CFR § 200.301 Performance measurement.
- Any statutory provisions that apply
- The Assurances (standard certification and representations) included in the annual SAM registration.

**Accessibility Provisions and Non-Discrimination Requirements**

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS-690). To learn more, see the HHS Office for Civil Rights website.

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 our 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**

Executive Order on Worker Organizing and Empowerment (E.O. 14025) encourages you to support worker organizing and collective bargaining. Bargaining power should be equal between employers and employees.

This may include developing policies and practices that you could use to promote worker power. Describe your plans and activities to promote this in the application narrative.

**Subaward Requirements**

If you receive an award, you must follow the terms and conditions in the NOA. You'll also be responsible for how the project, program, or activity performs; how you and others spend award funds; and all other duties.

In general, subrecipients must comply with the award requirements (including public policy requirements) that apply to you. You must make sure your subrecipients comply with these requirements. 45 CFR § 75.101 Applicability gives details.

### Data Rights

All publications you develop or purchase with award funds must meet program requirements.

You may copyright any work that's subject to copyright and was developed, or for which ownership was acquired, under an award.

However, we reserve a royalty-free, nonexclusive, and irrevocable right to your copyright-protected work. We can reproduce, publish, or otherwise use the work for federal purposes and allow others to do so. We can obtain, reproduce, publish, or otherwise use any data you produce under the award and allow others to do so for federal purposes. These rights also apply to works that a subrecipient develops.

If it applies, the NOA will address HRSA's rights regarding your award.

### 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 | Use 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. |
| Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act | Use health IT certified under the ONC Health IT Certification Program if certified technology can support the activity. Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it 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 the *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 to us their annual performance data. 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 have been updated and are currently undergoing OMB approval. The new performance measures are intended to better align data collection forms with current program activities and include common process and outcome measures as well as program-specific measures that highlight the unique characteristics of discretionary grant/cooperative agreement projects that are not already captured. Recipients will only complete forms in this package that are applicable to their activities, to be confirmed by MCHB after OMB approval. The proposed updated forms are accessible at https://mchb.hrsa.gov/data-research/discretionary-grants-information-system-dgis.

| Type of DGIS Report | Reporting Period | Available Date | Report Due Date |
|---|---|---|---|
| **a) New Competing Performance Report** | July 1, 2024—March 31, 2028<br><br>*(administrative data and performance measure projections, as applicable)* | Period of performance start date | 120 days from the available date |
| **b) Non-Competing Performance Report** | July 1, 2024—June 30, 2025<br>July 1, 2025—June 30, 2026<br>July 1, 2026—June 30, 2027 | Beginning of each budget period (Years 2–4, as applicable) | 120 days from the available date |
| **c) Project Period End Performance Report** | July1, 2027—June 30, 2028 | Period of performance end date | 90 days from the available date |

2) **Federal Financial Report**. The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Visit Reporting Requirements | HRSA. More specific information will be included in the NOA.

3) **Progress Report**(s). Your annual progress will be reported in the non-competing continuation (NCC) renewal you submit each year. The NOA will provide details.

## VII. Agency Contacts

**Business, administrative, or fiscal issues:**

Amy Glasser
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Call: 301-443-3999
Email: aglasser@hrsa.gov

**Program issues or technical assistance:**

Pamella Vodicka
Senior Public Health Analyst
Division of Child, Adolescent, and Family Health
Attn: Maternal and Child Health Bureau
Health Resources and Services Administration
Call: 301-443-2753
Email: pvodicka@hrsa.gov

**You may need help applying through Grants.gov. Always get a case number when you call.**

Grants.gov Contact Center (24 hours a day, 7 days a week, excluding federal holidays)
Call: 1-800-518-4726 (International callers: 606-545-5035)
Email: support@grants.gov
Search the Grants.gov Knowledge Base

Once you apply or become an award recipient, you may need help submitting information and reports through HRSA's Electronic Handbooks (EHBs). Always get a case number when you call.

**HRSA Contact Center** (Monday – Friday, 7 a.m. – 8 p.m. ET, excluding federal holidays)
Call: 877-464-4772 / 877-Go4-HRSA
TTY: 877-897-9910
Electronic Handbooks Contact Center

The EHBs login process changed on May 26, 2023, for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs now uses **Login.gov** and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must have a Login.gov account 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 Summary.

### Tips for Writing a Strong Application

See Section 4.7 of the *Application Guide*.

## Appendix A: Page Limit Worksheet

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

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

| **Standard Form Name** ***(Forms themselves do not count against the page limit)*** | **Attachment File Name** ***(Unless otherwise noted, attachments count against the page limit)*** | **# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form* |
|---|---|---|
| Application for Federal Assistance (SF-424 - Box 14) | Areas Affected by Project (Cities, Counties, States, etc.) | *My attachment =* ___ *pages* |
| Application for Federal Assistance (SF-424 - Box 16) | Additional Congressional District | *My attachment =* ___ *pages* |
| Application for Federal Assistance (SF-424 - Box 20) | Is the Applicant Delinquent On Any Federal Debt? | *My attachment =* ___ *pages* |
| Attachments Form | Attachment 1: *Work Plan* | *My attachment =* ___ *pages* |
| Attachments Form | Attachment 2: *Project Organizational Chart* | *My attachment =* ___ *pages* |
| Attachments Form | Attachment 3: *Staffing Pland and Job Descriptions for Key Personnel* | *My attachment =* ___ *pages* |
| Attachments Form | Attachment 4: *Biographical Sketches of Key Personnel* | *My attachment =* ___ *pages* |
| Attachments Form | Attachment 5: *Letters of Agreement, Memoranda of Understanding* | *My attachment =* ___ *pages* |
| Attachments Form | Attachment 6: *MCH-IOHI Alliance* | *My attachment =* ___ *pages* |
| Attachments Form | Attachment 7: *Consortium Management Team* | *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 8: *Expert Counsel* | *My attachment = ___ pages* |
| Attachments Form | Attachment 9: *Proof of Non-profit Status* | *(Does not count against the page limit)* |
| Attachments Form | Attachment 10: *Other Relevant Documents* | *My attachment = ___ pages* |
| Attachments Form | Attachment 11: *Other Relevant Documents* | *My attachment = ___ pages* |
| Attachments Form | Attachment 12: *Other Relevant Documents* | *My attachment = ___ pages* |
| Attachments Form | Attachment 13: *Other Relevant Documents* | *My attachment = ___ pages* |
| Attachments Form | Attachment 14: *Other Relevant Documents* | *My attachment = ___ pages* |
| Attachments Form | Attachment 15: *Other Relevant Documents* | *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-24-039 and HRSA-24-040 is 60 pages** | | **My total = ____ pages** |

## Appendix B: HHS and HRSA DEFINITIONS

**Definition of Equity**: "[T]he consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality."[40]

**Definition of Underserved Communities**: "[The] populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of 'equity.'"[40]

**Definition of Social Determinants of Health**: "[The] the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Social determinants of health can be grouped into 5 domains: economic stability; education access and quality; health care access and quality; neighborhood and built environment; and social and community context."[41]

**Definition of Telehealth**: The use of electronic information and telecommunications technologies to support and promote, at a distance, health care, patient and professional health-related education, health administration, and public health; learn more at Telehealth.HHS.gov.

In addition, if you use broadband or telecommunications services for the provision of health care, HRSA strongly encourages you to seek discounts through the Federal Communication Commission's Universal Service Program; to learn more, see Rural Health Care Program.

Qualified low-income patients may be eligible for a monthly discount on phone, internet, or bundled package bills which can give them the tools to access telehealth through Lifeline. The Affordable Connectivity Program also helps ensure that households can afford the broadband they need for healthcare. Additional discounts are available to households on tribal lands.

[40]Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § Sec. 2 (Jan. 20, 2021). Accessed June 1, 2023, here.
[41] Office of Disease Prevention and Health Promotion. Healthy People 2030. Priority Areas. Social Determinants of Health. HHS. Accessed June 1, 2023, here.