

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 Healthy Start and Perinatal Services

Maternal Health Training and Resource Center (MHTRC)

Funding Opportunity Number: HRSA-24-050

Funding Opportunity Type(s): Competing Continuation, New

Assistance Listing Number: 93.110

Application Due Date: May 2, 2024

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

We won't approve deadline extensions for lack of registration.

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

Issuance Date: February 2, 2024

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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

Funding Opportunity Title:	Maternal Health Training and Resource Center (MHTRC)
Funding Opportunity Number:	HRSA-24-050
Assistance Listing Number:	93.110
Due Date for Applications:	May 2, 2024
Purpose:	The purpose of the Maternal Health Training and Resource Center (MHTRC) program is to support MCHB's State Maternal Health Innovation (State MHI) grantees to implement strategies to improve maternal health and respond to the needs of populations impacted by maternal mortality and severe maternal morbidity. The Center will also provide limited support to the Maternal and Child Health Bureau's (MCHB) recipients with the implementation of maternal health projects, innovations, and initiatives, where resources permit.
Program Objective(s):	Support for MCHB's Maternal Health Recipients The MHTRC will translate science into practice to support the State Maternal Health Innovation awardees to implement effective strategies and innovations that positively impact Maternal and Child Health (MCH) populations, especially those experiencing the greatest disparities. The MHTRC will strengthen state- and community-based comprehensive systems of care for maternal health.
Eligible Applicants:	You can apply if your organization is in the United States and is:

	<ul style="list-style-type: none"> • Public or private • Community-based • Native American tribal governments ¹ • Native American tribal organizations ² <p>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>
Anticipated FY 2024 Total Available Funding:	<p>\$3,000,000</p> <p><i>We are 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 are not appropriated.</i></p>
Estimated Number and Type of Award(s):	Up to one cooperative agreement
Estimated Annual Award Amount:	Up to \$3,000,000 per award, subject to the availability of appropriated funds
Cost Sharing or Matching Required:	No
Period of Performance:	September 30, 2024 through September 29, 2029 (5 years)
Agency Contacts:	<p>Business, administrative, or fiscal issues: David Colwander Grants Management Specialist Division of Grants Management Operations, OFAM Email: DColwander@hrsa.gov</p> <p>Program issues or technical assistance: Lud Abigail Duchatelier-Jeudy, MPH PhD Lead Public Health Analyst Division of Healthy Start and Perinatal Services Maternal and Child Health Bureau Email: wellwomancare@hrsa.gov</p>

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).

² 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).

Application Guide

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

Technical Assistance

We have scheduled the following webinar:

Thursday, March 7, 2024

2 – 3:30 p.m. ET

Weblink: <https://hrsa->

[gov.zoomgov.com/j/1616996318?pwd=RFB0M2YyaDdEMERMSDNwQnRtNGVQU
T09](https://hrsa.gov.zoomgov.com/j/1616996318?pwd=RFB0M2YyaDdEMERMSDNwQnRtNGVQU
T09)

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

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

Meeting ID: 93095248

We will record the webinar. You can access the recording [here](#)

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Maternal Health Training and Resource Center (MHTRC) program.

The purpose of this program is to support MCHB's maternal health recipients, with a primary focus on the State Maternal Health Innovation (State MHI) program, to improve maternal health and to respond to the needs of populations impacted by maternal mortality and severe maternal morbidity (SMM). The MHTRC will also provide limited support to MCHB's maternal health recipients with the implementation of maternal health projects, innovations, and initiatives in their respective states, where funds are available.

Program Goals

The goals of the MHTRC are to improve maternal health by:

- Providing tailored technical assistance (TA), capacity-building assistance (CBA), and evaluation support services to recipients of MCHB's maternal health programs to aid awardees in addressing the needs of maternal health for populations disproportionately impacted by maternal mortality and severe maternal morbidity (SMM).
- Establishing a national resource center that provides evidence-based strategies and guidance to improve maternal health, reduce maternal mortality and SMM, and advance health equity at the individual, interpersonal, community, and societal levels.

Program Objectives

The Program Objectives to be accomplished during the period of performance to support program goals, include:

Support for MCHB's Maternal Health Recipients

- The MHTRC will translate science into practice to support the State MHI awardees to implement effective strategies and innovations that positively impact maternal and child health populations, especially those experiencing the greatest disparities.
- The MHTRC will strengthen state- and community-based comprehensive systems of care for maternal health.

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

2. Background

The Maternal Health Training and Resource Center is authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act) which authorizes awards for Special Projects of Regional and National Significance (SPRANS) in MCH.

About MCHB and Strategic Plan

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

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

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

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

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

The MHTRC addresses MCHB's Goals 1, 2, and 3 by supporting states, Title V agencies, community organizations, healthcare professionals, and other key stakeholders to improve care for people who give birth.

To learn more about MCHB and the bureau's strategic plan, visit [Mission, Vision, and Work | MCHB](#).

Maternal Mortality and Severe Maternal Mortality

Approximately 3.6 million women give birth in the United States each year.³ Despite advances in medical care and investments in improving access to care, rates of maternal mortality and SMM are high and have not improved. Over 800 women die each year in the United States from pregnancy-related causes.⁴ More than 25,000 women experience unintended outcomes of labor and delivery that result in significant short- or long-term consequences to their health.⁵ Significant disparities exist in maternal mortality, SMM, and other adverse outcomes, which vary by socio-economic

³ Osterman MJK, Hamilton BE, Martin JA, Driscoll AK, Valenzuela CP. Births: Final data for 2021. National Vital Statistics Reports; vol 72, no 1. Hyattsville, MD: National Center for Health Statistics. 2023. DOI: <https://dx.doi.org/10.15620/cdc:122047>

⁴ Hoyert DL. Maternal Mortality Rates in the United States, 2021. March 2023. Available at: <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/E-stat-Maternal-Mortality-Rates-2022.pdf>. Accessed 7/26/2023.

⁵ HRSA Federally Available Data (FAD) Resource Document. Release Version July 18, 2023. Available at <https://mchb.tvisdata.hrsa.gov/Admin/FileUpload/DownloadContent?fileName=FadResourceDocument.pdf&isForDownload=False> Accessed 7/26/2023.

factors such as race, ethnicity, age, geography, and income.^{6 7} As state agencies and community-based organizations continue to grapple with current trends in maternal health, the MHTRC will serve as a national resource center that provides evidence-based strategies to prevent and reduce maternal mortality and severe maternal morbidity.

Program History

In FY 2019, this award, previously named the Maternal Health Learning & Innovation Center (MHLIC), focused on creating learning opportunities for MCHB's maternal health recipients to develop tools, resources, and approaches needed to improve maternal health. The MHLIC utilized existing, and developed new, training materials and curricula to deliver technical assistance to maternal health entities through "Implementation Coaches." The MHLIC focused on engagement, innovation support, and policy as it worked with awardees to improve maternal health. A particular focus of their work was on addressing disparities. For more information about MHLIC, please visit:

<https://maternalhealthlearning.org/>.

This next round of funding will build on the work of the first MHLIC and continue to support MCHB's State MHI and other maternal health recipients in improving maternal health.

II. Award Information

1. Type of Application and Award

Application types: Competing Continuation, 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:

- Participate in the planning and development of project activities, including in-person or virtual meetings, during the period of performance;
- Participate in at least monthly project updates meetings and regular communication with the award recipient to assess progress in meeting the goals and objectives;

⁶ Hoyert 2023.

⁷ Chen J, Cox S, Kuklina EV, Ferre C, Barfield W, Li R. Assessment of Incidence and Factors Associated with Severe Maternal Morbidity after Delivery Discharge among Women in the US. JAMA Network Open. 2021. doi:10.1001/jamanetworkopen.2020.36148

- Review policies and procedures, activities, emerging issues, and tools designed and implemented during the period of performance;
- Review the evaluation plan, including progress to achieving proposed outcomes, data collected, and measures of success;
- Review and edit all written documents developed by the recipient prior to submission for publication or public dissemination. This includes any articles, abstracts, presentations, or other resource documents; and,
- Facilitate the establishment of partnerships for carrying out the project, including partnerships with other federal agencies or programs within HRSA or HHS.

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

- Complete all administrative data and performance measure reports, as designated by HRSA, in a timely fashion;
- Produce and disseminate project findings through publishing articles, reports, and/or giving presentations and adhere to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA awards (see Acknowledgement of Federal Funding in Section 2.2 of HRSA's SF-424 Application Guide);
- Collaborate with state Title V programs and other HRSA funded programs including, but not limited to: State MHI, AIM, AIM-Community Care Initiative, Maternal Mental Health and Substance Use Disorders, and other HRSA award recipients that focus on improving maternal health;
- Develop and maintain a web-based clearinghouse that ensures public access to all tools and resources during the project period and beyond and provide HRSA with a copy of all documents in an electronic file format at the end of the project period;
- Convene and lead face-to-face meetings during the period of performance for HRSA's maternal health award recipients; and
- Regularly communicate with HRSA Project Officers, who monitor State MHI recipients, in order to improve recipient performance towards improving maternal mortality and SMM outcomes.

2. Summary of Funding

We estimate approximately \$3,000,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to \$3,000,000 annually (reflecting direct and indirect costs).

The period of performance is September 30, 2024, through September 29, 2029 (5 years).

This program notice depends on the appropriation of funds. If funds are appropriated for this purpose, we will 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

[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, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau, and is:

- Public or private
- Community-based
- Native American tribal governments ⁸
- Native American tribal organizations ⁹

2. Cost Sharing or Matching

Cost sharing or matching is not required for this program.

⁸ 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).

⁹ 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

We will only review your **last** validated application before the Grants.gov [due date](#).

NOTE: Multiple applications from an organization are not allowed. However, organizations have the ability to come together as a consortium to submit a joint application for this cooperative agreement.

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-24-050 to receive emails about changes, clarifications, or instances where we republish the NOFO. You will 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 is an Application Completeness Checklist in the *Application Guide* to help you.

Application Page Limitation

The total number of pages that count toward the page limit shall be no more than **50 pages** when we print them. We will not review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using [Section III. Eligibility Information](#) of the NOFO.

These items 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.vi [Attachments](#).

If you use an OMB-approved form that is not in the HRSA-24-050 workspace application package, it may count toward the page limit.

Applications must be complete and validated by Grants.gov under HRSA-25-050 before the [deadline](#).

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- When you submit your application, you certify that you and your principals¹⁰ (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.¹¹
- If you cannot certify this, you must include an explanation in *Attachment 12: Other Relevant Documents*.

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

Program Requirements and Expectations

The successful applicant will support and guide MCHB's maternal health recipients as they develop services, programs, innovations, and initiatives to advance maternal health.

This is not a planning grant.

Throughout the period of performance, the recipient will be responsible for providing the following activities to MCHB's maternal health recipients:

¹⁰ See definitions at [eCFR :: 2 CFR 180.995 – Principal](#), and [eCFR :: 2 CFR 376.995 – Principal \(HHS supplement to government-wide definition at 2 CFR 180.995\)](#).

¹¹ See also 2 CFR parts [180](#) and [376](#), [31 U.S.C. § 3354](#), and [45 CFR § 75.113](#).

Maternal Health Recipients	MHTRC Activity
State Maternal Health Innovation Program	Training and Technical Assistance Capacity Building Assistance National Resource Center Partnership Building Policy Analysis Performance Measurement Program Evaluation Continuous Quality Improvement
Other Maternal Health Recipients (where applicable based on available funds and need)	Training and Technical Assistance National Resource Center Partnership Building Policy Analysis

1. Training and Technical Assistance

The MHTRC award recipient is expected to develop and facilitate TA, training, and educational materials for the State MHI recipients ([State Maternal Health Innovation \(MHI\) Program | MCHB \(hrsa.gov\)](#)) that are culturally relevant and reflect programmatic and scientific expertise. Training and TA should be available to MCHB’s other maternal health recipients where applicable.

- Provide training and TA to State MHI evaluators on key topics such as defining goals of local evaluation, collecting and analyzing data, incorporating evaluation findings, and designing and implementing a rigorous evaluation.
- Provide State MHI recipients with resources and strategies to engage in community action that supports the development, implementation, and/or evaluation of local, state, and maternal health systems-level initiatives, programs, and/or policies (i.e., Perinatal Periods of Risk (PPOR)).
- Serve as Subject Matter Experts (SMEs). A SME is defined as a “person with bona fide expert knowledge about what it takes to do a particular job.” These SMEs will provide (at no cost to the program recipient) in-depth virtual and/or on-site TA to an individual grant recipient or group of grant recipients, prioritizing the practical application of evidence-based practices targeting State MHI goals and performance measures.
- Deliver training and TA in a variety of formats, including:
 - **Individualized:** The MHTRC is expected to provide individualized training and TA for recipients on one or more specific maternal health topics (Appendix C) to strengthen the implementation of program goals. Individualized training and TA support may be provided virtually and/or on-site to support the specific needs of MCHB’s maternal health award recipients, with particular focus on State MHI recipients.

MCHB's maternal health recipients can request training and TA on any of the requirements/expectations outlined in the HRSA-19-107, HRSA-22-149, HRSA-23-106, and HRSA-23-108 NOFOs.

- Develop a mechanism to track requests for training, TA, and other requests received by State, topic, and the outcome after responding to these requests, for the duration of the project.
- **Group:** Group training and TA may include Web-based opportunities for MHI and other maternal health recipients such as live and pre-recorded webinars and eLearning modules, as well as in-person training sessions.
- **Communities of Practice (CoPs):** The recipient of the MHTRC is expected to facilitate CoPs activities for State MHI recipients.
 - CoPs are formed and facilitated on an ongoing basis (i.e., quarterly) to facilitate peer support across State MHI recipients to address strategic plan implementation and other program areas as identified and requested by the recipients.
 - CoPs will focus on sharing State MHI best practices and on creating new approaches to advance and improve maternal health.
 - CoPs will also focus on partnership engagement to support the creation, development, and implementation of innovative strategies for the State MHI recipients.
- **Project Director Mentorship Program:** The Project Director Mentorship Program provides peer-to-peer learning and mentoring support to State MHI Project Directors to improve organizational leadership and program performance. The recipient of the MHTRC award is expected to create a mentoring program for individual State MHI recipients and develop objectives and expected outcomes for the mentoring opportunities. The MHTRC recipient is also expected to develop curricula and training and facilitate peer-to-peer mentoring for Project Directors in State MHI programs.

2. Capacity Building Assistance

The MHTRC award recipient is expected to conduct an environmental scan to identify system-level gaps in maternal health care compared to the principles and strategies that are included in the individual State MHI recipients' plans. This will be accomplished by:

- **Assessment** - Developing a mechanism to regularly consider emerging needs, trends and priorities that may influence implementation of the State MHI Program.

- **Analysis** - Analyzing barriers and opportunities to successfully implementing the State MHI Program at the community and state levels.
- **Access** - Identifying and analyzing policies and programs (e.g., community/state-level policies, hospital/hospital system policies) intended to increase access to a well-functioning system of services for State MHI recipients.
- **Advancement** – Identifying and implementing strategies that will allow the State MHI recipients to advance/accelerate their programmatic, financial, operational, and organizational efforts to improve maternal health in their respective state.

Additionally, the MHTRC award recipient will be expected to engage fully with federal project officers during HRSA-led organizational site visits across the 5-year period of performance. A minimum of one (1) site visit is required per State MHI recipient, per five-year grant cycle. It is expected that an identified MHTRC staff member accompanies the assigned MCHB federal officer to each planned State MHI site visit, and that the staff member provides needed TA as a component of the visit.

3. National Resource Center

The MHTRC award recipient is expected to develop a 508-compliant, public-facing, freestanding website that can act as a repository of resources, publications, topical meetings, and newsletters. The MHTRC will be expected to:

- Create and execute a plan for the development of effective tools and strategies for ongoing training, outreach, collaborations, clear communication, and information-sharing.
- Host and store multi-media TA products and State MHI award recipient-developed tools.
- Develop, identify, and disseminate effective, evidence-informed resources (e.g., educational materials, issue briefs, tools, toolkits, fact sheets, curricula, webinars, and publications).

4. Partnership Building

The MHTRC award recipient is expected to provide meaningful support to and collaborate with key stakeholders, including people with lived-experience (i.e., pregnant and postpartum women) and their families, organizations that represent people with lived-experience, state and federal agencies, and clinical and non-clinical health care providers in all stages of the MHTRC program. The MHTRC will be expected to:

- Develop and sustain partnerships with relevant national maternal health organizations and key stakeholder groups.
 - Stakeholder groups might include, but are not limited to: The American College of Obstetricians and Gynecologists; the American College of Nurse-

Midwives; the Association of Women’s Health, Obstetric and Neonatal Nurses; Black Mamas Matter Alliance; National Maternal Mental Health Leadership Alliance; National Birth Equity Collaborative; National Perinatal Task Force; March of Dimes; Nurse Practitioners in Women’s Health; Society for Maternal-Fetal Medicine; American Academy of Family Physicians; Telehealth Resource Centers; and the Association of Maternal and Child Health Programs.

- Develop and sustain partnerships with individuals and organizations that conduct outreach to medically underserved populations.

5. Policy Analysis

- Identify and examine policy and program initiatives at the local, state, and federal level to reduce maternal mortality and SMM.
- Engage with State MHI and other maternal health recipients to discuss and consider policies and issues that foster or hinder maternal health priorities.

6. Performance Measurement, Program Evaluation, and Continuous Quality Improvement (CQI)

The MHTRC Recipients will be expected to conduct the following activities:

- **Performance Measurement:** Measure and track program performance on key activities and program objectives.
 - This includes Discretionary Grants Information System (DGIS) measures on Health Equity, TA, Partnerships and Collaboration, and Outreach and Education. For more information on these measures, please see the Reporting section.
 - Recipients will also be expected to develop measures to capture and track program performance on:
 - # of individualized TA events
 - # of group TA events
 - # of eLearning modules developed
 - # of participants for each TA event
 - # of resources, toolkits, etc. developed through the MHTRC
 - # of opportunities created to foster peer-to-peer exchange through the mentorship program
 - # of Community of Practice activities

- Proposed measures should be developed and approved by HRSA in the first 6 months.
- **Program Evaluation:** Program evaluations should assess ongoing processes and the progress towards the goals and objectives of the project.
 - Conduct evaluations that include both process and outcome measures;
 - Implement an internal continuous quality improvement program or other mechanism for routinely evaluating and improving quality of services provided;
 - Utilize a management information system to monitor proposed scope of work; and
 - Engage key partners in the evaluation and performance measurement planning processes.
- **Continuous Quality Improvement:**
 - The recipient of the MHTRC is expected to perform an evaluation of training and TA offerings provided to SMHI recipients that will contribute to quality improvement (QI) and support routinely evaluating and improving the quality of services provided.

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	<i>Criterion 1: NEED</i>
Organizational Information	<i>Criterion 5: RESOURCES/CAPABILITIES</i>

Narrative Section	Review Criteria
Need	<i>Criterion 1: NEED</i>
Approach	<i>Criterion 2: RESPONSE</i>
Work Plan	<i>Criterion 2: RESPONSE</i> <i>Criterion 4: IMPACT</i>
Resolution of Challenges	<i>Criterion 2: RESPONSE</i>
Evaluation and Technical Support Capacity	<i>Criterion 3: EVALUATIVE MEASURES</i> <i>Criterion 5: RESOURCES/CAPABILITIES</i>
Budget Narrative	<i>Criterion 6: SUPPORT REQUESTED</i>
Program-Specific Narrative Section	<i>Criterion 7: PROGRAM-SPECIFIC CRITERIA</i>

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](#)*
 - Briefly describe the purpose of the proposed project that is consistent with Section I: [Purpose](#).
- *Need -- Corresponds to Section V's [Review Criterion 1](#)*
 - Provide a brief description of maternal mortality and SMM in the United States.
 - Describe the process for identifying the types of TA and CBA needed by the State MHI program recipients in order to meet the [Purpose](#) of the programs.
- *Organizational Information -- Corresponds to Section V's [Review Criterion 5](#)*
 - Briefly describe your mission, structure, and scope of current activities and how the MHTRC fits within these activities. Include a project organizational chart (Attachment 6).
 - Describe your organization's capacity and expertise to provide TA, CBA, training, and education on innovative, evidence-informed strategies to reduce maternal mortality and SMM. At a minimum, address the following:

- Describe the scope of TA, training, and educational activities your organization currently engages in.
 - Demonstrate a clear understanding of how to implement innovative, evidence-informed strategies to reduce maternal mortality and SMM that would align with HRSA's program intent for the State MHI program.
 - Document your organization's ability to effectively prepare, for an audience such as State MHI, guidance documents, TA documents, issue briefs, and resources using plain language.
 - Describe your experience managing collaborative awards at the national level, including examples of the extent to which activities were timely and completed in full.
- Discuss your ability, experience, and expertise in collaborating with experts and trainers in maternal health disparities, rural maternal health, tribal maternal health, and maternal health for populations who have been marginalized and/or live in geographically isolated areas. Use and cite data whenever possible to support the information provided.
 - Discuss how you will follow the approved plan, account for federal funds, and record all costs to avoid audit findings.
 - Describe how you will support MCHB's maternal health program recipients to assess and improve the unique needs of the people who live in the community they serve.
- *Approach -- Corresponds to Section V's [Review Criterion 2](#)*

Propose methods that will be used to address the stated needs and meet each of the previously described expectations outlined in the [Program Requirements and Expectations](#) section of this NOFO, including (1) TA/comprehensive support for maternal health program award recipients; (2) CBA for award recipients; (3) Establishing a resource center that provides national guidance to reduce maternal mortality and SMM; (4) Partnership Building; (5) Policy Analysis; and (6) Performance Measurement, Program Evaluation, and Continuous Quality Improvement.

1. Training and Technical Assistance

- Describe in detail your plan for successfully implementing all aspects of Technical Assistance as delineated in the [Program Requirement and Expectations](#) section.

2. Capacity Building Assistance

- Describe the process for identifying the types of CBA needed by the State MHI Program and other MCHB maternal health program award recipients.
- Describe the various methods you intend to use in order to deliver CBA and promote technology and information transfer to State MHI Program recipients; including in-person and remote TA.

3. National Resource Center

- Describe plans for providing learning opportunities and information to State MHI and other MCHB maternal health program recipients who focus on improving maternal health, states, and key stakeholders on the identified maternal health topics (Appendix C).
- Fully describe plans for provision of resources, tools, curricula, dissemination of reports and all other aspects of serving as a National Resource Center as delineated in the [Program Requirements and Expectations](#) section.

4. Partnership Building

- Describe in detail your plan for successfully facilitating Partnership Building as delineated in the [Program Requirement and Expectations](#) section.

5. Policy Analysis

- Describe in detail your plan for successfully supporting Policy Analysis as delineated in the [Program Requirement and Expectations](#) section.

6. Performance Measurement, Program Evaluation, and Continuous Quality Improvement (CQI)

- Describe in detail your plan for successfully conducting Performance Measurement, Program Evaluation, and CQI as delineated in the [Program Requirement and Expectations](#) section.
- *Work Plan -- Corresponds to Section V's Review [Criterion 2](#) and [4](#)*
 - The work plan should be used as a tool to actively manage your program's efforts in order to clearly describe technical assistance goals and objectives, measure progress, identify necessary changes, and quantify accomplishments. At a minimum, the work plan should include:
 - 1) Statement of need or problem statement;
 - 2) Goals and top priorities for technical assistance;

- 3) Specific, time-framed, measurable objectives;
 - 4) Key action steps;
 - 5) Timeframe for completion;
 - 6) Staff responsible;
 - 7) Methods of evaluation and impact;
 - 8) Proposed innovations; and
 - 9) Potential obstacles/pitfalls to project implementation.
- Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section. Use a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including the extent to which these contributors might reflect the cultural, racial/ethnic, linguistic, and geographic diversity of populations and communities served.
 - Describe how you will provide opportunities for technical assistance for persons who learn best via self-learning, in other languages, and through other learning/training methods.
 - Include a plan for disseminating reports, products, and/or project outputs so key target audiences receive the project information.
- *Resolution of Challenges -- Corresponds to Section V's [Review Criterion 2](#)*
 - Discuss challenges that you are likely to encounter in designing and carrying out the activities in the work plan. Explain approaches that you'll use to resolve them.
 - Discuss challenges related to partner organizations and identified resources and processes for resolving such issues.
 - Provide information that shows an understanding of the challenges faced in providing training and technical assistance to a program covering multiple states addressing the needs of diverse communities and geographic landscapes.
 - *Evaluation and Technical Support Capacity -- Corresponds to Section V's [Review Criterion 3](#) and [5](#)*

Provide a performance measurement and evaluation plan that demonstrates how you will, if awarded, 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:** how you will 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 will use to monitor progress.
- **Performance Measurement:** your plan for measuring and tracking program goals and objectives outlined in the Purpose Section. The plan should include proposed measures outlined in the [Program Requirements and Expectations](#) Section and plans for the timely collection and reporting of all measures.
- **Program Evaluation:** your program evaluation plans and methods for completing the activities outlined in the [Program Requirements and Expectations](#) section.
- **Continuous Quality Improvement:** Discuss your plans for using and incorporating information from performance measurement and evaluation to inform and improve processes and outcomes.

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.

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).

Program Income

You must use any program income you generate from awarded funds for approved project-related activities. Use program income under the addition alternative (45 CFR § 75.307(e)(2)). Find post-award requirements for program income at [45 CFR § 75.307](#).

Specific Instructions

MHTRC requires the following:

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 2024, the salary rate limitation is \$221,900. 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*.

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 won't count toward the page limit.

Clearly label each attachment. Upload attachments into the application. Reviewers won't open any attachments you link to.

Attachment 1: Work Plan

Attach the project's work plan. Make sure it includes everything that [Section IV.2.ii. Project Narrative details](#) If you'll make subawards or spend funds on contracts, describe how your organization will document funds.

Attachment 2: 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 3: Biographical Sketches of Key Personnel (Don't count towards the page limit) Include biographical sketches for people who will hold the key positions you describe in *Attachment 2*. Keep it to two pages or less per person. Do **not** include personally identifiable information (PII). If you include someone you haven't hired yet, include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement, Memoranda of Understanding

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.

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

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you need to submit the budget for the 5th year as an attachment. SF-424A

Section B doesn't count in the page limit; however, any related budget narrative does count. See Section 4.1.iv of the *Application Guide*.

Attachment 6: Project Organizational Chart

Provide a one-page figure that shows the project's organizational structure.

Attachment 7: Tables, Charts, etc.

Provide tables or charts that give more details about the proposal (for example, Gantt or PERT charts, flow charts).

Attachment 8: Proof of Non-profit Status (Doesn't count towards the page limit)

Attachments 9-12: Other Relevant Documents (no more than 15) Include any other documents that are relevant to the application. This may include letters of support. 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.¹²

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 will 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

¹² 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)).

is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

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

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

For more details, see Section 3.1 of the *Application Guide*.

Note: Allow enough time to register with SAM and Grants.gov. We don't grant application extensions or waivers if you fail to register in time.

4. Submission Dates and Times

Application Due Date

Your application is due on *May 2, 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 Maternal Health Training and Resource Center program 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 \(P.L. 117-328\)](#) do **not** apply to this program.

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 MHRTC applications. Here are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (10 points) – Corresponds to Section IV’s [Introduction](#)

- How well the application describes the problem that states face in addressing adverse maternal health outcomes, to include lack of infrastructure, capacity, and knowledge, and other contributing factors
- How well the applicant identifies and describes technical assistance, training, and capacity building needs, related to maternal mortality and severe maternal morbidity (SMM), of HRSA award recipients, states, and other stakeholders to successfully implement innovative, evidence-based, or evidence-informed strategies to improve maternal health

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

- How well the applicant’s proposed project responds to the [Purpose](#) and the [Program Requirements and Expectations](#) sections of this NOFO, including: (1) TA for the State MHI and MCHB’s other maternal health program recipients; (2) CBA for the State MHI Program recipients; and (3) Establishing a resource center that provides national guidance to reduce maternal mortality and SMM; (4) Partnership Building; (5) Policy Analysis; and (6) Performance Measurement, Program Evaluation, and CQI

Technical Assistance (TA) and Capacity Building (CBA) – 11 points

The strength and completeness of the applicant’s:

- Description of the process for identifying the types of TA needed by the State MHI Program recipients
- Plans to use multiple methods to deliver TA and promote technology and information transfer to State MHI recipients, utilizing both face-to-face and remote TA
- Description of plans for providing culturally competent TA to MCHB’s maternal health award recipients, states, and key stakeholders that is appropriate for diverse populations and/or those that experience health disparities related to maternal mortality and SMM

- Description of the process for identifying the types of CBA needed by the State MHI Program recipients
- Plans to use multiple methods to deliver CBA and promote information transfer to State MHI recipients
- Description of plans for convening the community of learners

National Resource Center, Partnership Building and Policy Analysis – 9 points

How well and clear the applicant:

- Describes plans for providing learning opportunities and information to MCHB's maternal health awardees, states, and key stakeholders on the identified maternal health topics (See Appendix C)
- Describes the development of effective tools and strategies for ongoing training, outreach, collaborations, clear communication, and information sharing
- Describes a plan to identify existing evidence-informed curricula about reducing maternal mortality and SMM
- Describes a plan to develop a 508 compliant, public-facing, freestanding website, including whether such expertise is internal to the recipient or will be acquired externally (e.g., contract). Includes a discussion about ability to host and store multi-media TA products and recipient-developed tools
- Identifies meaningful support and collaboration with key stakeholders, including pregnant and postpartum women and their families, state and federal agencies, clinical and non-clinical health care providers, in planning, designing, and implementing activities in this proposal
- Description of the process for facilitating Partnership Building and conducting Policy Analysis needed by the State MHI and other maternal health program recipients

Performance Measurement, Program Evaluation, CQI, and Work Plan – 6 points

The strength and completeness of the applicant's:

- Description of the process for conducting Performance Measurement, Program Evaluation, and CQI for the State MHI Program and other maternal health program recipients
- Description of the activities or steps that the applicant will use to achieve each of the objectives proposed in the Methodology section during the entire period of performance
- Timeline that includes each activity and identifies responsible staff
- Collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application

Resolution of Challenges – 4 points

How well and clearly the applicant:

- Discusses challenges that are likely to be encountered in designing and implementing the activities (TA, CBA, developing resources, and building partnerships) described in the work plan, and approaches to resolve such challenges

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's [Evaluation and Technical Support Capacity](#)

Reviewers will assess the strength and effectiveness of the proposed performance measurement and evaluation plan. This includes:

- How well 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
- The applicant's plan and ability to collect data on the measures specified in the [Program Requirements and Expectations](#) and proposed measures presented by the applicant in their [Narrative](#)
- The quality and feasibility of any proposed measures
- The degree to which the proposed measures align with the purpose of the NOFO and are adequate to assess performance and progress towards the program goals and objectives
- The strength and effectiveness of the evaluation plan and methods proposed to monitor and evaluate the project results
- How well the applicant describes how performance measurement and evaluation findings will be reported, used to demonstrate the outcomes of the NOFO, and used for continuous program quality improvement
- The applicant's capacity to collect, track, manage, and report proposed and required data over time, including available resources, systems, and processes
- How strong and effective the method is to monitor and evaluate project results
- Evidence that the measures will assess how well program objectives have been met and to what extent the results are attributed to the project

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's [Work Plan](#) and [Approach](#)

- How effective the proposed project will be at supporting the State MHI and other maternal health program programs
- How strong of an overall public health impact the project will have

- The likelihood of the project results being national in scope
- The effectiveness of the applicant's plan for transferring information and disseminating relevant and current strategies to reducing MM and SMM

Criterion 5: RESOURCES/CAPABILITIES (30 points) – Corresponds to Section IV's [Organization Information and Evaluation and Technical Support](#)

- The applicant organization has the training, experience, or capabilities to fulfill the needs of the proposed project
- The applicant has quality facilities available to fulfill the needs of the proposed project
- The staffing plan demonstrates the needed expertise for the program and expertise is available in the current staff
- The applicant demonstrates past effectiveness of the proposed methodology in the same or similar areas of need
- How well the applicant justifies the percentage of the staffing plan they will need to be met through contract versus in house

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's [Budget Narrative](#)

- 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

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)
- Review audit reports and findings
- 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.

As part of this review, we use SAM.gov Entity Information [Responsibility / Qualification](#) (formerly named FAPIIS) to check your history for all awards likely to be over \$250,000. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

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.
- In addition to 45 CFR § 75.372(a)(1)–(4), the following apply:
 - 2 CFR § 200.340(a)(1)–(4)

- Other federal regulations and HHS policies in effect at the time of the award or started during the award period. 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 [Laws and Regulations Enforced by the HHS Office for Civil Rights](#).

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. 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.

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 annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report annually, by the specified deadline.

Please be advised the administrative forms and performance measures for MCHB discretionary grants have been updated and are currently undergoing OMB approval. The new performance measures are intended to better align data collection forms more closely 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 Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	10/1/24 – 9/30/2029 <i>(administrative data and performance measure projections, as applicable)</i>	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	10/1/2024 - 9/30/2025 10/1/2025 – 9/30/2026 10/1/2026 - 9/30/2027 10/1/2027 – 9/30/2028	Beginning of each budget period (Years 2–5, as applicable)	120 days from the available date
c) Project Period End Performance Report	10/1/2028 - 9/30/2029	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).** The recipient must submit a progress report to us annually. The NOA will provide details.
- 4) **Final Project Period Narrative Report.** The recipient must submit a final narrative progress report to HRSA following the end of the period of performance. The report will be submitted in the EHBs and should include final outcomes related to the program goals and objectives, including accomplishments and barriers. Further information will be available in the NOA.
- 5) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in SAM.gov Entity Information [Responsibility / Qualification](#) (formerly named FAPIIS), as [45 CFR part 75 Appendix I, F.3.](#) and [45 CFR part 75 Appendix XII](#) require.

VII. AGENCY CONTACTS

Business, administrative, or fiscal issues:

David Colwander
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Call: 301-443-7858
Email: DColwander@hrsa.gov

Program issues or technical assistance:

Lud Abigail Duchatelier-Jeudy, Ph.D., MPH
Lead Public Health Analyst
Division of Healthy Start and Perinatal Services
Maternal and Child Health Bureau
Call: 301-443-0543
Email: wellwomancare@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: Glossary of Key Terms

- **Alliance for Innovation on Maternal Health (AIM):** AIM is a national maternal safety and quality improvement initiative working to reduce preventable maternal mortality and SMM. AIM works through state and community-based teams to align national-, state-, and hospital-level quality improvement efforts to improve maternal health. Any hospital in a participating AIM state may join the growing and engaged AIM community of multidisciplinary health care providers, public health professionals, and cross-sector stakeholders who are committed to improving maternal outcomes in the U.S.
- **Equity:** “[T]he consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.”¹³
- **Maternal Health Training and Resource Center (MHTRC):** Formerly the Maternal Health Learning & Innovation Center (MHLIC), MHTRC serves as the direct technical assistance provider for the current State MHI and other MCHB-funded maternal health initiatives. The goal of the MHTRC is to foster collaboration and learning amongst a wide range of maternal health stakeholders and the general public to accelerate evidence-informed maternal health interventions.
- **Maternal Health Strategic Plan (MHSP):** A strategic plan is a document that outlines a systematic process for moving toward a vision in a manner that involves the development and prioritization of strategic goals along with measurable strategies and objectives. The MHSP is a plan to improve maternal health by addressing identified gaps and incorporating activities outlined the State Title V Needs Assessment. The Maternal Health Task Force is expected to develop the program’s MHSP and assist with implementing strategies, with the expectation that the strategic plan will be a guiding document the Task Force uses to direct all Task Force activities. The MHSP should be aligned with the state’s most recent comprehensive 5-year Title V Needs Assessment, as well as the most recent ongoing needs assessment that is updated on an annual basis, and consist of an action plan that reflects strategies to improve maternal health, addresses identified gaps, and translates knowledge and recommendations into practice.

¹³Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § Sec. 2(a) (Jan. 20, 2021). Accessed June 1, 2023, [here](#).

- **Rural Area:** HRSA defines rural areas as all counties that are not designated as parts of metropolitan areas (MAs) by the Office of Management and Budget (OMB). In addition, HRSA uses Rural Urban Commuting Area Codes (RUCAs) to designate rural areas within MAs. This rural definition can be accessed at [Defining Rural Population | HRSA](#). If the county is not entirely rural or urban, follow the link for “Check Rural Health Grants Eligibility by Address” to determine if a specific site qualifies as rural based on its specific census tract within an otherwise urban county.
- **Severe Maternal Morbidity (SMM):** Severe maternal morbidity includes unintended outcomes of the process of labor and delivery that result in significant short-term or long-term consequences to a woman’s health.¹⁴ More information on SMM can be found in the [Federally Available Data \(FAD\) Resource Document](#) (starting on Page 13).
- **Underserved Area:** HRSA defines underserved areas by the following terms: a Health Professional Shortage Area (HPSA); a Partial Health Professional Shortage Area; a Medically Underserved Area/Population (MUA/P); or a Partially MUA/P.
 - Updated HPSAs and Medically Underserved Areas/Populations (MUA/Ps) are accessible through the HPSA Find, [HPSA Find \(hrsa.gov\)](#) and MUA/P Find tools, [MUA Find \(hrsa.gov\)](#), within the HRSA Data Warehouse, [Map Tool | HRSA Data Warehouse](#).
- **Telehealth:** The use of electronic information and telecommunications technologies to support and promote, at a distance, health care, patient and professional health-related education, health administration, and public health. Telehealth can be an important tool for delivering services and resources to HRSA’s target populations. You are strongly encouraged to use telehealth in your proposed service delivery plans when feasible or appropriate. Additional information on telehealth can be found at [Telehealth.hhs.gov](#).

¹⁴ American College of Obstetricians and Gynecologists (ACOG). Severe maternal morbidity includes unintended outcomes of the process of labor and delivery that result in significant short-term or long-term consequences to a woman’s health. ([Severe Maternal Morbidity: Screening and Review | ACOG](#)). Accessed 7/27/2023.

Appendix B: Page Limit Worksheet

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

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

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

Standard Form Name <i>(Forms themselves do not count against the page limit)</i>	Attachment File Name <i>(Unless otherwise noted, attachments count against the page limit)</i>	# of Pages <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
Attachments Form	Attachment 7: 5 th Year Budget	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 8: Indirect Cost Rate Agreement (Does not count against the page limit)	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 9:	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 10:	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 11:	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 12:	<i>My attachment = ___ pages</i>
Project Narrative Attachment Form	Project Narrative	<i>My attachment = ___ pages</i>
Budget Narrative Attachment Form	Budget Narrative	<i>My attachment = ___ pages</i>
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.
Page Limit for HRSA-24-050 is 50 pages		My total = ___ pages

Appendix C: Maternal Health Topics

The MHTRC cooperative agreement recipient should provide learning opportunities for State MHI recipients to address the following maternal health topics:

- Maternity care services in medically underserved communities
- Maternity care shortages (including workforce shortages and hospital/service line closures)
- Postpartum care
- Patient and provider education and awareness related to maternal mortality and SMM
- Maternal mental health and substance use disorders
- Implementing recommendations from maternal mortality review committees (MMRCs) or other state-focused entities that conduct surveillance on maternal health data
- Innovative and evidence-informed interventions and strategies to improve maternal health outcomes
- Data collection and evaluation of innovative and evidence-informed interventions and strategies
- Maternal telehealth and telemedicine strategies
- Readiness for obstetrical emergencies, especially in areas where OB services are limited
- Other areas to address emerging maternal health issues as identified by award recipients

Appendix D: MCHB’s Maternal Health Recipients

State Maternal Health Innovation Program

FY 2023 Awardees*

Grantee Organization	City	State
ARIZONA DEPARTMENT OF HEALTH SERVICES	Phoenix	AZ
THE LELAND STANFORD JUNIOR UNIVERSITY	Stanford	CA
DEPARTMENT OF PUBLIC HEALTH CONNECTICUT	Hartford	CT
GOVERNMENT OF THE DISTRICT OF COLUMBIA	Washington	DC
HAWAII HOSPITAL ED. AND RESEARCH	Honolulu	HI
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT	Topeka	KS
THE UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION	Lexington	KY
THE JOHNS HOPKINS UNIVERSITY	Baltimore	MD
MISSISSIPPI PUBLIC HEALTH INSTITUTE	Madison	MS
I BE BLACK GIRL	Omaha	NE
NEW MEXICO DEPARTMENT OF HEALTH	Santa Fe	NM
HEALTH RESEARCH, INC.	Menands	NY
OHIO DEPARTMENT OF HEALTH	Columbus	OH
RHODE ISLAND DEPARTMENT OF HEALTH	Providence	RI
SOUTH CAROLINA DEPARTMENT OF HEALTH & ENVIRONMENTAL CONTROL	Columbia	SC
VIRGINIA COMMONWEALTH UNIVERSITY	Richmond	VA
COMAGINE HEALTH**	Seattle	WA
WASHINGTON STATE DEPARTMENT OF HEALTH	Tumwater	WA
WISCONSIN DEPARTMENT OF HEALTH SERVICES	Madison	WI
UNIVERSITY OF WYOMING	Laramie	WY

**While Comagine Health is based in the state of Washington, they are providing services to the state of Oregon.

FY 2022 Awardees (funding from 2022-2027)

Grantee Organization	City	State
University of Alabama at Birmingham	Birmingham	AL
University of Arkansas System	Little Rock	AR
Colorado Department of Public Health and Environment	Denver	CO
The Medical Center Foundation, Inc.	Gainesville	GA
Indiana State Department of Health	Indianapolis	IN
Maine Department of Health and Human Services	Augusta	ME
Massachusetts Department of Public Health	Boston	MA
Department of Health Minnesota	Saint Paul	MN
Tennessee Department of Health	Nashville	TN

Screening and Treatment for Maternal Mental Health and Substance Use Disorders

Grantee Organization	City	State
COUNTY OF LOS ANGELES	Los Angeles	CA
THE REGENTS OF THE UNIVERSITY OF COLORADO	Aurora	CO
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT	Topeka	KS
KENTUCKY CABINET FOR HEALTH & FAMILY SERVICES	Frankfort	KY
LOUISIANA DEPARTMENT OF HEALTH	New Orleans	LA
MISSOURI DEPARTMENT OF MENTAL HEALTH	Jefferson City	MO
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER	Jackson	MS

Grantee Organization	City	State
MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES	Helena	MT
STATE OF NORTH CAROLINA DEPARTMENT OF HEALTH & HUMAN SERVICES	Raleigh	NC
TENNESSEE DEPARTMENT OF HEALTH	Nashville	TN
TEXAS HEALTH AND HUMAN SERVICES COMMISSION	Austin	TX
WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES	Charleston	WV