

**U.S. Department of Health and Human Services**



Health Resources & Services Administration

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2024

Maternal and Child Health Bureau

Office of Policy and Planning

**Maternal and Child Health Policy Innovation Program**

**Funding Opportunity Number:** HRSA-24-037

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

**Assistance Listing Number:** 93.110

**Application Due Date:** July 10, 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:** April 26, 2024

**Modification Date:** May 16, 2024

***See next page for details!***

Maura Dwyer  
Public Health Analyst, Office of Policy and Planning  
Call: 301-443-0830  
Email: [mdwyer@hrsa.gov](mailto:mdwyer@hrsa.gov)

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

Authority: 42 U.S.C. § 701(a)(2) (§ 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](#).

### **MAY 16, 2024, MODIFICATION DETAILS\*:**

- Clarified eligible applicants in [SUMMARY](#) and [Section III. 3.1. Eligible Applicants](#)
- Shifted the period of performance forward.
- Added clarifying details in [Section V. 2. Review and Selection Process](#)

\*New text highlighted yellow.

## SUMMARY

Funding Opportunity Title:	Maternal and Child Health Policy Innovation Program
Funding Opportunity Number:	HRSA-24-037
Assistance Listing Number:	93.110
Due Date for Applications:	July 10, 2024
Purpose:	The <a href="#">Health Resources and Services Administration (HRSA)</a> is accepting applications for the fiscal year (FY) 2024 Policy Innovation Program. The purpose of this program is to support innovative city, county, or state-level policy initiatives that improve outcomes and reduce associated health disparities for maternal and child health populations.
Program Objective(s):	By the end of year 3, each award recipient will: <ul style="list-style-type: none"><li>• Increase by at least 6 the number of cities, counties, and/or states, and MCH stakeholders engaged in developing and implementing policy initiatives for their MCH populations.</li></ul>

	<ul style="list-style-type: none"> <li>• Increase by at least 6 the number of new policy initiatives implemented at the city, county, and/or state level that aim to improve outcomes and reduce associated health disparities in MCH.</li> <li>• Increase access to technical assistance materials addressing social determinants of health, MCHB priority topics, and emerging issues in MCH.</li> </ul>
Eligible Applicants:	<p>These types of domestic organizations may apply:</p> <ul style="list-style-type: none"> <li>• Public or private</li> <li>• Non-profit entities, including community-based organizations</li> <li>• For-profit entities</li> <li>• Institutions of higher education (public, private)</li> <li>• Tribal governments or organizations<sup>1</sup></li> </ul> <p>See <a href="#">Section III.1</a> of this notice of funding opportunity (NOFO) for complete eligibility information.</p>
Anticipated FY 2024 Total Available Funding:	\$2,000,000
Estimated Number and Type of Award(s):	Up to 5 competing continuation, new cooperative agreements
Estimated Annual Award Amount:	Up to \$400,000 per award, subject to the availability of appropriated funds
Cost Sharing or Matching Required:	No
Period of Performance:	September 30, 2024, through September 29, 2027 (3 years)

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<sup>1</sup> 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).

Agency Contacts:	<p><b>Business, administrative, or fiscal issues:</b> Denise Boyer Grants Management Specialist Division of Grants Management Operations, OFAM Email: <a href="mailto:DBoyer@hrsa.gov">DBoyer@hrsa.gov</a></p> <p><b>Program issues or technical assistance:</b> Maura Dwyer Public Health Analyst, Office of Policy and Planning, Maternal and Child Health Bureau Email: <a href="mailto:mdwyer@hrsa.gov">mdwyer@hrsa.gov</a></p>
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## Application Guide

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

## Technical Assistance

We have scheduled the following webinar:

Tuesday, May 21, 2024

3 – 5 p.m. ET

Weblink: <https://hrsa.gov.zoomgov.com/j/1612401433?pwd=RDIPN1QyNm00Y0pSbHd6aWF0MFVhQkQ09>

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

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

Meeting ID: 95876168

We will record the webinar recording.

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 and Child Health Policy Innovation Program.

**Purpose:** The purpose of the Maternal and Child Health Policy Innovation Program (MCH PIP) is to support innovative city, county, or state<sup>2</sup>-level policy initiatives that improve outcomes and reduce associated health disparities for maternal and child health populations<sup>3</sup>. Successful award recipients will provide technical assistance (TA) to stakeholders<sup>4</sup>, including governors' offices, state legislatures, state and local health officials, and other state and local officials<sup>5</sup> to help them develop and implement policy initiatives that improve outcomes and reduce related health disparities. Technical assistance will include (1) convening learning communities (LCs) that engage stakeholders (listed above) in addition to community members and people with lived experience and (2) developing and disseminating informational resources such as (but not limited to) policy briefs, webinars, and/or legislation trackers. Technical assistance for policy initiatives that address social determinants of health<sup>6</sup> (SDOH), such as improving access to quality affordable housing, healthy foods, or transportation, is especially encouraged. Award recipients will also support TA for cities, counties, and/or states on Maternal and Child Health Bureau (MCHB) priority topics such as maternal and infant mortality and readiness for obstetric emergencies, and emerging MCH issues (recent examples of which include congenital syphilis, environmental health threats, Medicaid redetermination, and vaccine promotion).

### Program Goals:

- Increase stakeholder capacity to effectively use policy approaches to improve outcomes, reduce drivers of health disparities in MCH,

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<sup>2</sup> For purposes of brevity, throughout this NOFO, "State" also includes U.S. Territories and Jurisdictions (District of Columbia, Commonwealth of Puerto Rico, Northern Mariana Islands, Guam, American Samoa, U.S. Virgin Islands, Micronesia, Republic of the Marshall Islands, Republic of Palau).

<sup>3</sup> "Maternal and child health" is a general term that refers to mothers, infants, children, and children and youth with special health care needs.

<sup>4</sup> Stakeholders is a general term meant to include key MCH personnel who play a pivotal role in maternal and child health programming and policy. This group could include (but is not limited to) key policy makers at the state, county, or local level or members of an association aimed at improving maternal and child health.

<sup>5</sup> This list of stakeholders is meant to highlight examples and not meant to be all inclusive.

<sup>6</sup> Social determinants of health are 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.

address MCHB priority topics<sup>7</sup>, and respond to emerging issues<sup>8</sup> for MCH populations.

- Increase the number of policy initiatives developed to address SDOH, such as improving access to quality affordable housing, healthy foods, or transportation for MCH populations.
- Increase collaboration with award recipients of the Maternal and Child Health Policy Innovation Program, National Organizations of State and Local Officials (NOSLO), and similar HRSA-funded programs to leverage training, technical assistance, and information and data sharing, where feasible.

### **Program Objectives:**

To meet these goals, the Maternal and Child Health Policy Innovation Program has set the following objectives:

- By the end of year 3, each award recipient will:
  - Increase by at least 6 the number of cities, counties, and/or states, and MCH stakeholders engaged in developing and implementing policy initiatives for their MCH populations.
  - Increase by at least 6 the number of new policy initiatives implemented at the city, county, and/or state level that aim to improve outcomes and reduce associated health disparities in MCH.
  - Increase access to technical assistance materials addressing social determinants of health, such as improved access to quality affordable housing, healthy foods, or transportation; MCHB priority topics; and emerging issues for MCH populations.

Please note that progress on the above objectives is expected over the course of the period of performance. Award recipients will work closely with the HRSA Project Officer to identify appropriate activities to achieve these objectives and report on their progress throughout the duration of the program.

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

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<sup>7</sup> The HRSA Project Officer will communicate MCHB's priority topics, which include emerging issues in MCH, through regular communications with award recipients.

<sup>8</sup> "Emerging issues" refers to issues that affect MCH populations at an increased rate, for which there is new knowledge, an increased level of awareness, or new approaches to solving the issue. In part, through this program, HRSA aims to increase the ability of states and local communities to anticipate, prepare for, and execute timely responses to emerging issues to reduce negative impacts on MCH populations.

## 2. Background

The Maternal and Child Health Policy Innovation Program is authorized by 42 U.S.C. § 701(a)(2) (§ 501(a)(2) of the Social Security Act).

MCHB's mission is to improve the health and well-being of America's mothers, children and families. We carry out our mission by taking a life-course approach to our work, focusing on:

- Women/maternal health
- Perinatal/infant health
- Child health
- Adolescent health
- Children with special health care needs

Recent data show opportunities for improvement in overall outcomes, as well as significant and persistent health disparities, in all of these domains. The U.S. has high rates of maternal mortality compared to other developed countries and these rates are not improving.<sup>9,10</sup> In addition, thousands of women experience severe maternal morbidity each year.<sup>11,12</sup> These unexpected outcomes of labor and delivery result in significant short or long-term consequences to an individual's health.<sup>13</sup> And according to provisional Vital Statistics data, US Infant mortality rates increased in 2022 for the first time in two decades.<sup>14</sup> Significant disparities exist by race, ethnicity, and geography in maternal and infant health outcomes such as maternal mortality, infant mortality, preterm birth, and low birth weight.<sup>15</sup> Health disparities among adolescents persist with rates of substance use, depression, suicide, and experience of violence, among other risk factors and outcomes, varying based on race, ethnicity, gender, education and income, disability, geographic location (e.g., rural or urban), and sexual orientation.<sup>16,17</sup> And the prevalence and impact of special health care needs among children and youth varies by race, ethnicity, socioeconomic status, and geography.<sup>18</sup>

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<sup>9</sup> Tikkanen, Roosa, Munira Z. Gunja, Molly FitzGerlad, and Laurie Zephyrin. "Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries." The Commonwealth Fund, November 18, 2020. <https://doi.org/10.26099/411v-9255>.

<sup>10</sup> Federally Available Data (FAD) Resource Document (hrsa.gov)

<sup>11</sup> [Maternal-Mortality-Report.pdf \(aspeninstitute.org\)](https://www.aspeninstitute.org/publications/maternal-mortality-report)

<sup>12</sup> Declercq, E., & Zepyrn, L. (2021, October 28). Severe Maternal Morbidity in the United States: A Primer. Commonwealth Fund. <https://www.commonwealthfund.org/publications/issue-briefs/2021/oct/severe-maternalmorbidity-united-states-primer>.

<sup>13</sup> "Severe Maternal Morbidity in the United States | Pregnancy | Reproductive Health | CDC," February 2, 2021. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html>.

<sup>14</sup> Vital Statistics Rapid Release, Number 33 (November 2023) (cdc.gov)

<sup>15</sup> Federally Available Data (FAD) Resource Document (hrsa.gov)

<sup>16</sup> <https://www.cdc.gov/healthyyouth/disparities/index.htm>

<sup>17</sup> <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBSDataSummaryTrendsReport2019-508.pdf>

<sup>18</sup> Ghandour RM, Hirai AH, Kenney MK. (2022) Children and Youth with Special Health Care Needs: A Profile. Pediatrics, 149(7):e20210561500.



The MCH PIP will build capacity among government officials and key stakeholders to use policy approaches to address these disparities. Numerous studies have estimated that SDOH can be more important than health care or health behaviors in influencing health, accounting for up to 55% of health outcomes, and that sectors outside of health contribute more to population health outcomes than the health sector does.<sup>19</sup>

It is important for organizations and stakeholders at the city, county, and state levels who make MCH-related decisions to have access to information and support to help address these issues in MCH populations. MCH PIP award recipients are expected to provide TA on policy initiatives that address SDOH, as well as MCHB priority topics, and emerging issues for cities, counties, and/or states across the country. MCH PIP award recipients are also expected to engage community members and people with lived experience and to collaborate with other relevant MCHB and HRSA award recipients.

### **About MCHB and Strategic Plan**

The HRSA Maternal and Child Health Bureau (MCHB) administers programs with focus areas in maternal and women's health, perinatal and infant health, child health, adolescent and young adult health, and children with special health care needs.

To learn more about MCHB and the bureau's strategic plan, visit [Mission, Vision, and Work | MCHB](https://mchb.hrsa.gov/about-us/mission-vision-work)<https://mchb.hrsa.gov/about-us/mission-vision-work>.

## **II. Award Information**

### **1. Type of Application and Award**

Application type(s): 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:

- Assisting in the planning, development, and administration of this project.
- Working with the award recipient to develop and approve work plan activities.
- Monitoring and supporting implementation of the work plan.
- Convening all award recipients virtually at least quarterly to discuss ongoing work, identify areas for coordination and collaboration, and share best practices.

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<sup>19</sup> [https://www.who.int/health-topics/social-determinants-of-health#tab=tab\\_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1)

- Reviewing and supporting the development and distribution of reports, issue briefs, publications, trainings, or other products funded in part or in whole under the cooperative agreement.
- Participating and providing subject matter expertise in meetings, committees, conference calls, and working groups related to the cooperative agreement and its projects.
- Communicating with award recipients on the development of TA materials, including those on MCHB priority topics and emerging issues.
- Coordinating with award recipients to identify opportunities to facilitate MCHB leadership interaction with stakeholders.
- Assisting in the establishment of cooperative and collaborative relationships between award recipients and HRSA partners, staff, and subject matter experts as needed to carry out the project.
- Leveraging resources across HRSA to develop synergies in programs, identify opportunities to address health disparities, strengthen existing projects, and avoid duplication of efforts.

You must follow all relevant federal regulations and public policy requirements. In addition, recipients must not use award funds to:

- Support or defeat the enactment of legislation before Congress or any State or local legislature or legislative body;
- Support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government; or
- Pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body.<sup>20</sup>

Your other responsibilities will include, but are not limited to:

- Developing products that are timely, accurate and fact-based. These products cannot contain opinions and/or judgements and will not and cannot be used for lobbying purposes.
- Collaborating with other MCH PIP award recipients and other HRSA program award recipients to coordinate and leverage training, technical assistance, and information sharing, where feasible.

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<sup>20</sup>For more information on lobbying prohibitions, please see: Grants Policy Bulletin 2023-02E: Legislative Mandates in Grants Management for FY 2023 found here: <https://www.hrsa.gov/grants/manage-your-grant/policies-regulations-guidance>

- Collaborating with city, county and state level government officials and other key MCH stakeholders as required.
- Meeting with the HRSA Project Officer at the start of the award and throughout the entire period of performance to review current strategies and ensure projects, products, and goals align with HRSA priorities.
- Communicating in a timely manner with the HRSA Project Officer. This requirement includes meeting monthly with the HRSA Project Officer for status check-ins and participating in progress report reviews.
- Working closely with the HRSA Project Officer to update the work plan and implement any proposed new activities.
- Being flexible and responsive to shifting priorities and implementation contexts and modifying policy initiatives and/or technical assistance materials (e.g., policy briefs) as needed.
- Planning for HRSA leadership and staff to participate in Policy Innovation Program-funded convenings, conferences and other relevant events.
- Consulting with the HRSA Project Officer before scheduling meetings or conferences at which the HRSA Project Officer's or other HRSA subject matter experts' attendance may be appropriate.
- Providing the HRSA Project Officer with any materials produced under this cooperative agreement to review and provide input. Review should start as part of the concept development and continue through subsequent drafts and final products. HRSA/MCHB must be referenced as the funding source in all published materials.

## 2. Summary of Funding

We estimate up to \$2,000,000 will be available each year to fund up to 5 recipients. You may apply for a ceiling amount of up to \$400,000 annually (reflecting direct and indirect costs).

The period of performance is September 30, 2024, through September 29, 2027 (3 years).

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

Additional funding may become available at HRSA's discretion, but this is not guaranteed. Recipients may request supplemental funding at any point in their period of performance to address unique activities that are connected to, but not duplicative of, the funded work plan. HRSA may choose to support such supplemental projects 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 are aligned with HRSA priorities and are not duplicative of work performed by HRSA or other HRSA-funded recipients.

[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

These types of domestic organizations may apply:

- Public or private
- **Non-profit entities**, including community-based organizations
- **For-profit entities**
- **Institutions of higher education (public, private)**
- Tribal governments or organizations<sup>21</sup>

#### 2. A Cost Sharing or Matching

Cost sharing or matching is not required for this program.

#### 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](#)

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<sup>21</sup> 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).

## Multiple Applications

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

## 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-24-037 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’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 **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 isn’t in the HRSA-24-037 workspace application package, it may count toward the page limit.

**Applications must be complete and validated by Grants.gov under HRSA-24-037 before the [deadline](#).**

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

- When you submit your application, you certify that you and your principals<sup>22</sup> (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.<sup>23</sup>
- If you cannot certify this, you must include an explanation in *Attachments 9-12: Other Relevant Documents*.

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

### **Program Requirements and Expectations**

The Maternal and Child Health Policy Innovation Program (MCH PIP) is designed to support the development and implementation of innovative policy initiatives to improve outcomes and reduce drivers of health disparities in MCH. Successful award recipients will have experience providing national-level technical assistance to stakeholders who can develop and implement policies, at the city, county, and/or state level, to help improve outcomes and reduce drivers of health disparities in MCH. Some key stakeholders include governors’ offices, state legislatures, state and local health officials, and other state and local officials. Having a national perspective as well as experience at the city, county and/or state level will be valuable. Applicants who have expertise and experience working at both the national and city, county, and/or state levels will be more likely to succeed when working on this project.

While the aim of this funding opportunity overall is to engage and provide TA to all four stakeholder groups, applicants are expected to conduct policy analysis, build relationships, and provide TA to only **one** of the following targeted stakeholder groups:

1. Governors’ Offices
2. State and Local Health Officials
3. State Legislatures
4. Other State and Local Officials

MCH PIP is designed to be flexible and address the priorities and needs of award recipients and their stakeholders throughout the 3-year duration of the program (project

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<sup>22</sup> See definitions at [eCFR :: 2 CFR 180.995 -- Principal](#), and [eCFR :: 2 CFR 376.995 -- Principal \(HHS supplement to government-wide definition at 2 CFR 180.995\)](#).

<sup>23</sup> See also 2 CFR parts [180](#) and [376](#), [31 U.S.C. § 3354](#), and [45 CFR § 75.113](#).

period). Each successful Maternal and Child Health Policy Innovation Program award recipient is expected to:

**Engage multiple stakeholders across the nation via learning communities (LCs) and support LC participants in the development and implementation of MCH policy initiatives that will improve outcomes and reduce drivers of health disparities in MCH. Award recipients are expected to:**

- Within 6 months of the start of the award, develop detailed implementation plans for LCs and other forms of TA to support stakeholders in developing policy initiatives that improve outcomes and reduce disparities for their MCH populations.
- Convene stakeholders via learning communities. Award recipients should start convening the LCs by the end of the first year and continue until the end of the project period.
  - Learning communities may vary in order to respond to stakeholder priorities and interests during the three-year award cycle. However, award recipients are encouraged to incorporate at least one of the following topics into the LCs:
    - **Social Determinants of Health:** State and local governments can take policy action to address SDOH in MCH populations. SDOH policy topics may include, but are not limited to:
      - Quality Affordable Housing: Housing instability has been associated with fair or poor caregiver and child health, maternal depressive symptoms, child lifetime hospitalizations, food insecurity, and foregone medical care. Challenges may include trouble paying rent, overcrowding, evictions, and houselessness. An LC which develops policy initiatives around access to quality affordable housing would foster innovation and peer learning around safe and stable housing to improve outcomes and reduce disparities in maternal and child health populations.
      - Safe and affordable transportation, which can impact access to health and social services, jobs, and educational opportunities.
      - Access to nutritious food that supports healthy development, consistent with evidence-informed Food Is Medicine initiatives at the local, state, or Federal level.
      - Place-based interventions or initiatives.

- **Emerging Issues in MCH:** state and local governments can play a critical role in anticipating, preparing for, and executing timely responses to issues that **specifically and uniquely** affect MCH populations. Emerging issues include those for which there is new knowledge, an increased level of awareness, or new approaches to solving the issue. Examples of recent emerging issues include, but are not limited to congenital syphilis, environmental health threats, Medicaid redetermination, and vaccine promotion in light of declining childhood immunization rates.
- Develop (with HRSA's input) and implement a selection process to determine which cities, counties, states, and/or stakeholders who represent those entities will participate in LCs.
- Craft and execute TA plans to support the development, implementation, and sustainability of policy initiatives to improve outcomes and reduce drivers of disparities in MCH populations.
- Conduct standing check-in calls to provide tailored TA with learning community members. At a minimum, these calls are to be conducted quarterly.
- Support cross-sector collaboration between LC members and other stakeholders that play a role in affecting maternal and child health.
- Engage community members, including those with lived experience, to inform the development and implementation of policy initiatives.
- Engage Title V agencies and directors to identify mutual objectives, responsibilities, partners, and policy levers to help ensure access to an integrated system of quality health care services and supports for women, children, and infants and promote health across the lifespan.
- Convene LC stakeholders in-person at least once per year. These meetings are an opportunity to learn about MCH policy topics and share best practices at the city, county, or state levels that improve outcomes and reduce the drivers of health disparities in MCH.
- Develop effective tools and strategies for ongoing outreach, collaboration, clear communication, and information sharing/dissemination with key stakeholders.
- Develop a data collection mechanism to track performance measures and report annually on the progress of policy development initiation and implementation.
- **Develop technical assistance (TA) products for key stakeholders at the city, county, and/or state levels\***. Award recipients are expected to develop at least 8 TA products/activities (for example, legislation trackers, policy briefs, blogs)



each year for LC members and other MCH stakeholders outside of the LCs. These TA products should inform and educate stakeholders on MCH policy topics and best practices that cities, counties, and/or states are taking to improve outcomes and reduce drivers of health disparities in MCH. At least some of the TA products/activities should be on MCHB and Title V priority topics or emerging issues in MCH and developed in consultation with the HRSA Project Officer. These TA products should be complementary to the substantive investment in hands-on engagement and support to stakeholders.

- Develop and implement a plan to disseminate all TA products to a broad audience of key city, county, and/or state stakeholders.

*\*Note: Award recipients and HRSA Project Officer should be in close communication about TA materials/activities. HRSA Project Officer needs to approve all TA products/activities before award recipient starts working on product/activity. Minimum number of TA materials/activities may be modified based on emerging issues, and/or necessary response efforts due to a Public Health Emergency.*

### **Support Communication Efforts**

- Meet monthly with other MCH PIP award recipients and HRSA to coordinate and leverage training, technical assistance, and information sharing, where feasible.
- Support dissemination efforts to amplify impact and raise awareness of MCHB priority topics such as maternal and infant mortality and readiness for obstetric emergencies, emerging issues (recent examples have included congenital syphilis, vaccine promotion, and Medicaid redetermination), and MCHB events and activities, in consultation with the HRSA Project Officer.
- Facilitate the engagement of MCHB leadership with award recipients' key stakeholders at least once per year, in consultation with the HRSA Project Officer.

### **Ensure Sustainability beyond Period of Performance**

- Propose a plan for project sustainability after the period of federal funding ends, focusing on key elements of the project (e.g., those that have been effective in improving practices and outcomes and reducing disparities for MCH populations).

### **Performance Measurement: Measure and track program performance on key activities and program objectives.**

- **Performance Measurement:** recipients are expected to measure and track progress on program goals and objectives outlined in the Purpose Section.
  - This includes Discretionary Grants Information System (DGIS) measures, including Health Equity, Technical Assistance (including recipient

satisfaction), Partnerships and Collaboration, Guidelines and Policy, Engagement of Persons with Lived Experience, Knowledge Change, and Products and Publications. For more information on these measures, please see the [Reporting](#) section.

- **Monitoring:** recipients are expected to track project-related processes, activities, and milestones, and use data to identify actual or potential challenges to implementation.

## 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.

<b>Narrative Section</b>	<b>Review Criteria</b>
Introduction	<i>Criterion 1: NEED</i>
Organizational Information	<i>Criterion 5: RESOURCES/CAPABILITIES</i>
Need	<i>Criterion 1: NEED</i>
Approach	<i>Criterion 2: RESPONSE</i> <i>Criterion 4: IMPACT</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> and <i>Criterion 5: RESOURCES/CAPABILITIES</i>
Budget Narrative	<i>Criterion 6: SUPPORT REQUESTED</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 Need](#)*  
Briefly describe the purpose of the proposed project.
- *Organizational Information -- Corresponds to Section V's Review Criterion [#5 Resources/Capabilities](#)*
  - Briefly describe your mission, structure, and scope of current activities. Explain how these elements all contribute to the organization's ability to carry out the program requirements and meet program expectations.
  - Discuss the expertise of staff who will be assigned to this project as it relates to the scope of this project. Describe your proposed staffs' roles and include a project organizational chart as Appendix 6.
  - Discuss how you'll follow the approved plan, account for federal funds, and record all costs to avoid audit findings.
  - Describe your experience working with your selected key stakeholder group.
  - Describe your reach at the national level with MCH stakeholders. Describe your prior experience disseminating information and resources to a range of federal, state, county, and/or city stakeholders; safety net provider organizations; community members and those with lived experience; and national organizations.
  - Describe your organization's capacity and relevant experience developing and implementing learning communities and creating technical assistance products for stakeholders on MCH policy, including SDOH such as housing, nutrition, or transportation policy, and emerging issues. If applicable, provide evidence of success in prior initiatives and any lessons learned.
  - Describe the role(s) your organization and your organization's key stakeholders play in affecting city, county, and/or state policies that impact MCH populations and discuss how you will use these relationships and capacities to develop learning communities and disseminate products and materials to achieve the program's objectives.
- *Need-- Corresponds to Section V's Review Criterion [#1 Need](#)*
  - Outline trends in outcomes among MCH populations at the national level and the implications for policy-related needs at the city, county, and/or state-level.

- Describe the target population, using demographic and geographic data and trends over time where possible, and their priority issues and unmet health needs. Include social determinants of health and health disparities that impact the target population(s).
- Explain how priority issues and unmet needs in cities, counties, and/or states for MCH populations will be addressed by your project. Explain why cross-agency collaboration between health and social programs and stakeholders (including Medicaid/CHIP, local officials, state legislators, governors, housing officials, among others) is needed and how you will foster this collaboration.
- Describe how you will engage and strengthen ongoing connections to community members and people with lived experience to understand and align their needs and priorities to policy efforts.

This section will help reviewers understand whom you will serve with the proposed project.

- *Approach -- Corresponds to Section V's Review Criteria [#2 Response](#) and [#4 Impact](#)*
  - Tell us how you'll address the stated needs and meet the program requirements and expectations described in this NOFO. Approaches should encompass all 3 years of the project and identify the outcomes you expect to achieve by the end of the period of performance.
  - Discuss how you plan to recruit for and implement the learning communities and how you plan to include community members and those with lived experiences. Describe the MCH policy focus or foci of the learning communities.
  - Provide Specific, Measurable, Attainable, Realistic, Time-bound, Inclusive, and Equitable (e.g., SMARTIE) objectives for each proposed project goal.
  - Describe partners you plan to leverage or develop relationships with to support this project and your methods for development of effective strategies for ongoing partner outreach, collaborations, and clear communication. Include specific strategies for outreach and collaboration efforts to involve patients, families, and communities.
  - Include strategies for relevant ongoing staff training, teamwork, and information sharing.
  - Include a plan to distribute reports, products, or project outputs to target audiences, and promote their use.
  - Propose a plan for sustaining the work or results of the project when federal funding ends. We expect you to maintain key strategies or

services and actions which have led to improved practices and outcomes for the target population.

- *Work Plan -- Corresponds to Section V's Review Criteria [#2 Response](#) and [#4 Impact](#)*
  - Describe the activities or steps you will use to achieve each of the objectives during the period of performance, including how you will evolve and/or add new activities in later years of the period of performance.
  - Use a timeline that includes each activity and identifies who is responsible for each. As needed, identify how key stakeholders will help plan, design, and carry out all activities. The work plan and timeline should cover the entire 3-year period of performance.
- *Resolution of Challenges -- Corresponds to Section V's Review Criterion [#2 Response](#)*

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.

- *Evaluation and Technical Support Capacity -- Corresponds to Section V's Review Criteria [#3 Evaluative Measures](#) and [#5 Resources/Capabilities](#)*

Provide a performance measurement plan that demonstrates how you will, if awarded, fulfill the expectations and requirements for performance measurement 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 required and/or proposed measures outlined in the Program Requirements and Expectations Section and plans for the timely collection and reporting of all measures.
- Describe your capacity to collect and manage data in a way that allows for good data quality, accurate and timely monitoring, and performance measurement. Include a description of the available resources (for example, organizational profile, collaborative partners, staff skills and expertise, budget), systems, key processes you will use for monitoring and performance measurement (for example, data sources, data collection methods, frequency of collection, data management software) and how results will be shared with HRSA.

### 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](#).

As required by the Further Consolidated Appropriations Act, 2024 (P.L. 118-47), Division D, Title II, § 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 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 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 (Do not 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 have not 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—3rd Year Budget.*

After using columns (1) through (4) of the SF-424A Section B for a 3-year period of performance, you need to submit the budget for the 3rd year as an attachment. SF-424A Section B does not 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 and/or Charts*

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 (Does not count towards the page limit)*

*Attachments 9–12: Other Relevant Documents (no more than 12)*

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

### **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.<sup>24</sup>

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 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 do not grant application extensions or waivers if you fail to register in time.

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<sup>24</sup> 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 *July 10, 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

MCH PIP does not need to 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 D, Titles II and V, that reference the Further Consolidated Appropriations Act, 2024 (P.L. 118-47) 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 6 review criteria to review and rank Maternal and Child Health Policy Innovation Program applications. Here are descriptions of the review criteria and their scoring points.

*Criterion 1: NEED (10 points) – Corresponds to Section IV’s Introduction and Needs Assessment*

**How well the application describes the problem and its contributing factors.**

The extent to which the application:

- Describes the purpose of the proposed project.
- Describes the need for policy initiatives that improve outcomes and reduce health disparities in MCH at the city, county, and/or state level. This should provide the context and rationale for the proposed work plan.
- Demonstrates understanding of the barriers to improving outcomes and reducing health disparities at the city, county, and/or state level, and opportunities that exist for award recipients to address potential challenges.
- Demonstrates an understanding of the need for city, county, and/or state-level, cross-agency collaboration between health and social programs and their city, county, and/or state-level stakeholders to meet the program’s goals.

*Criterion 2: RESPONSE (45 points) – Corresponds to Section IV’s Approach, Work Plan, Resolution of Challenges and Section I’s Purpose*

**Approach (20 points)**

**How well the applicant’s proposed project responds to the program’s “[Purpose](#).”**

The extent to which the application:

- Proposes goals and objectives that are specific, measurable, attainable, realistic, time-bound, inclusive, and equitable (e.g., SMARTIE objectives) and will meet the purpose and requirements of the proposed project.
- Describes activities that can address the problem and attain the project objectives.
- Describes how the applicant will effectively foster city, county, and/or state-level, cross-agency collaboration between health and social programs and their city, county, and/or state-level stakeholders to meet the program’s goals.
- Describes how inputs and activities will be linked to outcomes related to the development and implementation of innovative policy to improve outcomes and reduce health disparities for MCH populations.
- Provides appropriate measures for improvements in city, county, and/or state-level, cross-agency, public-private and community partnerships and improvements in policy and programming focused on improving outcomes and reducing health disparities for MCH populations.

- Describes a realistic plan for sustainability beyond the life of the project period.

### **Work Plan (20 points)**

**How well the applicant's proposed project describes the activities and timeline that will be used to achieve each of the objectives.**

The extent to which the application:

- Provides a feasible work plan with sufficient and appropriate detail.
- Describes the expertise, roles, and makeup of partners and/or potential subrecipients who will be involved in completing specific tasks. If joint projects with other applicants are proposed, a letter of support and commitment is required from each proposed partner. Letters of support should be included in Attachments 9-12: Other Relevant Documents.
- Specifies high impact outcomes for all anticipated years of the period of performance.

For a complete list of activities to include, refer to Section 2's [Program Requirements and Expectations](#).

### **Resolution of Challenges (5 points)**

**How well the applicant's proposed project responds to the anticipated challenges.**

The extent to which the application:

- Describes the challenges that are likely to be encountered in designing and implementing the activities described in the work plan, and promising approaches that will be used to resolve such challenges.

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

**How well the applicant's proposed project describes a robust performance measurement plan.**

The extent to which the application describes:

- Clear monitoring procedures, and how performance measurement will be incorporated into planning, implementation, and reporting of project activities.
- A plan and ability to collect data on the measures specified by HRSA MCHB in the Program Requirements and Expectations and proposed measures presented by the applicant in their Narrative; the quality and feasibility of any proposed measures; and 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 of the NOFO.

- How performance measurement findings will be reported and used to demonstrate the outcomes of the NOFO.
- The capacity to collect, track, manage, and report proposed and required data over time, including available resources, systems, and processes.

*Criterion 4: IMPACT (15 points) – Corresponds to Section IV’s Methodology and Work Plan*

**How well the applicant’s proposal demonstrates how strong of a public health impact the project will have.**

The extent to which the application describes:

- The potential impact of project results on enhancing city, county, and/or state-level, cross-agency, and public-private partnerships; and improving sustainable policy and program efforts focused on improving overall outcomes and reducing health disparities in MCH.
- The likelihood of sustainable change(s) at the city, county, and/or state level that improves overall outcomes and reduces health disparities in MCH.
- The likelihood of increased capacity for cities, counties, and/or states in responding to MCHB priorities and emerging issues for MCH populations.

*Criterion 5: RESOURCES/CAPABILITIES (10 points) – Corresponds to Section IV’s Organizational Information*

**How well the applicant’s proposal describes the organization’s experience and capacity to implement the project.**

The extent to which the application describes or demonstrates:

- 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, including the ability to respond quickly and effectively when urgent, emergent, and/or priority issues arise by remaining flexible and shifting toward addressing these priorities.
- The role the organization and the organization’s stakeholders play in city, county, and/or state policies that improve outcomes and decrease disparities for MCH populations.

- Whether the applicant organization has experience engaging MCH stakeholders at the city, county, and/or state-level by implementing learning communities, providing customized TA, and creating TA deliverables for wide dissemination.
- Whether the applicant organization has demonstrated success in working with stakeholders, including community members, to develop and implement initiatives to improve the health of MCH populations.
- How ongoing connections to community members and people with lived experience will be strengthened.

*Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV’s Budget, Budget Narrative, and Organizational Information*

**How well the applicant’s proposed project responds to the program budget requirements.**

The extent to which the application describes:

- A reasonable proposed budget for each year of the period of performance.
- Whether the costs, as outlined in the budget and required resources sections, are reasonable and align with the scope of work.
- The budget line items and justifies them in the budget justification.
- 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.

**We may:**

- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a prime recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under 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.
- The termination provisions in [45 CFR 75.372](#). No other specific termination provisions apply.

- 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 [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](mailto: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.

### 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
<b>a) New Competing Performance Report</b>	September 30, 2024 – September 29, 2025  <i>(administrative data and performance measure projections, as applicable)</i>	Period of performance start date	120 days from the available date
<b>b) Non-Competing Performance Report</b>	September 30, 2025 – September 29, 2027	Beginning of each budget period (Years 2–3, as applicable)	120 days from the available date



Type of Report	Reporting Period	Available Date	Report Due Date
c) Project Period End Performance Report	September 30, 2026 – September 29, 2027	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.

## VII. Agency Contacts

### Business, administrative, or fiscal issues:

Denise Boyer  
 Grants Management Specialist  
 Division of Grants Management Operations, OFAM  
 Health Resources and Services Administration  
 Call: 301-594-4256  
 Email: [Dboyer@hrsa.gov](mailto:Dboyer@hrsa.gov)

### Program issues or technical assistance:

Maura Dwyer  
 Public Health Analyst, Office of Policy and Planning  
 Attn: Maternal and Child Health Policy Innovation  
 Maternal and Child Health Bureau  
 Health Resources and Services Administration  
 Call: 301-443-0830  
 Email: [mdwyer@hrsa.gov](mailto:mdwyer@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](mailto: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: 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.

<b>Standard Form Name</b> <i>(Forms themselves do not count against the page limit)</i>	<b>Attachment File Name</b> <i>(Unless otherwise noted, attachments count against the page limit)</i>	<b># of Pages</b> <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
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: For Multi-Year Budgets—3rd Year Budget	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 6: Project Organizational Chart	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 7: Tables and/or Charts	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 8: Proof of Non-profit Status (Doesn't Does not count towards the page limit)	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 9:	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 10:	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 11:	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 12:	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 13:	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 14:	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 15:	<i>My attachment = ____ pages</i>
Project Narrative Attachment Form	Project Narrative	<i>My attachment = ____ pages</i>
Budget Narrative Attachment Form	Budget Narrative	<i>My attachment = ____ pages</i>
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.
<b>Page Limit for HRSA-24-037 is 50 pages</b>		<b>My total = ____ pages</b>