

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration**

Maternal and Child Health Bureau
Division of Research, Training and Education

MCH Pediatric Research Network Program

Announcement Type: New and Competing Continuation
Announcement Number: HRSA-12-019

Catalog of Federal Domestic Assistance (CFDA) No. 93.110

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2012

Application Due Date: April 20, 2012

*Ensure your Grants.gov registration and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration may take up to one month to complete.*

Release Date: March 5, 2012

Issuance Date: March 6, 2012

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

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the **Maternal and Child Health (MCH) Pediatric Research Network Program** competition. Support in the form of a cooperative agreement is available from the Division of Research, Training and Education (DRTE), part of the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services (HHS). We are aware that preparation of this application will involve a considerable commitment of time and energy. **Please read the funding opportunity announcement carefully before completing the application.**

The MCH Pediatric Research Network Program exists to support a pediatric applied research network that promotes coordinated multi-centered research activities, focused on translating research to practice that should result in health and health service improvements when applied directly into pediatric primary care and/or service settings.

These funds should be used to identify more effective approaches to children's health in primary care settings. This will be accomplished through the development and maintenance of a national network of primary care child health professionals who collaborate in the development and implementation of research designed to increase critical child health care knowledge. The network must include research that addresses the four MCHB Strategic Research Issues (see Appendix B).

The program goals of this project will be achieved through the development and maintenance of a national network of primary care practitioners who will collaborate to implement common research protocols aimed at enriching child health care. This cooperative agreement will support the establishment and maintenance of a research network that will:

- Develop new ideas and conduct research studies on critical child health issues.
- Increase the capacity of network-affiliated primary care practitioners and other affiliates to generate and refine original research studies that address key issues affecting child health and pediatric healthcare.
- Develop network infrastructure to enable performance of innovative research projects that integrate cutting-edge technologies and advanced methodologies.
- Develop evidence-based guidelines based on network research findings for use by practitioners and that will result in improvements in child health care services.
- Develop and mentor new researchers from among network members.
- Demonstrate use of state-of-the-art technologies such as web-based meetings and webinars to conduct various network activities and communication.
- Disseminate critical information on its research findings and guidelines developed to health professionals, policy makers, and the public via peer review publications, presentations, websites, webinars, and other new media.

It is expected that the network establish the infrastructure to carry out specific critical child health research studies supported by MCHB and external funding sources.

2. Background

Maternal and Child Health Bureau and Title V of the Social Security Act: In 1935, Congress enacted Title V of the Social Security Act authorizing the Maternal and Child Health Services Programs. This remarkable legislation has provided a foundation and structure for assuring the health of mothers and children in our nation for more than 75 years. Title V was designed to improve health and assure access to high quality health services for current and future generations of mothers, infants, children and adolescents, including those with disabilities and chronic illnesses, with special attention to those of low income or with limited availability of health services.

Today, Title V is administered by the Maternal and Child Health Bureau (MCHB) which is a part of the Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services (HHS). Under Title V of the Social Security Act, the Maternal and Child Health Services Block Grant program has three components—Formula Block Grants to States, Special Projects of Regional and National Significance (SPRANS), and Community Integrated Service Systems (CISS) grants. Using these authorities, the MCHB has forged partnerships with States, the academic community, health professionals, advocates, communities, and families to better serve the needs of our nation’s children.

The mission of MCHB is to provide national leadership and to work, in partnership with States, communities, public-private partners, and families to strengthen the maternal and child health (MCH) infrastructure, assure the availability of medical homes, and build the knowledge and human resources, in order to assure continued improvement in the health, safety, and wellbeing of the MCH population. The MCH population includes all America’s women, infants, children, adolescents and their families, including fathers and children with special health care needs (CSHCN).

The goals of MCHB are:

- 1) *Provide National Leadership for Maternal and Child Health*—To provide national leadership by creating a shared vision and goals for MCH, strengthening the knowledge base, forging MCH partnerships, promoting family participation in care and providing graduate level and continuing education training to assure interdisciplinary MCH public health leadership nationwide;
- 2) *Eliminate Health Barriers and Disparities*—To develop and promote health services and systems of care designed to eliminate disparities and barriers across the MCH population and train an MCH workforce that is culturally competent and reflects an increasingly diverse population;
- 3) *Assure Quality of Care*—To build analytic capacity to assess and assure quality of care, develop and promote health services and systems designed to improve quality of care, and assure appropriate follow-up services; and
- 4) *Improve the Health Infrastructure and Systems of Care*—To build analytic capacity for assessment, planning and evaluation, to use the best available evidence to develop and promote guidelines and best practices, and assist States and communities to plan and develop comprehensive, integrated health service systems.

The Maternal and Child Health (MCH) Research Program: The Maternal and Child Health Research Program is authorized by Title V, §501(a)(2) of the Social Security Act (42 U.S.C.

701), as amended. The program is administered by the Division of Research, Training and Education, Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA). The MCH Research Program, built on nearly 50 years of experience, has supported ground-breaking investigations which have significantly influenced clinical management, organization and delivery of health care services, preventive care, and early intervention for the maternal and child health population.

II. Award Information

1. Type of Award

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

The awardee will have primary responsibility for all aspects of the research network as stated in the "Purpose" section of this funding opportunity announcement, with MCHB staff being substantially involved. Specifically, contributions in key areas include: development and maintenance of the research network, protocol design, recruitment, data analysis and interpretation, and publications. Substantial MCHB scientific and/or programmatic involvement with awardees is anticipated during the performance of the project.

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, **MCHB responsibilities shall include:**

- 1) Assurance of the availability of the services of MCHB personnel or designees to participate in the planning and development of all phases of this activity;
- 2) Participation in meetings and seminars conducted during the period of the cooperative agreement, as appropriate;
- 3) Review and authorization of procedures established for carrying out the scope of work;
- 4) Participation in periodic meetings and/or communications with the award recipient to review mutually agreed upon goals and objectives and to assess progress;
- 5) Assistance in establishing and maintaining Federal interagency and interorganizational contacts necessary to carry out the project;
- 6) Participation in the dissemination of information about project activities;
- 7) Facilitation of effective communication and accountability to HRSA/MCHB regarding the project with special attention to new program initiatives and policy development in the public health field relating to child health; and
- 8) Review of all documents and products prior to submission for publication or public dissemination.

Requirements and obligations of the cooperative agreement recipient shall include:

- 1) Creating or maintaining a national network of pediatric primary care practices to improve health care and treatment for children;
- 2) Increasing the capacity of network-affiliated primary care practitioners and other affiliates to generate and refine original research studies that address key issues affecting child health and pediatric healthcare.
- 3) Developing network infrastructure to enable performance of innovative research projects that integrate cutting-edge technologies and advanced methodologies.
- 4) Developing evidence-based guidelines based on network research findings for use by practitioners and that will result in improvements in child health care services.
- 5) Developing and instituting procedures to expeditiously review and approve, conditional upon acceptability to network constituents and scientific merit, research study protocols that require the participation of network members and affiliates.
- 6) Developing and mentoring new researchers from among network members;
- 7) Developing the infrastructure to foster relevant and innovative research on a range of topics relevant to the field of pediatrics, that investigate critical child healthcare issues that will result in healthcare and health services improvements;
- 8) Providing an electronic copy of any products supported by MCH Pediatric Research Network Program funds, including guidelines, publications, books, pamphlets, newsletters, slide sets, CD-ROMS, curricula, surveys and other assessment tools, videos, DVDs, etc. Such products are required to be made available to the general public by sending an electronic copy to the MCH Research Program;
- 9) Publishing at least three (3) peer-reviewed publications in each year of funding;
- 10) Regarding protocols concerning medication trials, the holder of the investigational new drug application (IND) is primarily responsible for study control and monitoring as defined by FDA rules and regulations. The Principal Investigator of the cooperative agreements and all affiliated investigators assume and accept the primary responsibility for ensuring Network studies are conducted in compliance with all Federal regulations and HHS policies and procedures.
- 11) Immediately reporting all adverse events to MCHB.
- 12) Developing the infrastructure to conduct research studies involving the use of electronic health records (EHRs) and other health information technologies (HIT);
- 13) Piloting scientific protocols;
- 14) Demonstrating the use of state-of-the-art technologies such as web-based meetings and webinars to conduct various network activities and communication;

- 15) Promoting and disseminating the network's research and other program findings.

Product and Data Rights

The MCH Pediatric Research Network is intended as a national resource for pediatric primary care research and practice. The awardee of this cooperative agreement is subject to all applicable laws and regulations, including 45 C.F.R. 74.36, acknowledges that the MCHB has uncontested access to any and all data generated under this cooperative agreement, and specifically recognizes that MCHB has reserved a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so, including but not limited to, making it available in government-sponsored databases for use by other researchers.

Subject Safety/Oversight

The successful applicant must adhere to protocol-specific measures to assure the safety and protection of the rights of volunteers who may participate in studies to be conducted as a result of this cooperative agreement. The Principal Investigator and all affiliated investigators assume and accept the primary responsibility for ensuring network studies are conducted in compliance with all Federal regulations and HHS policies and procedures. All investigators agree and assure that adequate records will be maintained, and that access to these records will be available to enable outside monitors (including MCHB or its designee) to assess compliance with applicable Federal laws and regulations.

2. Summary of Funding

This program will provide funding during Federal fiscal years **2012–2014**. Approximately **\$400,000** is expected to be available annually to fund **one (1)** awardee. Applicants may apply for a ceiling amount of up to **\$400,000** per year. The project period is **three (3)** years. Funding beyond the first year is dependent on the availability of appropriated funds for the MCH Pediatric Research Network Program in subsequent fiscal years, satisfactory awardee performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

As cited in 42 CFR Part 51a.3(b), only public or nonprofit institutions of higher learning and public or private nonprofit agencies engaged in research or in programs relating to maternal and child health and/or services for children with special health care needs are eligible.

Applicants must have significant experience with applied pediatric primary healthcare research. Applications that fail to show such experience will not be considered.

2. Cost Sharing/Matching

No cost sharing or matching is required for this program.

3. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Electronic Submission Information

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. This robust registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting your application. All applicants *must* submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from DGPWaivers@hrsa.gov, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. Your email must include the HRSA announcement number for which you are seeking relief, the organization's DUNS number, the name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to your submission along with a copy of the "Rejected with Errors" notification you received from Grants.gov. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. Suggestion: submit application to Grants.gov at least two days before the deadline to allow for any unforeseen circumstances.

Note: Central Contractor Registration (CCR) information must be updated at least every 12 months to remain active (for both awardee and subrecipients). As of August 9, 2011, Grants.gov began rejecting submissions from applicants with expired CCR registrations. Although active CCR registration at time of submission is not a new requirement, this systematic enforcement will likely catch some applicants off guard. According to the CCR Website it can take 24 hours or more for updates to take effect, so ***check for active registration well before your grant deadline.***

An applicant can view their CCR Registration Status by visiting <http://www.bpn.gov/CCRSearch/Search.aspx> and searching by their organization's DUNS. The [CCR Website](#) provides user guides, renewal screen shots, FAQs and other resources you may find helpful.

Applicants that fail to allow ample time to complete registration with CCR and/or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

All applicants are responsible for reading the instructions included in HRSA's *Electronic Submission User Guide*, available online at <http://www.hrsa.gov/grants/apply/userguide.pdf>. This Guide includes detailed application and submission instructions for both Grants.gov and HRSA's Electronic Handbooks. Pay particular attention to Sections 2 and 5 that provide detailed information on the competitive application and submission process.

Applicants are also responsible for reading the Grants.gov Applicant User Guide, available online at <http://www.grants.gov/assets/ApplicantUserGuide.pdf>. This Guide includes detailed information about using the Grants.gov system and contains helpful hints for successful submission.

Applicants must submit proposals according to the instructions in the Guide and in this funding opportunity announcement in conjunction with Application Form SF-424. The forms contain additional general information and instructions for applications, proposal narratives, and budgets. The forms and instructions may be obtained by:

- 1) Downloading from <http://www.grants.gov>, or
- 2) Contacting the HRSA Digital Services Operation (DSO) at: HRSADSO@hrsa.gov

Each funding opportunity contains a unique set of forms and only the specific forms package posted with an opportunity will be accepted for that opportunity. Specific instructions for preparing portions of the application that must accompany Application Form SF-424 appear in the "Application Format Requirements" section below.

2. Content and Form of Application Submission

Application Format Requirements

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The total file size may not exceed 10 MB. The 80-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard forms are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the 80-page limit. Do not reduce the size of the fonts or margins to save space. See the formatting instructions in Section 5 of the Electronic Submission User Guide referenced above.**

Applications must be complete, within the 80-page limit, within the 10 MB limit, and submitted prior to the deadline to be considered under this announcement.

Please see other requirements, including page limits and font/margin requirements in Section 5 of the HRSA User Guide (<http://www.hrsa.gov/grants/apply/userguide.pdf>) that may cause an application to be deemed non-responsive and removed from consideration. **In particular, applications that do not adhere to the 12-point font / 1" margin requirements, as specified in the HRSA User Guide, will be deemed non-responsive and will not be considered for funding under this announcement.**

Application Format

Applications for funding must consist of the following documents in the following order:

SF-424 Non-Construction – Table of Contents

- 🔔 It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.
- 🔔 Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered under this funding opportunity announcement.
- 🔔 For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.
- 🔔 For electronic submissions, no Table of Contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Application for Federal Assistance (SF-424)	Form	Pages 1, 2 & 3 of the SF-424 face page.	Not counted in the page limit
Project Summary/Abstract	Attachment	Can be uploaded on page 2 of SF-424 - Box 15	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
Additional Congressional District	Attachment	Can be uploaded on page 3 of SF-424 - Box 16	As applicable to HRSA; not counted in the page limit.
Project Narrative Attachment Form	Form	Supports the upload of Project Narrative document	Not counted in the page limit.
Project Narrative	Attachment	Can be uploaded in Project Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424A Budget Information - Non-Construction Programs	Form	Pages 1-2 to support structured budget for the request of Non-construction related funds.	Not counted in the page limit.
Budget Narrative Attachment Form	Form	Supports the upload of Project Narrative document.	Not counted in the page limit.
Budget Narrative	Attachment	Can be uploaded in Budget Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
SF-424B Assurances - Non-Construction Programs	Form	Supports assurances for non-construction programs.	Not counted in the page limit.
Project/Performance Site Location(s)	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.
Additional Performance Site Location(s)	Attachment	Can be uploaded in the SF-424 Performance Site Location(s) form. Single document with	Not counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		all additional site location(s)	
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit.
Other Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list.	Not counted in the page limit.
Attachment 1-15	Attachment	Can be uploaded in Other Attachments form 1-15.	Refer to the attachment table provided below for specific sequence. Counted in the page limit.

- 🔔 To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.
- 🔔 Evidence of Non-Profit status and invention related documents, if applicable, must be provided in the other attachment form.
- 🔔 Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.
- 🔔 Merge similar documents into a single document. Where several documents are expected in the attachment, ensure that you place a table of contents cover page specific to the attachment. The Table of Contents page will not be counted in the page limit.
- 🔔 Limit the file attachment name to less than 50 characters. Do not use any special characters (e.g., %, /, #) or spacing in the file name or word separation. (The exception is the underscore (_) character.) Your attachment will be rejected by Grants.gov if you use special characters or attachment names greater than 50 characters.

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Biographical sketches of key personnel
Attachment 2	Letters of agreement/Letters of support
Attachment 3	Project organizational chart
Attachments 4-15	Other attachments

Application Format

i. Application Face Page

Complete Application Form SF-424 provided with the application package. Prepare according to instructions provided in the form itself. Important note: enter the name of the **Principal Investigator** in 8. f. “Name and contact information of person to be contacted on matters involving this application.” If, for any reason, the Principal Investigator will be out of the office, please ensure their email Out of Office Assistant is set so HRSA will be aware if any issues arise with the application and a timely response is required. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.110.

DUNS Number

All applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://fedgov.dnb.com/webform> or call 1-866-705-5711. Please include the DUNS number in item 8c on the application face page. Applications **will not** be reviewed without a DUNS number.

Note: A missing or incorrect DUNS number is the number one reason for applications being “Rejected for Errors” by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS numbers. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with the Central Contractor Registration (CCR) in order to do electronic business with the Federal Government. CCR registration must be maintained with current, accurate information at all times during which an entity has an active award or an application or plan under consideration by HRSA. It is extremely important to verify that your CCR registration is active and your Marketing Partner ID Number (MPIN) is current. Information about registering with the CCR can be found at <http://www.ccr.gov>.

ii. Table of Contents

The application should be presented in the order of the Table of Contents provided earlier. Again, for electronic applications no table of contents is necessary as it will be generated by the system. (Note: the Table of Contents will not be counted in the page limit.)

iii. Budget

Complete Application Form SF-424A Budget Information – Non-Construction Programs provided with the application package. Please complete Sections A, B, E, and F, and then provide a line item budget for each year of the project period. In Section A use rows 1 - 3 to provide the budget amounts for the first three years of the project. Please enter the amounts in the “New or Revised Budget” column- not the “Estimated Unobligated Funds” column. In Section B Object Class Categories of the SF-424A, provide the object class category breakdown for the annual amounts specified in Section A. In Section B, use column (1) to provide category amounts for Year 1 and use columns (2) through (3) for subsequent budget years (up to three years).

As part of the HRSA/MCHB effort to streamline the grant process, a separate budget page is required for each budget year requested. For example, if the applicant organization requests three years of support, a line item budget (SF 424A) with coinciding justification to support each of the budget years must be submitted with the proposal. These forms will represent the full project period of Federal assistance requested.

Standard Form 424A contains sections A (Budget Summary) through F (Other Budget Information). For each part of Section B, Budget Categories, it is required that applicants submit on additional sheet(s) a justification for each individual budget category itemized (6a-j). Applicants typically identify the specific needs but often fail to write a justification of those needs. These **detailed** budget justifications require the applicant to show **specific references** to the project plan that would relate to how the requested dollar amount was developed.

Key personnel must be identified by name, title, percent of time required and salary level. The budget justification for personnel addresses time commitment and skills required by the project plans. If personnel in the application are also covered by other grant programs, the percentage of time such personnel are covered by other funding sources should be indicated in the application. Similar **detailed and itemized** justifications must be provided for requested travel items, equipment, contractual services, supplies and other categories.

HRSA/MCHB allows awardees to utilize contractors but not to issue subgrants. If the applicant plans to enter into a contract, the applicant's budget justification should include an itemized budget (direct and indirect costs) for each contractual agreement. The total budget for each subcontract should be reflected in the applicant's itemized budget under the "Contractual" budget item. Awardees must perform a substantive role in carrying out project activities and not merely serve as a conduit for an award to a contractor.

The amount of financial support (direct and indirect costs) entered on the SF424 face page is the amount an applicant is requesting from the Federal granting agency for the first project year. Projected amounts for future budget periods should be entered on SF 424A, Section E.

Salary Limitation:

The Consolidated Appropriations Act, 2012 (P.L. 112-74), enacted December 23, 2011 limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$179,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

As an example of the application of this limitation: If an individual's base salary is \$350,000 per year plus fringe benefits of 25% (\$87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to \$179,700 plus fringe of 25% (\$44,925) and a total of \$112,312.50 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

Individual's <i>actual</i> base full time salary: \$350,000 50% of time will be devoted to project	
Direct salary	\$175,000
Fringe (25% of salary)	\$43,750
Total	\$218,750
Amount that may be claimed on the application budget due to the legislative salary limitation:	
Individual's base full time salary <i>adjusted</i> to Executive Level II: \$179,700 50% of time will be devoted to the project	
Direct salary	\$89,850
Fringe (25% of salary)	\$22,462.50
Total amount	\$112,312.50

iv. Budget Justification

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budgets for each of the subsequent budget periods within the requested project period (up to three years) at the time of application. Line item information must be provided to explain the costs entered in the SF-424A. Be very careful about showing how each item in the "other" category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification **MUST** be concise. Do NOT use the justification to expand the project narrative.

Budget for Multi-Year Award

This announcement is inviting applications for project periods up to three (3) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be for up to three (3) years. Submission and HRSA approval of your Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the three-year project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.

Include the following in the Budget Justification narrative:

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percentage of full-time equivalency, and annual salary. Reminder: Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II or \$179,700. An individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements. Please provide an individual's actual base salary if it exceeds the cap. See the sample on the next page.

Sample:

Name	Position Title	% of FTE	Annual Salary	Amount Requested
J. Smith	Chief Executive Officer	50	\$179,700*	\$89,850
R. Doe	Nurse Practitioner	100	\$75,950	\$75,950
D. Jones	Data/AP Specialist	25	\$33,000	\$8,250

*Actual annual salary = \$350,000

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plans, and tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project. (If an individual's base salary exceeds the legislative salary cap, please adjust fringe accordingly.)

Travel: List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel, and staff member(s) completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops. Travel outside of the U.S. is not supported for MCH Research Program projects.

Equipment: List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment (a unit cost of \$5,000 or more and a useful life of more than one year).

Supplies: List the items that the project will use. In this category, separate office supplies from medical and educational purchases. Office supplies could include paper, pencils, and the like; medical supplies are syringes, blood tubes, plastic gloves, etc., and educational supplies may be pamphlets and educational videotapes. Remember, these supply subcategories (office, medical, educational) must be listed separately.

Contractual: Applicants are responsible for ensuring that their organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in CCR and provide the recipient with their DUNS number.

Consultants: Give name and institutional affiliation, qualifications of each consultant, if known, and indicate the nature and extent of the consultant service to be performed. Include expected rate of compensation and total fees, travel, per diem, or other related costs for each consultant.

Other: Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category. In some cases, rent, utilities and insurance fall under this category if they are not included in an approved indirect cost rate.

Applicants may include the cost of access accommodations as part of their project's budget, including sign interpreters, plain language, and health literature print materials in alternate formats (including Braille, large print, etc.); and cultural/linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings, clinical encounters, and conferences, etc.

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to 2 CFR Part 220 (formerly *OMB Circular A-21*), the term "facilities and administration" is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS's Division of Cost Allocation (DCA). Visit DCA's website at: <http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices which these rate agreements.

v. *Staffing Plan and Personnel Requirements*

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in the "Budget Justification," under Personnel costs. For positions where individuals are not identified, include a description of the experience and qualifications for the proposed position. Biographical sketches for any key employed personnel who will be assigned to work on the proposed project and other significant contributors must be included in Attachment 1. When applicable, biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs.

If the project is collaborative or has multiple investigators, the staffing plan should describe the complementary and integrated expertise of the investigators and show that the leadership approach, governance, and organizational structure are appropriate for the project. The staffing plan should reflect the commitment of the research team in conducting and completing the project.

The Biographical Sketch may not exceed four (4) pages per person. This 4-page limit includes the table at the top of the first page.

Biographical sketches should follow the format described below.

Complete the educational block at the top of the format page, and complete Sections A, B, C and D. When applicable, biographical sketches should include training, language fluency, and experience working with the cultural and linguistically diverse populations that are served by their programs.

- A. **Personal Statement.** Briefly describe why your experience and qualifications make you particularly well-suited for your role (e.g., PD/PI, mentor) in the project that is the subject of the application.

- B. **Positions and Honors.** List in chronological order previous positions, concluding with your present position. List any honors. List professional affiliations (for conflicts of interest). Include current or upcoming membership(s) on any Federal Government public advisory committee.
- C. **Peer-reviewed publications or manuscripts in press (in chronological order).** Applicants are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted but not yet accepted for publication or those in preparation. The individual may choose to include selected publications based on recency, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).
- D. **Research Support.** The research support section highlights your accomplishments, and those of your colleagues, as scientists. This information will be used by the peer reviewers of your application in the assessment of each individual's qualifications for a specific role in the proposed project, as well as to evaluate the overall qualifications of the research team.

List both selected ongoing and completed (during the last three years) research projects (Federal or non-Federal support) for the PD/PI and each Senior/Key Person (even if they receive no salary support from the project(s)) for ongoing projects and pending proposals. Show the total award amount for the entire award period (including indirect costs) as well as the percent effort to be devoted to the project by the senior/key person, regardless of source of support.

Begin with the projects that are most relevant to the research proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch. **You must also include percent effort on all ongoing research projects listed.** If the applicant should receive support for any project listed under Pending Support at any time prior to receipt of an award or postaward by the MCH Research Program, the MCH Research Program must be notified.

vi. Assurances

Complete Application Form SF-424B Assurances – Non-Construction Programs provided with the application package.

If research involving human subjects is anticipated, you must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in the Code of Federal Regulations, Title 45 – Public Welfare, Part 46 – Protection of Human Subjects (45 CFR 46), available online at <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>.

vii. Certifications

Use the Certifications and Disclosure of Lobbying Activities Application Form provided with the application package.

Please note the following requirements related to research misconduct:

Each institution that receives or applies for a research, research training, or research-related grant or cooperative agreement under the Public Health Service Act must certify that the institution has established administrative policies as required by 42 CFR Part 93, “Public Health Service Policies on Research Misconduct.”

In checking the “I agree” box on line 21 of the SF-424, the Authorized Organizational Representative of the applicant organization certifies that:

- 1) The institution will comply with the requirements of the PHS regulations for dealing with reporting possible scientific misconduct under 42 CFR Part 93, Subpart A;
- 2) The institution has established policies and procedures incorporating the provisions set forth in 42 CFR Part 93, Subpart A;
- 3) The institution will provide its policies and procedures to the Office of Research Integrity upon request; and
- 4) The institution will submit an Annual Report on Possible Research Misconduct (Form 6349). A copy of Form 6349, covering the previous year, will be automatically sent to all PHS awardees by the Office of Research Integrity each January.

Research Misconduct is defined by the Public Health Service as “fabrication, falsification or plagiarism in proposing, performing, or reviewing research, or in reporting research results.”

- a) Fabrication is making up data or results and recording or reporting them.
- b) Falsification is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.
- c) Plagiarism is the appropriation of another person’s ideas, processes, results, or words without giving appropriate credit.
- d) Research misconduct does not include honest error or differences of opinion.

For further information, please see <http://ori.hhs.gov/> or contact:

U.S. Department of Health and Human Services
Office of Research Integrity
1101 Wootton Parkway, Suite 750
Rockville, MD 20852
Email: AskORI@osophs.dhhs.gov
Phone: (240) 453-8200
Fax: (301) 443-5351

viii. Project Abstract

Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served.

Please place the following at the top of the abstract:

- Project Title
- Principal Investigator Name
- Applicant Organization Name
- Address
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address
- Web Site Address, if applicable

Briefly state the principal needs and problems that are addressed by the project, including the project's relationship to current MCHB Strategic Research Issues (Appendix B). A complete and informative abstract is critical to the review of your application.

The project abstract must be single-spaced and limited to one page in length.

ix. *Project Narrative*

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, and well-organized so that peer reviewers can understand the proposed project. The narrative should use the five section headers provided below (*Background and Significance; Specific Goals and Objectives; Project Design: Methods and Evaluation; Plan and Schedule of Implementation; and Resources and Capabilities of the Applicant*).

A. *Background and Significance* (Related Review Criteria—NEED, RESPONSE, IMPACT)

Briefly describe the background of the present proposal, critically evaluating the regional and national significance of the research network. Specifically, identify problem(s) to be addressed and gaps which the project is intended to fill. In this section, the applicant should demonstrate a thorough knowledge and understanding of multisite research on critical child health issues. State concisely the importance of the project by relating the specific objectives to the potential of the project to meet the purposes of the cooperative agreement described in this funding opportunity announcement. Address the importance of employing novel concepts, approaches, and methods to advance clinical practice and scientific knowledge. Describe how the project addresses one or more of the MCHB Strategic Research Issues (Appendix B).

B. *Specific Goals and Objectives* (Related Review Criteria—NEED, RESPONSE)

This section of the narrative should include a numbered list of the specific goals and objectives to be accomplished during the funding period. The specific objectives should be succinctly stated. The applicant should be innovative with respect to specific objectives, but should direct attention to the scope of expected activities listed below and earlier (see “Purpose” on page 1 and “Requirements and obligations of the cooperative agreement recipient” on page 4) in this funding opportunity announcement.

C. *Project Design: Methods and Evaluation* (Related Review Criteria—EVALUATIVE MEASURES, IMPACT)

This section of the narrative should provide detailed descriptions of the methodology for accomplishing each of the specific objectives: research, guideline development, development and mentorship of new researchers, and information dissemination. The applicant should provide sufficient technical detail to demonstrate the necessary steps to accomplish each objective, and to convey to reviewers adequate information to assess the methodology.

The applicant must also indicate the specific methods to be used to evaluate progress in each area of activity, such as activities oriented towards accomplishing the objective of developing new investigators. Specifically related to the development and mentorship of new investigators, the applicant will need to detail specific plans to recruit practitioners, impart or improve research skills through a program consisting of skill development, mentorship, and working with the selected practitioners to develop research proposals. The majority of prospective research must involve a topic selected from the Best Pharmaceuticals for Children Act (BPCA) Priority List of Needs in Pediatric Therapeutics.

The applicant also must provide a clear and reasonable plan to consistently develop sound research proposals. The applicant is required to articulate plans to review, offer feedback on, and if acceptable to network members and of scientific merit, expeditiously approve and implement proposed research studies. This description should include plans to utilize technology to accelerate the review and approval process and an example timeline for various scenarios involving typical proposals and those submitted by new investigators developed through the mentorship program the applicant will develop.

The applicant is required to list and discuss anticipated obstacles that may be encountered and indicate how each obstacle will be overcome. Describe the data collection strategy to collect, analyze, and track data to measure process and impact/outcomes, as well as involvement by members of different cultural groups (e.g. race, ethnicity, language) in the network as researchers, practitioners, and research participants, and explain how these data will be used to inform program development.

An organizational chart that graphically depicts the functional structure of the proposed or existing Network must be included as part of the project narrative.

For each described objective, an evaluation measure should be included. The evaluation measure should be specific, measurable, relevant, and attainable within the program period, or in the case of longer-term objectives, specific indicators of significant progress on those objectives must be provided. A timeline for evaluation should be presented consistent with the plan and schedule of implementation for the goals and objectives.

In addition, the applicant should describe the extent and effectiveness of plans for dissemination of project results and the extent to which project results are national in scope. NOTE: Peer-reviewed publications are the cardinal measure of success of the MCH Research Program. The number of publications resulting from each funded project contributes to the total number of publications by which the MCH Research Program is evaluated annually. The successful applicant must produce a minimum of three peer-reviewed publications each project year. All publications, whether in print, online, or any other medium, that were

supported through this cooperative agreement must acknowledge the funding provided by the MCH Research Program, even after the conclusion of the project period. The MCH Research Program will provide guidance on the required elements of the required attribution.

D. Plan and Schedule of Implementation (Related Review Criteria—RESPONSE, RESOURCES/CAPABILITIES, IMPACT)

In this section of the narrative, the applicant should provide a description of the organizational plan for management of the project, including an explanation of the roles and responsibilities of project management personnel, project collaborators, and consultants.

In addition, an implementation schedule should be provided for each activity described in previous sections. The material should be presented in a succinct manner, with a brief listing of specific milestones and expected outcomes.

E. Resources and Capabilities of the Applicant (Related Review Criteria — RESOURCES/CAPABILITIES, SUPPORT REQUESTED)

The applicant should describe their experience in carrying out multisite projects on critical child health issues. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. The applicant should justify the support requested by articulating the linkage between support requested, proposed activities, and objectives to be accomplished through those proposed activities. The applicant should also address the reasonableness of costs for proposed items and activities proposed, as well as justify the amount of time key personnel will devote to the proposed project.

The applicant should document their ability to enroll a sufficient number of research participants for the network.

x. Program Specific Forms

1) Performance Standards for Special Projects of Regional or National Significance (SPRANS) and Other MCHB Discretionary Projects

The Health Resources and Services Administration (HRSA) has modified its reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by the Maternal and Child Health Bureau (MCHB) to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for States have also been established under the Block Grant provisions of Title V of the Social Security Act, the MCHB's authorizing legislation. Performance measures for other MCHB-funded grant programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect. An electronic system for reporting these data elements has been developed and is now available.

2) *Performance Measures for the MCH Research Program and Submission of Administrative Data*

To prepare successful applicants and notify them of their reporting requirements, the administrative forms and performance measures are presented in the appendices of this funding opportunity announcement. In summary, the forms and performance measures for this program are:

- Form 1, MCHB Project Budget Details
- Form 2, Project Funding Profile
- Form 4, Project Budget and Expenditures by Types of Services (Note, funds for the MCH Pediatric Research Network Program would fit under “Infrastructure Building Services”)
- Form 6, Abstract
- Form 7, Discretionary Grant Project Summary Data
- Performance Measure 03, The percentage of MCHB-funded projects submitting and publishing findings in peer-reviewed journals
- Performance Measure 10, The degree to which MCHB-funded programs have incorporated cultural and linguistic competence elements into their policies, guidelines, contracts and training.
- Products, Publications and Submissions data form

xi. Attachments

Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled.**

Attachment 1: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in the Staffing Plan and Personnel Requirements and outlined in Attachment 1. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 2: Letters of Agreement/Letters of Support

Provide any documents that describe working relationships between the applicant organization and other agencies and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverables. Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). Letters of agreement and letters of support must be dated. Keep each to one page in length as much as is possible.

Attachment 3: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators.

Attachments 4-15: Other Attachments

Include other attachments such as IRB certification or approval, as applicable.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *April 20, 2012 at 8:00 P.M. ET*. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by your organization's Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

Receipt acknowledgement: Upon receipt of an application, Grants.gov will send a series of email messages advising you of the progress of your application through the system. The first will confirm receipt in the system; the second will indicate whether the application has been successfully validated or has been rejected due to errors; the third will be sent when the application has been successfully downloaded at HRSA; and the fourth will notify the applicant of the Agency Tracking Number assigned to the application.

The Chief Grants Management Officer (CGMO) or designee may authorize an extension of published deadlines when justified by circumstances such as natural disasters (e.g., floods or hurricanes) or other disruptions of services, such as a prolonged blackout. The CGMO or designee will determine the affected geographical area(s).

Late applications:

Applications which do not meet the criteria above are considered late applications and will not be considered in the current competition.

4. Intergovernmental Review

The MCH Pediatric Research Network Program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than \$400,000 total cost per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this announcement may not be used for the following purposes:

- International travel
- Tuition remission for graduate research assistants

Salary Limitation: The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay

scale is \$179,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

Per Division F, Title V, Section 503 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011 (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to 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, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

Division F, Title V, Section 508 (a) None of the funds made available in this Act may be used for—(1) the creation of a human embryo or embryos for research purposes; or (2) research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)).

(b) For purposes of this section, the term “human embryo or embryos” includes any organism, not protected as a human subject under 45 CFR 46 as of the date of the enactment of this Act, that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cells.

Per Division F, Title V, Section 523 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

6. Other Submission Requirements

As stated in Section IV.1, except in very rare cases HRSA will no longer accept applications in paper form. Applicants submitting for this funding opportunity are **required** to submit **electronically** through Grants.gov. To submit an application electronically, please use the

APPLY FOR GRANTS section at <http://www.grants.gov>. When using Grants.gov you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

It is essential that your organization *immediately register* in Grants.gov and become familiar with the Grants.gov site application process. If you do not complete the registration process you will be unable to submit an application. The registration process can take up to one month.

To be able to successfully register in Grants.gov, it is necessary that you complete all of the following required actions:

- Obtain an organizational Data Universal Numbering System (DUNS) number
- Register the organization with Central Contractor Registration (CCR)
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's CCR "Marketing Partner ID Number (M-PIN)" password
- Register and approve an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials and FAQs are available on the Grants.gov web site at <http://www.grants.gov>. Assistance is also available 24 hours a day, 7 days a week (excluding Federal holidays) from the Grants.gov help desk at support@grants.gov or by phone at 1-800-518-4726. Applicants should ensure that all passwords and registration are current well in advance of the deadline.

It is incumbent on applicants to ensure that the AOR is available to submit the application to HRSA by the published due date. HRSA will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline. Therefore, you are urged to submit your application in advance of the deadline. If your application is rejected by Grants.gov due to errors, you must correct the application and resubmit it to Grants.gov before the deadline date and time. Deadline extensions will not be provided to applicants who do not correct errors and resubmit before the posted deadline.

If, for any reason, an application is submitted more than once prior to the application due date, HRSA will only accept the applicant's last validated electronic submission prior to the application due date as the final and only acceptable submission of any competing application submitted to Grants.gov.

Tracking your application: It is incumbent on the applicant to track their application by using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about tracking your application can be found at <https://apply07.grants.gov/apply/checkApplStatus.faces>. Be sure your application is validated by Grants.gov prior to the application deadline.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

Review Criteria are used to review and rank applications. The *MCH Pediatric Research Network Program* has six (6) review criteria:

Criterion 1.	<u>Need</u>	10 points
Criterion 2.	<u>Response</u>	25 points
Criterion 3.	<u>Evaluative Measures</u>	25 points
Criterion 4.	<u>Impact</u>	10 points
Criterion 5.	<u>Resources/Capabilities</u>	25 points
Criterion 6.	<u>Support Requested</u>	5 points
TOTAL:		100 points

Criterion 1: NEED (10 points) (Related Project Narrative Sections: Background & Significance, Specific Goals and Objectives)

Reviewers assess the extent to which the application demonstrates the need for multisite research on critical child health issues and the relationship to the MCHB Strategic Research Issues.

- The extent to which the proposed project adequately documents the need for multisite research aimed at critical child healthcare issues that will result in healthcare and health services improvements.
- The extent to which the proposed project effectively addresses at least one or more MCHB Strategic Research Issues (Appendix B).

Criterion 2: RESPONSE (25 points) (Related Project Narrative Sections: Background and Significance, Specific Goals and Objectives, Plan and Schedule of Implementation)

Peer reviewers will assess the extent to which the proposed project responds to the “Purpose” included in this announcement. The reviewers will appraise the strength and clarity of the proposed goals and objectives and their relationship to the identified project. Peer reviewers will also evaluate the extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

- The extent to which the project plan is coherent as a whole.
- The extent to which the overall scientific approach is appropriate, thoughtful, and logical.
- The extent to which the approach proposed to establish and maintain the research network is appropriate, thoughtful, and logical.

- The extent to which the investigator provides a sound rationale for the need for this research infrastructure.
- The extent to which the applicant demonstrates awareness of previous work in the area of this project.
- The extent to which literature pertinent to the project is cited and supports the rationale for the need for this research infrastructure.
- The extent to which the goals and objectives are clear, concise, and appropriate.
- The extent to which the objectives are specific, time-framed, achievable, and measurable.
- If the aims of the application are achieved, the extent to which scientific knowledge or clinical practice will be advanced.
- The extent to which new investigators will be developed and mentored through programs or opportunities the network will provide or create.
- The extent to which the applicant demonstrates use of state-of-the-art technologies such as web-based meetings and webinars to conduct various network activities and communication.
- The extent to which the applicant provides a plan to implement research studies.
- The extent to which the applicant outlines procedures to expeditiously review and approve research study protocols that require the participation of network members and affiliates. The extent to which these procedures will allow the network and potential collaborators to promptly implement research studies.
- In terms of innovation, the extent to which the project employs novel concepts, approaches, or methods. The extent to which the aims are original and innovative. The extent to which the project challenges existing paradigms or develops new methodologies or technologies.

CRITERION 3: EVALUATIVE MEASURES (25 points) (Related Project Narrative Sections: Project Design: Methods and Evaluation, Plan and Schedule of Implementation)

The effectiveness of the method proposed to monitor project and evaluate project results and output will be evaluated. Evaluative measures must be able to assess 1) to what extent the program objectives have been met; 2) to what extent these can be attributed to the project.

- The extent to which the applicant presents a sound evaluation plan for each area of activity: research, guideline development, mentorship of new researchers, and information dissemination.
- The extent to which the proposed activities are capable of attaining project goals and objectives.
- The extent to which the applicant will be able to determine if program objectives have been met.
- The extent to which the project plan and methodology for establishing and maintaining the network described in the proposal are appropriate and of high quality.
- The extent to which the applicant describes appropriate methods and strategies to determine factors contributing to the achievement of program objectives. The extent to which the applicant describes appropriate methods and strategies to determine factors contributing to the failure to achieve program objectives.
- The extent to which the applicant has plans to make changes to the program based on evaluation findings.

- The extent to which experience with multisite study design (clinical trials and/or observational studies) is clearly articulated in the application.
- The extent to which the applicant describes familiarity and experience with data gathering procedures as they relate to multisite studies.

CRITERION 4: IMPACT (10 points) (Related Project Narrative Sections: Background and Significance, Project Design: Methods and Evaluation, Plan and Schedule of Implementation)

Reviewers will assess the quality of the applicant’s plan for the establishment of a national network as described in this funding opportunity announcement. The extent and effectiveness of plans for dissemination of project results and/or the extent to which project results may be national in scope will be evaluated. Peer reviewers will appraise significance of the project in terms of its potential impact for improving the health of children and enhancing pediatric primary care practice by conducting multisite research. The degree to which the project activities are replicable will be assessed.

- The extent to which the applicant describes an effective publication and dissemination plan that holds promise to reach health professionals, policy makers, and the public.
- The extent to which the dissemination plan outlined by the applicant effectively incorporates the use of new media (i.e., modes of transmission and communication other than traditional print publications, posters, and conference presentations).
- The extent to which the applicant has a sound plan for how they will meet the expectation to produce the expected number of peer-reviewed publications.
- The extent to which the project plan provides feedback to network members, primary care pediatric professionals, and other public health groups so they can effectively act on this information.
- The extent to which the proposed plan to provide feedback to network members, primary care pediatric professional, and other public health groups is likely to succeed.
- The extent to which the project is of regional or national significance.

CRITERION 5: RESOURCES/CAPABILITIES (25 points) (Related Project Narrative Sections: Plan and Schedule of Implementation, Resources and Capabilities)

Adequacy of the available resources and personnel for administration of the network will be evaluated. Evidence of infrastructure capabilities in research, guideline development, administration, operational management, protocol development, clinical data information system, and management of regulation documents is also evaluated. Peer reviewers also assess the extent to which project personnel are qualified by training and/or experience to implement and carry out the project and component studies. Most importantly, the capability of the network sites to enroll patients as demonstrated by past success in enrollment is considered.

The Principal Investigator’s documented history of leadership in the conduct of multisite research studies in the field of child healthcare is evaluated. Important considerations are the capabilities of the applicant organization, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. Biographical sketches should

document education, skills, and experience that are relevant and necessary for the proposed project.

- The extent to which the Principal Investigator, staff, and other collaborators are well qualified by training and/or expertise to establish the infrastructure necessary to conduct multisite collaborative research and guideline development.
- The extent to which the Principal Investigator describes and provides evidence of multisite research experience.
- The extent to which the Principal Investigator describes and provides evidence of the ability to recruit patients, practitioners, or sites for research studies.
- The extent to which the applicant has the existing resources/facilities to successfully support the research network described in the proposal.
- The extent to which the network sites demonstrate a history of successful enrollment in multisite research.
- The extent to which the setting of the research network is appropriate to achieve project objectives.

CRITERION 6: SUPPORT REQUESTED (5 points) (Related Project Narrative Section: Budget and Budget Justification)

Reviewers assess the reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research activities, and the anticipated results.

- The extent to which the costs, as outlined in the budget section, are reasonable given the scope of work.
- The extent to which budget line items are well described and justified in the budget justification.
- The extent to which time allocated to key personnel is adequate and appropriate to achieve project objectives.

2. Review and Selection Process

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for Federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in relevant sections of this funding opportunity. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 1, 2012.

VI. Award Administration Information

1. Award Notices

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's strengths and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the start date of September 1, 2012.

2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 [Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations](#) or 45 CFR Part 92 [Uniform Administrative Requirements For Grants And Cooperative Agreements to State, Local, and Tribal Governments](#), as appropriate.

HRSA grant and cooperative agreement awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable based on recipient type and purpose of award. This includes, as applicable, any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at <http://www.hrsa.gov/grants/>. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Award).

Human Subjects Protection [for projects involving human subjects research]

Federal regulations (45 CFR 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, you must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in the Code of Federal Regulations, Title 45 – Public Welfare, Part 46 – Protection of Human Subjects (45 CFR 46), available online at <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>.

Financial Conflict of Interest

HHS requires awardees and investigators to comply with the requirements of 42 CFR part 50, Subpart F, "Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is Sought." A Final Rule amending this PHS regulation (and the companion regulation at 45 CFR part 94, "Responsible Prospective Contractors," imposing similar requirements for research contracts) was published on August 25, 2011 in the Federal Register (<http://www.gpo.gov/fdsys/pkg/FR-2011-08-25/pdf/2011-21633.pdf>). An Institution applying for or receiving PHS funding from a grant or cooperative agreement that is covered by the rule must be in full compliance with all of the revised regulatory requirements no later than August 24, 2012, and immediately upon making its institutional Financial Conflict of Interest (FCOI) policy publicly accessible as described in the regulation.

Research Misconduct

Each institution that receives or applies for a research, research training, or research-related grant or cooperative agreement under the Public Health Service Act must comply with 42 CFR Part 93, "Public Health Service Policies on Research Misconduct."

Research Misconduct is defined by the Public Health Service as "fabrication, falsification or plagiarism in proposing, performing, or reviewing research, or in reporting research results."

- a) Fabrication is making up data or results and recording or reporting them.
- b) Falsification is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.
- c) Plagiarism is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit.
- d) Research misconduct does not include honest error or differences of opinion.
- e) For further information, please see <http://www.ori.dhhs.gov/>.

Trafficking in Persons

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.html>. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity to obtain a copy of the Term.

Smoke-Free Workplace

The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

Cultural and Linguistic Competence

HRSA programs serve culturally and linguistically diverse communities and multiple cultures. Although race and ethnicity are often thought to be dominant elements of culture, HRSA funded programs embrace a broader definition to incorporate diversity within specific cultural groups including but not limited to cultural uniqueness within Native American populations,

Native Hawaiian, Pacific Islanders, and other ethnic groups, language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities, clients and students served. HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>. Additional cultural competency and health literacy tools, resources and definitions are available online at <http://www.hrsa.gov/culturalcompetence> and <http://www.hrsa.gov/healthliteracy>.

HEALTHY PEOPLE 2020

Healthy People 2020 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has four overarching goals: (1) attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; (2) achieve health equity, eliminate disparities, and improve the health of all groups; (3) create social and physical environments that promote good health for all; and (4) promote quality of life, healthy development, and healthy behaviors across all life stages. The program consists of over 40 topic areas, containing measurable objectives. HRSA has actively participated in the work groups of all the topic areas and is committed to the achievement of the Healthy People 2020 goals. More information about Healthy People 2020 may be found online at <http://www.healthypeople.gov/>.

National HIV/AIDS Strategy (NHAS)

The National HIV/AIDS Strategy (NHAS) has three primary goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities. The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of early entrance into care for people living with HIV to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention, care and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

To the extent possible, program activities should strive to support the three primary goals of the NHAS. As encouraged by the NHAS, programs should seek opportunities to increase collaboration, efficiency, and innovation in the development of program activities to ensure success of the NHAS. Programs providing direct services should comply with Federally-approved guidelines for HIV Prevention and Treatment (see <http://www.aidsinfo.nih.gov/Guidelines/Default.aspx> as a reliable source for current guidelines). More information can also be found at <http://www.whitehouse.gov/administration/eop/onap/nhas>

Health IT

Health information technology (Health IT) provides the basis for improving the overall quality, safety and efficiency of the health delivery system. HRSA endorses the widespread and consistent use of health IT, which is the most promising tool for making health care services more accessible, efficient and cost effective for all Americans.

Related Health IT Resources:

- [Health Information Technology \(HHS\)](#)
- [What is Health Care Quality and Who Decides? \(AHRQ\)](#)

Network Products

Any products supported by MCH Pediatric Research Network Program funds – including guidelines, publications, books, pamphlets, newsletters, slide sets, CD-ROMs, curricula, surveys and other assessment tools, videos, DVDs, etc. – are required to be made available to the general public by sending an electronic copy to the MCH Research Program.

With respect to **copyrightable material** that might be developed as a part of the cooperative agreement activity, please note the following MCHB Grants Management policy statement:

“If any copyrightable material (e.g., audiovisuals, software, publications, curricula and training materials, etc.) is developed under this cooperative agreement (by the awardee or contractor) the Department of Health and Human Services (HHS) shall have a royalty-free nonexclusive and irrevocable right to reproduce, publish or otherwise use, and authorize others to use, the work, for purposes which further the objective of the Maternal and Child Health (MCH) program.”

All contracts or other arrangements entered into by the awardee for purpose of developing or procuring such material shall specifically reference and reserve the rights of HHS with respect to the material.

HRSA/MCHB reserves the right to review any and all documents or other materials before being printed or disseminated to the public.

Acknowledgement of Funding Support:

As required by HHS appropriations acts, all HHS recipients must acknowledge Federal funding when issuing statements, press releases, requests for proposals, bid invitations, and other documents describing projects or programs funded in whole or in part with Federal funds. All recipients are required to state (1) the percentage and dollar amounts of the total program or project costs financed with Federal funds and (2) the percentage and dollar amount of the total costs financed by nongovernmental sources.

Credit to the funding source should be given as stated below:

“This study [project] is [was] funded by cooperative agreement, UA6 MC XXXXX, through the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Research Program.”

3. Reporting

The successful applicant under this funding opportunity announcement must comply with the following reporting and review activities:

a. **Audit Requirements**

Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at http://www.whitehouse.gov/omb/circulars_default.

b. **Payment Management Requirements**

Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System. The report identifies cash expenditures against the authorized funds for the grant or cooperative agreement. The FFR Cash Transaction Reports must be filed within 30 days of the end of each calendar quarter. Failure to submit the report may result in the inability to access award funds. Go to <http://www.dpm.psc.gov> for additional information.

c. **Status Reports**

1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required within 90 days of the end of each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.

2) **Semi-Annual Performance Report.** Within 30 days following the end of five months from the award date, the awardee must submit the first semi-annual performance report that contains:

- A concise summary of the most significant achievements and problems encountered during the reporting period.
- A comparison of work progress with objectives established for the corresponding period using the awardee's implementation schedule.
- Other pertinent information which will permit monitoring and overview of project operations.

Subsequent semi-annual performance reports must be submitted at the same intervals. All semi-annual performance reports must be submitted on-line by the awardee in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>. Further information will be provided to the award recipient.

3) **Progress Report(s).** The awardee must submit a progress report to HRSA on an annual basis. The awardee will submit an **Annual Continuation Application/Progress Report**. Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds. This report has two parts. The first part demonstrates awardee progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project. Progress reports must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>. Further information will be provided in the award notice.

4) **Comprehensive Final Report(s).** A comprehensive final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the awardee achieved the mission, goal, and strategies outlined in the program; awardee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the awardee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.

5) **Performance Report(s).** The Health Resources and Services Administration (HRSA) has modified its reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by the Maternal and Child Health Bureau (MCHB) to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for States have also been established under the Block Grant provisions of Title V of the Social Security Act, the MCHB's authorizing legislation. Performance measures for other MCHB-funded grant programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect.

1. Performance Measures and Program Data

To prepare applicants for these reporting requirements, the designated performance measures for this program and other program data collection are presented in the appendices of this funding opportunity announcement.

2. Performance Reporting

Successful applicants receiving cooperative agreement funds will be required, within 120 days of the Notice of Award (NoA), to register in HRSA's Electronic Handbooks (EHBs) and electronically complete the program specific data forms that appear in the appendices of this funding opportunity announcement. This requirement entails the provision of budget breakdowns in the financial forms based on the award amount, the project abstract and other award summary data as well as providing objectives for the performance measures.

Performance reporting is conducted for each year of the project period. The recipient will be required, within 120 days of the NoA, to enter HRSA's EHBs and complete the program specific forms. This requirement includes providing expenditure data, finalizing the abstract and award summary data as well as finalizing indicators/scores for the performance measures.

3. Project Period End Performance Reporting

The successful applicants receiving funding will be required, within 90 days from the end of the project period, to electronically complete the program specific data forms that appear in the appendices of this funding opportunity announcement. The requirement includes providing expenditure data for the final year of the project

period, the project abstract and summary data as well as final indicators/scores for the performance measures.

4. Additional Reporting Requirements

In addition to the Reports described above, the Awardee agrees to furnish the following to HRSA/MCHB:

Protocol-Specific Reports: Awardees are required and agree to provide periodic reports of protocol-specific projects. At a minimum, the Network must provide timely enrollment information in a standardized format and according to a defined schedule to be negotiated with MCHB. Other protocol-specific reports, such as those needed to monitor the safety and clinical effectiveness of drugs, treatments, or other interventions under investigation or development will be required to monitor the projects undertaken in the network.

Investigational New Drug (IND) Reports: In regard to projects involving IND, awardees are required and agree to provide reports according to regulations and guidelines established by the Food and Drug Administration (FDA). The Principal Investigator of the cooperative agreement and all other primary investigators who are members of or affiliated with the network assume and accept the primary responsibility for ensuring that all network activities are conducted in compliance with all Federal regulations and all HHS policies and procedures.

Progress Review: Performance metrics, such as budget execution, subject enrollment, data acquisition and transmission, meeting objectives and timelines, and study analysis and reports will be defined to permit MCHB a means to assess progress of the network and provide information needed to support future funding decisions.

Adverse Experience Reporting: The Principal Investigator of the network agrees to implement and adhere to an adverse event tracking system.

Publication of Data: Prompt and timely presentation and publication in the scientific literature of findings resulting from research undertaken in the network is required. In addition, prompt and timely dissemination of guidelines developed and tools validated is required. As per HHS guidelines, the awardee agrees to acknowledge HRSA support and the MCH Research Program in the publications and oral presentations resulting from research and/or activities conducted under this cooperative agreement. This agreement extends to websites as well as documents posted online for public use. Publications and other products produced by network members and affiliated investigators must also acknowledge HRSA support and the MCH Research Program. Affiliated investigators must also agree to abide by all network policies concerning publication of network studies. The Principal Investigator is responsible for tracking the presentation and publication of research results from the network and must provide this information to MCHB upon request.

d. Transparency Act Reporting Requirements

New awards (“Type 1”) issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252,

and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of \$25,000 or more in Federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (FFATA details are available online at <http://www.hrsa.gov/grants/ffata.html>). Competing continuation awardees, etc. may be subject to this requirement and will be so notified in the Notice of Award.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Gerly Sapphire Marc-Harris
Grants Management Specialist
Attn.: MCH Pediatric Research Network Program, HRSA-12-019
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11A-02
5600 Fishers Lane
Rockville, MD 20857
Email: smarc-harris@hrsa.gov
Telephone: (301) 443-2628
Fax: (301) 443-6343

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Benyamin Margolis, PhD, MPH, CHES
Health Scientist, Research and Demonstration Branch
Attn: MCH Pediatric Research Network Program, HRSA-12-019
Division of Research, Training, and Education, Maternal Child Health Bureau, HRSA
Parklawn Building, Room 18A-55
5600 Fishers Lane
Rockville, MD 20857
Email: bmargolis@hrsa.gov
Telephone: (301) 443-3146
Fax: (301) 443-4842

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726
E-mail: support@grants.gov
iPortal: <http://grants.gov/iportal>

VIII. Other Information

MCH Research Web Site

<http://www.mchb.hrsa.gov/research>

MCH Training Web Site

<http://www.mchb.hrsa.gov/training>

HHS Office of Research Integrity

<http://ori.hhs.gov/>

Human Subjects Assurances

<http://www.hhs.gov/ohrp>

<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>

Inclusion of Children

<http://grants.nih.gov/grants/funding/children/children.htm>

Making Websites Accessible: Section 508 of the Rehabilitation Act

<http://www.section508.gov/>

Healthy People 2020

<http://www.healthypeople.gov/2020/default.aspx>

Ten Essential Public Health Core Functions

<http://www.cdc.gov/od/ocphp/nphpsp/EssentialPHServices.htm>

Surgeon General's Health Reports

<http://www.surgeongeneral.gov/library/>

Bright Futures

<http://www.brightfutures.aap.org/>

Cultural Competency

<http://nccc.georgetown.edu/>

Medical Home

<http://www.medicalhomeinfo.org/>

Institute of Medicine

<http://www.iom.edu/>

IX. Tips for Writing a Strong Application

A concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at:

<http://www.hhs.gov/asrt/og/grantinformation/apptips.html>.

Appendix A: MCHB Administrative Forms and Performance Measures

To prepare successful applicants for their future performance reporting requirements, the Administrative Forms and Performance Measures assigned to this MCHB program are presented below.

- Form 1, MCHB Project Budget Details
- Form 2, Project Funding Profile
- Form 4, Project Budget and Expenditures by Types of Services (Note, funds for the MCH Pediatric Research Network Program would fit under “Infrastructure Building Services”)
- Form 6, MCH Abstract
- Form 7, Discretionary Grant Project Summary Data
- Performance Measure 03, The percentage of MCHB-funded projects submitting and publishing findings in peer-reviewed journals
- Performance Measure 10, The degree to which MCHB-funded programs have incorporated cultural and linguistic competence elements into their policies, guidelines, contracts and training.
- Data Form: Products, Publications and Submissions data form.

FORM 1
MCHB PROJECT BUDGET DETAILS FOR FY _____

1. MCHB GRANT AWARD AMOUNT	\$ _____
2. UNOBLIGATED BALANCE	\$ _____
3. MATCHING FUNDS	\$ _____
(Required: Yes [] No [] If yes, amount)	
A. Local funds	\$ _____
B. State funds	\$ _____
C. Program Income	\$ _____
D. Applicant/Grantee Funds	\$ _____
E. Other funds: _____	\$ _____
4. OTHER PROJECT FUNDS (Not included in 3 above)	\$ _____
A. Local funds	\$ _____
B. State funds	\$ _____
C. Program Income (Clinical or Other)	\$ _____
D. Applicant/Grantee Funds (includes in-kind)	\$ _____
E. Other funds (including private sector, e.g., Foundations)	\$ _____
5. TOTAL PROJECT FUNDS (Total lines 1 through 4)	\$ _____
6. FEDERAL COLLABORATIVE FUNDS	\$ _____
(Source(s) of additional Federal funds contributing to the project)	
A. Other MCHB Funds (Do not repeat grant funds from Line 1)	
1) Special Projects of Regional and National Significance (SPRANS)	\$ _____
2) Community Integrated Service Systems (CISS)	\$ _____
3) State Systems Development Initiative (SSDI)	\$ _____
4) Healthy Start	\$ _____
5) Emergency Medical Services for Children (EMSC)	\$ _____
6) Traumatic Brain Injury	\$ _____
7) State Title V Block Grant	\$ _____
8) Other: _____	\$ _____
9) Other: _____	\$ _____
10) Other: _____	\$ _____
B. Other HRSA Funds	
1) HIV/AIDS	\$ _____
2) Primary Care	\$ _____
3) Health Professions	\$ _____
4) Other: _____	\$ _____
5) Other: _____	\$ _____
6) Other: _____	\$ _____
C. Other Federal Funds	
1) Center for Medicare and Medicaid Services (CMS)	\$ _____
2) Supplemental Security Income (SSI)	\$ _____
3) Agriculture (WIC/other)	\$ _____
4) Administration for Children and Families (ACF)	\$ _____
5) Centers for Disease Control and Prevention (CDC)	\$ _____
6) Substance Abuse and Mental Health Services Administration (SAMHSA)	\$ _____
7) National Institutes of Health (NIH)	\$ _____
8) Education	\$ _____
9) Bioterrorism	\$ _____
10) Other: _____	\$ _____
11) Other: _____	\$ _____
12) Other: _____	\$ _____
7. TOTAL COLLABORATIVE FEDERAL FUNDS	\$ _____

**INSTRUCTIONS FOR COMPLETION OF FORM 1
MCH BUDGET DETAILS FOR FY _____**

- Line 1. Enter the amount of the Federal MCHB grant award for this project.
- Line 2. Enter the amount of carryover (e.g, unobligated balance) from the previous year's award, if any. New awards do not enter data in this field, since new awards will not have a carryover balance.
- Line 3. If matching funds are required for this grant program list the amounts by source on lines 3A through 3E as appropriate. Where appropriate, include the dollar value of in-kind contributions.
- Line 4. Enter the amount of other funds received for the project, by source on Lines 4A through 4E, specifying amounts from each source. Also include the dollar value of in-kind contributions.
- Line 5. Displays the sum of lines 1 through 4.
- Line 6. Enter the amount of other Federal funds received on the appropriate lines (A.1 through C.12) **other** than the MCHB grant award for the project. Such funds would include those from other Departments, other components of the Department of Health and Human Services, or other MCHB grants or contracts.
- Line 6C.1. Enter only project funds from the Center for Medicare and Medicaid Services. Exclude Medicaid reimbursement, which is considered Program Income and should be included on Line 3C or 4C.
- If lines 6A.8-10, 6B .4-6, or 6C.10-12 are utilized, specify the source(s) of the funds in the order of the amount provided, starting with the source of the most funds. .
- Line 7. Displays the sum of lines in 6A.1 through 6C.12.

**FORM 2
 PROJECT FUNDING PROFILE**

	<u>FY</u>		<u>FY</u>		<u>FY</u>		<u>FY</u>		<u>FY</u>	
	<u>Budgeted</u>	<u>Expended</u>								
1 <u>MCHB Grant</u> <u>Award Amount</u> <i>Line 1, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2 <u>Unobligated</u> <u>Balance</u> <i>Line 2, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3 <u>Matching Funds</u> <u>(If required)</u> <i>Line 3, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4 <u>Other Project</u> <u>Funds</u> <i>Line 4, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
5 <u>Total Project</u> <u>Funds</u> <i>Line 5, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
6 <u>Total Federal</u> <u>Collaborative</u> <u>Funds</u> <i>Line 7, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**INSTRUCTIONS FOR THE COMPLETION OF FORM 2
PROJECT FUNDING PROFILE**

Instructions:

Complete all required data cells. If an actual number is not available, use an estimate. Explain all estimates in a note.

The form is intended to provide funding data at a glance on the estimated budgeted amounts and actual expended amounts of an MCH project.

For each fiscal year, the data in the columns labeled Budgeted on this form are to contain the same figures that appear on the Application Face Sheet (for a non-competing continuation) or the Notice of Award (for a performance report). The lines under the columns labeled Expended are to contain the actual amounts expended for each grant year that has been completed.

FORM 4
PROJECT BUDGET AND EXPENDITURES
By Types of Services

<u>TYPES OF SERVICES</u>	FY _____		FY _____	
	<u>Budgeted</u>	<u>Expended</u>	<u>Budgeted</u>	<u>Expended</u>
I. <u>Direct Health Care Services</u> (Basic Health Services and Health Services for CSHCN.)	\$ _____	\$ _____	\$ _____	\$ _____
II. <u>Enabling Services</u> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC and Education.)	\$ _____	\$ _____	\$ _____	\$ _____
III. <u>Population-Based Services</u> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ _____	\$ _____	\$ _____	\$ _____
IV. <u>Infrastructure Building Services</u> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ _____	\$ _____	\$ _____	\$ _____
V. <u>TOTAL</u>	\$ _____	\$ _____	\$ _____	\$ _____

INSTRUCTIONS FOR THE COMPLETION OF FORM 4 PROJECT BUDGET AND EXPENDITURES BY TYPES OF SERVICES

Complete all required data cells for all years of the grant. If an actual number is not available, make an estimate. Please explain all estimates in a note. Administrative dollars should be allocated to the appropriate level(s) of the pyramid on lines I, II, III or IV. If an estimate of administrative funds use is necessary, one method would be to allocate those dollars to Lines I, II, III and IV at the same percentage as program dollars are allocated to Lines I through IV.

Note: Lines I, II and III are for projects providing services. If grant funds are used to build the infrastructure for direct care delivery, enabling or population-based services, these amounts should be reported in Line IV (i.e., building data collection capacity for newborn hearing screening).

Line I Direct Health Care Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

Direct Health Care Services are those services generally delivered one-on-one between a health professional and a patient in an office, clinic or emergency room which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, x-ray services, dental care, and pharmaceutical products and services. State Title V programs support - by directly operating programs or by funding local providers - services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning. For CSHCN, these services include specialty and sub-specialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness, and other conditions requiring sophisticated technology, access to highly trained specialists, or an array of services not generally available in most communities.

Line II Enabling Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

Enabling Services allow or provide for access to and the derivation of benefits from, the array of basic health care services and include such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination of with Medicaid, WIC and education. These services are especially required for the low income, disadvantaged, geographically or culturally isolated, and those with special and complicated health needs. For many of these individuals, the enabling services are essential - for without them access is not possible. Enabling services most commonly provided by agencies for CSHCN include transportation, care coordination, translation services, home visiting, and family outreach. Family support activities include parent support groups, family training workshops, advocacy, nutrition and social work.

Line III Population-Based Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

Population Based Services are preventive interventions and personal health services, developed and available for the entire MCH population of the State rather than for individuals in a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunization, Sudden Infant Death Syndrome counseling, oral health, injury prevention, nutrition and outreach/public education. These services are generally available whether the

mother or child receives care in the private or public system, in a rural clinic or an HMO, and whether insured or not.

Line IV Infrastructure Building Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

Infrastructure Building Services are the base of the MCH pyramid of health services and form its foundation. They are activities directed at improving and maintaining the health status of all women and children by providing support for development and maintenance of comprehensive health services systems and resources including development and maintenance of health services standards/guidelines, training, data and planning systems. Examples include needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, information systems and systems of care. In the development of systems of care it should be assured that the systems are family centered, community based and culturally competent.

Line V Total – Displays the total amounts for each column, budgeted for each year and expended for each year completed.

FORM 6
MATERNAL & CHILD HEALTH DISCRETIONARY GRANT
PROJECT ABSTRACT
FOR FY_____

PROJECT: _____

I. PROJECT IDENTIFIER INFORMATION

1. Project Title:
2. Project Number:
3. E-mail address:

II. BUDGET

- | | |
|---|----------|
| 1. MCHB Grant Award
(Line 1, Form 2) | \$ _____ |
| 2. Unobligated Balance
(Line 2, Form 2) | \$ _____ |
| 3. Matching Funds (if applicable)
(Line 3, Form 2) | \$ _____ |
| 4. Other Project Funds
(Line 4, Form 2) | \$ _____ |
| 5. Total Project Funds
(Line 5, Form 2) | \$ _____ |

III. TYPE(S) OF SERVICE PROVIDED (Choose all that apply)

- Direct Health Care Services
- Enabling Services
- Population-Based Services
- Infrastructure Building Services

IV. PROJECT DESCRIPTION OR EXPERIENCE TO DATE

A. Project Description

1. Problem (in 50 words, maximum):

2. Goals and Objectives: (List up to 5 major goals and time-framed objectives per goal for the project)

- Goal 1:
 - Objective 1:
 - Objective 2:
- Goal 2:
 - Objective 1:
 - Objective 2:
- Goal 3:
 - Objective 1:
 - Objective 2:

- B. Continuing Grants ONLY
1. Experience to Date (For continuing projects ONLY):

2. Website URL and annual number of hits

V. KEY WORDS

VI. ANNOTATION

INSTRUCTIONS FOR THE COMPLETION OF FORM 6 PROJECT ABSTRACT

NOTE: All information provided should fit into the space provided in the form. The completed form should be no more than 3 pages in length. Where information has previously been entered in forms 1 through 5, the information will automatically be transferred electronically to the appropriate place on this form.

Section I – Project Identifier Information

Project Title: Displays the title for the project.
Project Number: Displays the number assigned to the project (e.g., the grant number)
E-mail address: Displays the electronic mail address of the project director

Section II – Budget - These figures will be transferred from Form 1, Lines 1 through 5.

Section III - Types of Services

Indicate which type(s) of services your project provides, checking all that apply.

Section IV – Program Description OR Current Status (DO NOT EXCEED THE SPACE PROVIDED)

- A. New Projects only are to complete the following items:
1. A brief description of the project and the problem it addresses, such as preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children; and services for Children with Special Health Care Needs.
 2. Provide up to 5 goals of the project, in priority order. Examples are: To reduce the barriers to the delivery of care for pregnant women, to reduce the infant mortality rate for minorities and “services or system development for children with special healthcare needs.” MCHB will capture annually every project’s top goals in an information system for comparison, tracking, and reporting purposes; you must list at least 1 and no more than 5 goals. For each goal, list the two most important objectives. The objective must be specific (i.e., decrease incidence by 10%) and time limited (by 2005).
 3. Displays the primary Healthy people 2010 goal(s) that the project addresses.
 4. Describe the programs and activities used to attain the goals and objectives, and comment on innovation, cost, and other characteristics of the methodology, proposed or are being implemented. Lists with numbered items can be used in this section.
 5. Describe the coordination planned and carried out, in the space provided, if applicable, with appropriate State and/or local health and other agencies in areas(s) served by the project.
 6. Briefly describe the evaluation methods that will be used to assess the success of the project in attaining its goals and objectives.
- B. For continuing projects ONLY:
1. Provide a brief description of the major activities and accomplishments over the past year (not to exceed 200 words).
 2. Provide website and number of hits annually, if applicable.

Section V – Key Words

Provide up to 10 key words to describe the project, including populations served. Choose key words from the included list.

Section VI – Annotation

Provide a three- to five-sentence description of your project that identifies the project’s purpose, the needs and problems, which are addressed, the goals and objectives of the project, the activities, which will be used to attain the goals, and the materials, which will be developed.

FORM 7
DISCRETIONARY GRANT PROJECT
SUMMARY DATA

1. Project Service Focus

- Urban/Central City Suburban Metropolitan Area (city & suburbs)
 Rural Frontier Border (US-Mexico)

2. Project Scope

- Local Multi-county State-wide
 Regional National

3. Grantee Organization Type

- State Agency
 Community Government Agency
 School District
 University/Institution Of Higher Learning (Non-Hospital Based)
 Academic Medical Center
 Community-Based Non-Governmental Organization (Health Care)
 Community-Based Non-Governmental Organization (Non-Health Care)
 Professional Membership Organization (Individuals Constitute Its Membership)
 National Organization (Other Organizations Constitute Its Membership)
 National Organization (Non-Membership Based)
 Independent Research/Planning/Policy Organization
 Other _____

4. Project Infrastructure Focus (from MCH Pyramid) if applicable

- Guidelines/Standards Development And Maintenance
 Policies And Programs Study And Analysis
 Synthesis Of Data And Information
 Translation Of Data And Information For Different Audiences
 Dissemination Of Information And Resources
 Quality Assurance
 Technical Assistance
 Training
 Systems Development
 Other

5. Demographic Characteristics of Project Participants

Indicate the service level:

<input type="checkbox"/> Direct Health Care Services	<input type="checkbox"/> Population-Based Services
<input type="checkbox"/> Enabling Services	<input type="checkbox"/> Infrastructure Building Services

	RACE (Indicate all that apply)							ETHNICITY				
	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than One Race	Unrecorded	Total	Hispanic or Latino	Not Hispanic or Latino	Unrecorded	Total
Pregnant Women (All Ages)												
Infants <1 year												
Children and Youth 1 to 25 years												
CSHCN Infants <1 year												
CSHCN Children and Youth 1 to 25 years												
Women 25+ years												
Men 25+ years												
TOTALS												

6. Clients' Primary Language(s)

7. Resource/TA and Training Centers ONLY

Answer all that apply.

a. Characteristics of Primary Intended Audience(s)

Policy Makers/Public Servants

Consumers

Providers/Professionals

b. Number of Requests Received/Answered: ____/____

c. Number of Continuing Education credits provided: _____

d. Number of Individuals/Participants Reached: _____

e. Number of Organizations Assisted: _____

f. Major Type of TA or Training Provided:

continuing education courses,

workshops,

on-site assistance,

distance learning classes

other

INSTRUCTIONS FOR THE COMPLETION OF FORM 7 PROJECT SUMMARY

Section 1 – Project Service Focus

Select all that apply

Section 2 – Project Scope

Choose the one that best applies to your project.

Section 3 – Grantee Organization Type

Choose the one that best applies to your organization.

Section 4 – Project Infrastructure Focus

If applicable, choose all that apply.

Section 5 – Demographic Characteristics of Project Participants

Indicate the service level for the grant program. Multiple selections may be made. Please fill in each of the cells as appropriate.

Direct Health Care Services are those services generally delivered one-on-one between a health professional and a patient in an office, clinic or emergency room which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, x-ray services, dental care, and pharmaceutical products and services. State Title V programs support - by directly operating programs or by funding local providers - services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning. For CSHCN, these services include specialty and sub-specialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness, and other conditions requiring sophisticated technology, access to highly trained specialists, or an array of services not generally available in most communities.

Enabling Services allow or provide for access to and the derivation of benefits from, the array of basic health care services and include such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination of with Medicaid, WIC and educations. These services are especially required for the low income, disadvantaged, geographically or culturally isolated, and those with special and complicated health needs. For many of these individuals, the enabling services are essential - for without them access is not possible. Enabling services most commonly provided by agencies for CSHCN include transportation, care coordination, translation services, home visiting, and family outreach. Family support activities include parent support groups, family training workshops, advocacy, nutrition and social work.

Population Based Services are preventive interventions and personal health services, developed and available for the entire MCH population of the State rather than for individuals in a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunization, Sudden Infant Death Syndrome counseling, oral health, injury prevention, nutrition and outreach/public education. These services are generally available whether the mother or child receives care in the private or public system, in a rural clinic or an HMO, and whether insured or not.

Infrastructure Building Services are the base of the MCH pyramid of health services and form its foundation. They are activities directed at improving and maintaining the health status of all women and children by providing support for development and maintenance of comprehensive health services systems and resources including development and maintenance of health services standards/guidelines, training, data and planning systems. Examples include needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, information systems and systems of care. In the

development of systems of care it should be assured that the systems are family centered, community based and culturally competent.

Section 6 – Clients Primary Language(s)

Indicate which languages your clients speak as their primary language, other than English, for the data provided in Section 6. List up to three languages.

Section 7 – Resource/TA and Training Centers (Only)

Answer all that apply.

03 PERFORMANCE MEASURE

The percentage of MCHB-funded projects submitting and publishing findings in peer-reviewed journals.

Goal 1: Provide National Leadership for MCHB
(Strengthen the MCH knowledge base and support scholarship within the MCH community)

Level: Grantee

Category: Information Dissemination

GOAL

To increase the number of MCHB-funded research projects that publish in peer-reviewed journals.

MEASURE

The percent of MCHB-funded projects submitting articles and publishing findings in peer-reviewed journals.

DEFINITION

Numerator: Number of projects (current and completed within the past three years) that have submitted articles for review by refereed journals.

Denominator: Total number of current projects and projects that have been completed within the past three years.

And

Numerator: Number of projects (current and completed within the past 3 years) that have published articles in peer reviewed journals

Denominator: Total number of current projects and projects that have been completed within the past three years.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Related to Goal 1: Improve access to comprehensive, high-quality health care services (Objectives 1.1-1.16).

DATA SOURCE(S) AND ISSUES

Attached data collection form will be sent annually to grantees during their funding period and three years after the funding period ends. Some preliminary information may be gathered from mandated project final reports

SIGNIFICANCE

To be useful, the latest evidence-based, scientific knowledge must reach professionals who are delivering services, developing programs and making policy. Peer reviewed journals are considered one of the best methods for distributing new knowledge because of their wide circulation and rigorous standard of review.

DATA COLLECTION FORM FOR DETAIL SHEET #03

Please use the space provided for notes to detail the data source and year of data used.

Number of articles submitted for review by refereed journals but not yet published in this reporting year _____

Number of articles published in peer-reviewed journals this reporting year _____

NOTES/COMMENTS:

10 PERFORMANCE MEASURE

**Goal 2: Eliminate Health Barriers & Disparities
(Develop and promote health services and
systems of care designed to eliminate disparities
and barriers across MCH populations)**

Level: Grantee

Category: Cultural Competence

The degree to which MCHB-funded programs have incorporated cultural and linguistic competence elements into their policies, guidelines, contracts and training.

GOAL

To increase the number of MCHB-funded programs that have integrated cultural and linguistic competence into their policies, guidelines, contracts and training.

MEASURE

The degree to which MCHB-funded programs have incorporated cultural and linguistic competence elements into their policies, guidelines, contracts and training.

DEFINITION

Attached is a checklist of 15 elements that demonstrate cultural and linguistic competency. Please check the degree to which the elements have been implemented. The answer scale for the entire measure is 0-45. Please keep the completed checklist attached.

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from Cross, 1989; sited from DHHS Office of Minority Health--
<http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlid=11>)

Linguistic competence is the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities. Linguistic competency requires organizational and provider capacity to respond effectively to the health literacy needs of populations served. The organization must have policy, structures, practices, procedures, and dedicated resources to

support this capacity. (Goode, T. and W. Jones, 2004. National Center for Cultural Competence; <http://www.ncccurricula.info/linguisticcompetence.html>)

Cultural and linguistic competency is a process that occurs along a developmental continuum. A culturally and linguistically competent program is characterized by elements including the following: written strategies for advancing cultural competence; cultural and linguistic competency policies and practices; cultural and linguistic competence knowledge and skills building efforts; research data on populations served according to racial, ethnic, and linguistic groupings; participation of community and family members of diverse cultures in all aspects of the program; faculty and other instructors are racially and ethnically diverse; faculty and staff participate in professional development activities related to cultural and linguistic competence; and periodic assessment of trainees' progress in developing cultural and linguistic competence.

HEALTHY PEOPLE 2010 OBJECTIVE

Related to the following HP2010 Objectives:

16.23: Increase the proportion of States and jurisdictions that have service systems for children with or at risk for chronic and disabling conditions as required by Public Law 101-239.

23.9: (Developmental) Increase the proportion of schools for public health workers that integrate into their curricula specific content to develop competency in the essential public health services.

23.11:(Developmental) Increase the proportion of State and local public health agencies that meet national performance standards for essential public health services.

23.15: (Developmental) Increase the proportion of Federal, Tribal, State, and local jurisdictions that review and evaluate the extent to which their statutes, ordinances, and bylaws assure the delivery of essential public health services.

DATA SOURCE(S) AND ISSUES

Attached data collection form is to be completed by grantees.

There is no existing national data source to measure the extent to which MCHB supported programs have incorporated cultural competence elements into their policies, guidelines, contracts and training.

SIGNIFICANCE

Over the last decade, researchers and policymakers have emphasized the central influence of cultural

values and cultural/linguistic barriers: health seeking behavior, access to care, and racial and ethnic disparities. In accordance with these concerns, cultural competence objectives have been: (1) incorporated into the MCHB strategic plan; and (2) in guidance materials related to the Omnibus Budget Reconciliation Act of 1989 (OBRA '89), which is the legislative mandate that health programs supported by MCHB Children with Special Health Care Needs (CSHCN) provide and promote family centered, community-based, coordinated care.

DATA COLLECTION FORM FOR DETAIL SHEET #10

Using a scale of 0-3, please rate the degree to which your grant program has incorporated the following cultural/linguistic competence elements into your policies, guidelines, contracts and training.

Please use the space provided for notes to describe activities related to each element, detail data sources and year of data used to develop score, clarify any reasons for score, and or explain the applicability of elements to program.

0	1	2	3	Element
				1. Strategies for advancing cultural and linguistic competency are integrated into your program's written plan(s) (e.g., grant application, recruiting plan, placement procedures, monitoring and evaluation plan, human resources, formal agreements, etc.).
				2. There are structures, resources, and practices within your program to advance and sustain cultural and linguistic competency.
				3. Cultural and linguistic competence knowledge and skills building are included in training aspects of your program.
				4. Research or program information gathering includes the collection and analysis of data on populations served according to racial, ethnic, and linguistic groupings, where appropriate.
				5. Community and family members from diverse cultural groups are partners in planning your program.
				6. Community and family members from diverse cultural groups are partners in the delivery of your program.
				7. Community and family members from diverse cultural groups are partners in evaluation of your program.
				8. Staff and faculty reflect cultural and linguistic diversity of the significant populations served.
				9. Staff and faculty participate in professional development activities to promote their cultural and linguistic competence.
				10. A process is in place to assess the progress of your program participants in developing cultural and linguistic competence.

- 0 = Not Met
- 1 = Partially Met
- 2 = Mostly Met
- 3 = Completely Met

Total the numbers in the boxes (possible 0-30 score) _____

NOTES/COMMENTS:

Products, Publications and Submissions Data Collection Form

Part 1

Instructions: Please list the number of products, publications and submissions addressing maternal and child health that have been published or produced by your staff during the reporting period (counting the original completed product or publication developed, not each time it is disseminated or presented). Products and Publications include the following types:

Type	Number
Peer-reviewed publications in scholarly journals – published (including peer-reviewed journal commentaries or supplements)	
Peer-reviewed publications in scholarly journals – submitted	
Books	
Book chapters	
Reports and monographs (including policy briefs and best practices reports)	
Conference presentations and posters presented	
Web-based products (Blogs, podcasts, Web-based video clips, wikis, RSS feeds, news aggregators, social networking sites)	
Electronic products (CD-ROMs, DVDs, audio or videotapes)	
Press communications (TV/Radio interviews, newspaper interviews, public service announcements, and editorial articles)	
Newsletters (electronic or print)	
Pamphlets, brochures, or fact sheets	
Academic course development	
Distance learning modules	
Doctoral dissertations/Master’s theses	
Other	

Part 2

Instructions: For each product, publication and submission listed in Part 1, complete all elements marked with an “*.”

Data collection form: Peer-reviewed publications in scholarly journals – published

*Title: _____

*Author(s): _____

*Publication: _____

*Volume: _____ *Number: _____ Supplement: _____ *Year: _____ *Page(s): _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL): _____

Key Words (No more than 5): _____

Notes: _____

Data collection form: Peer-reviewed publications in scholarly journals – submitted

*Title: _____

*Author(s): _____

*Publication: _____

*Year Submitted: _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

Key Words (No more than 5): _____

Notes: _____

Data collection form: Books

*Title: _____

*Author(s): _____

*Publisher: _____

*Year Published: _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

Key Words (No more than 5): _____

Notes: _____

Data collection form for: Book chapters

Note: If multiple chapters are developed for the same book, list them separately.

*Chapter Title: _____

*Chapter Author(s): _____

*Book Title: _____

*Book Author(s): _____

*Publisher: _____

*Year Published: _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

Key Words (no more than 5): _____

Notes: _____

Data collection form: Reports and monographs

*Title: _____

*Author(s)/Organization(s): _____

*Year Published: _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Conference presentations and posters presented

(This section is not required for MCHB Training grantees.)

*Title: _____

*Author(s)/Organization(s): _____

*Meeting/Conference Name: _____

*Year Presented: _____

*Type: Presentation Poster

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Web-based products

*Product: _____

*Year: _____

*Type: blogs podcasts Web-based video clips
 wikis RSS feeds news aggregators
 social networking sites Other (Specify)

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Electronic Products

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

*Type: CD-ROMs DVDs audio tapes
 videotapes Other (Specify)

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Press Communications

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

*Type: TV interview Radio interview Newspaper interview
 Public service announcement Editorial article Other (Specify)

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Newsletters

*Title: _____
*Author(s)/Organization(s): _____
*Year: _____
*Type: Electronic Print Both
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
*To obtain copies (URL or email): _____
*Frequency of distribution: weekly monthly quarterly annually Other (Specify)
Number of subscribers: _____
Key Words (no more than 5): _____
Notes: _____

Data collection form: Pamphlets, brochures or fact sheets

*Title: _____
*Author(s)/Organization(s): _____
*Year: _____
*Type: Pamphlet Brochure Fact Sheet
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
*To obtain copies (URL or email): _____
Key Words (no more than 5): _____
Notes: _____

Data collection form: Academic course development

*Title: _____
*Author(s)/Organization(s): _____
*Year: _____
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
*To obtain copies (URL or email): _____
Key Words (no more than 5): _____
Notes: _____

Data collection form: Distance learning modules

*Title: _____
*Author(s)/Organization(s): _____

*Year: _____

- *Media Type: blogs podcasts Web-based video clips
 wikis RSS feeds news aggregators
 social networking sites CD-ROMs DVDs
 audio tapes videotapes Other (Specify)

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Doctoral dissertations/Master's theses

*Title: _____

*Author: _____

*Year Completed: _____

- *Type: Doctoral dissertation Master's thesis

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Other

(Note, up to 3 may be entered)

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

*Describe product, publication or submission: _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Appendix B: Maternal and Child Health Bureau (MCHB) Strategic Research Issues

Strategic Research Issue #I. Public health service systems and infrastructures at the community, State and/or national levels, as they apply to different maternal and child health (MCH) populations⁽¹⁾ based on demographic*, epidemiological, and/or other factors.**

**(Correlates to MCHB Strategic Plan: FYs 2003-2007,
Goal 4: Improve the Health Infrastructure and Systems of Care.)**

***Demographic factors may include age and developmental status, gender, race/ethnicity, geography, economic status, etc.**

**** Other factors may include legislation, policies, etc that may influence availability and access to specific services.**

IMPORTANT: To assist the reader in better understanding what is meant by MCHB Strategic Research Issue #I, the following are examples of possible areas of study addressing this issue.

They are only examples for illustrative purposes and do not constitute preferences for funding consideration. The Bureau strongly encourages research studies that specifically address issues related to MCHB investments and programs.

- **Effectiveness of Screening Programs for Women:** Study the individual, system, and community factors associated with screening and assessment programs that lead to referral and utilization of intervention for risk factors such as substance abuse and other conditions (e.g., obesity, diabetes) that may affect health outcomes for women and/or their children.
- **Integrated systems of care specifically identified in Title V legislation for Children with Special Health Care Needs (CSHCN)⁽²⁾:** Determine the impact of **Care Coordination⁽³⁾** provided in the medical home and other settings on child and family outcomes for CSHCN.
- Study public-private partnership models for provision of services, such as public health provision of “wrap around” or “enabling” services, and their overall relative efficacy and compared with private practice or public clinic only.
- Investigate the processes involved in the **transition of adolescents** with special health care needs to adult health care, particularly the role of State health systems in facilitating or hindering transitions.
- Investigate the effects of the organization and delivery of comprehensive, continuous services on the health status and services utilization of children/adolescents, including those with special health care needs and those vulnerable for poor psychosocial

outcomes (e.g., children/youth in foster care, involved with the juvenile justice system, or who are homeless).

- Assess the impact of integration of newborn screening program (NBS) on other MCH programs and enhanced data sharing at the State level and evaluate if screened children have access to **medical homes**⁽⁴⁾.
- Assess emerging research in the prevention of dental caries in pregnant women and its effects on their children through the use of oral rinse and varnish, chlorhexidine, xylitol, and/or iodine.

Strategic Research Issue #II. MCH services and systems of care efforts to eliminate health disparities and barriers to health care access for MCH populations. These health disparities and barriers to health care access may include racial/ethnic, cultural, linguistic, gender, developmental, geographic, immigrant, underserved, economic considerations, etc.

(Correlates to MCHB Strategic Plan: FYs 2003-2007, Goal 3: Eliminate Health Barriers and Disparities.)

IMPORTANT: To assist the reader in better understanding what is meant by MCHB Strategic Research Issue #II, the following are examples of possible areas of study addressing this issue. **They are only examples for illustrative purposes and do not constitute preferences for funding consideration.** The Bureau strongly encourages research studies that specifically address issues related to MCHB investments and programs.

- Determine the effectiveness, impact, and cost benefits of **cultural and linguistic competence**⁽⁵⁾ in public health care and service systems.
- Study the causes for disparities in access to and utilization of early and adequate prenatal care in different regions of the country, differentiating by rural, urban and frontier areas, and the effects of such disparities.
- Investigate the effects of interdisciplinary and collaborative practice of health professions (including but not limited to nursing, oral health, pharmacy, mental health and pediatrics) on reducing barriers to health care access.
- Assess the impact of community-based genetic counseling and education programs in medically underserved communities to evaluate whether increased genetic counseling and education programs will make a difference in access by underserved communities to genetic resources and services.
- Study interventions to reduce racial/ethnic disparities in pre-term/low birth weight and other infant health outcomes.

- Study the contribution of contextual effects on disparities in MCH outcomes.

Strategic Research Issue #III. Services and systems to assure quality of care ⁽⁶⁾ for MCH populations.

**(Correlates to MCHB Strategic Plan: FYs 2003-2007,
Goal 5: Assure Quality of Care.)**

IMPORTANT: To assist the reader in better understanding what is meant by MCHB Strategic Research Issue #III, the following are examples of possible areas of study addressing this issue. **They are only examples for illustrative purposes and do not constitute preferences for funding consideration.** The Bureau strongly encourages research studies that specifically address issues related to MCHB investments and programs.

- Explore mechanisms of information transfer of evidence-based MCH strategies that lead to enhanced quality of provider practices and consumer behavior.
- Determine the effectiveness and impact of the current system of care (both public and private) to assure that women and infants receive risk-appropriate perinatal care.
- Study the extent to which children and adolescents needing **emergency medical services** actually receive them and the quality of care received from hospital emergency departments.
- Study the impact of specific characteristics of the medical home, such as the use of written “care plans,” ⁽⁷⁾ on improvements in the quality of care for CSHCN.
- Study how duration, organization and content of visits for clinical preventive services affect the quality of anticipatory guidance/health counseling provided to children, adolescents and women.
- Investigate the factors that promote quality of health care service delivery, with attention to understanding the effectiveness and impact of interdisciplinary training of MCH professionals.
- Investigate factors that decrease fragmentation of MCH service delivery.

Strategic Research Issue #IV. Promoting the healthy development of MCH populations.

**(Correlates with MCHB Strategic Plan: FYs 2003-2007,
Goal 2: Promote an Environment that Supports Maternal and Child Health.)**

IMPORTANT: To assist the reader in better understanding what is meant by MCHB Strategic Research Issue #IV, the following are examples of possible areas of study addressing this issue. **They are only examples for illustrative purposes and do not constitute preferences for funding consideration.** The Bureau strongly encourages research studies that specifically address issues related to MCHB investments and programs.

- Study the effectiveness of health promotion and prevention strategies for infant, child, adolescent and adult populations (e.g., **Bright Futures Guidelines**) that use coordinated strategies and a variety of venues involving the clinical setting, the community and the home environment.
- Conduct **longitudinal studies of health and normative development** in special populations of children such as minority children; children with special health needs; and children of low socioeconomic status (SES), rural, migrant and homeless backgrounds.
- Study the effectiveness of health promotion and prevention strategies to promote healthy weight and prevent **obesity** in children and adolescence.
- **Study child, parental (including fathers) and family strengths**, i.e., coping and resilience associated with pregnancy, childbearing and parenting; significant injuries; chronic and catastrophic disease conditions; and natural and man-made catastrophic events.
- Study the effects of **family/professional partnerships and integrated community systems** on the health (including mental and oral health) and development of children.
- Study the factors associated with health care utilization that positively influence health care utilization and **preventive health behaviors of women at various stages of and throughout their life span.**
- Study the effectiveness of community outreach workers in increasing **breastfeeding** duration rates in underserved populations.

DEFINITIONS

- ¹. **MCH Population** – includes all of the Nation’s women, infants, children, adolescents, and their families, including fathers and children with special health care needs (**MCHB Strategic Plan: FYs 2003-2007**)
 - ². **Children with Special Health Care Needs (CSHCN)** – those who have, or are at increased risk for, a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally (**The American Academy of Pediatrics**)
 - ³. **Care Coordination Services** – those services that promote the effective and efficient organization and utilization of resources to assure access to necessary comprehensive services for children with special health care needs and their families (**Title V sec. 501 (b) (3)**)
 - ⁴. **Medical Home** – a medical home can be a physician’s office, a hospital outpatient clinic, a community health center or school-based clinic, as long as it provides the services that constitute comprehensive care – continuous access to medical care; referral to pediatric medical subspecialties and surgical specialists; and interaction with child care, early childhood education programs and schools to ensure that the special needs of the child and family are addressed (**The American Academy of Pediatrics**)
 - ⁵. **Cultural Competence** – a set of behaviors, attitudes, policies, practices and structures that come together in a system, agency or among professionals and enable that system and agency or those professionals to work effectively in cross-cultural situations (**National Center for Cultural Competence, 2002**)
- Linguistic Competence** – the capacity of an organization and its personnel to communicate effectively with persons of limited English proficiency, those with low literacy skills or who are not literate, and individuals with disabilities (**National Center for Cultural Competence, 2002**)
- ⁶. **Quality of Care** – 1) safe-avoiding injuries to patients from the care that is intended to help them; 2) effective-providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit; 3) patient-centered—providing care that is respectful of and responsive to individual preferences, needs and values and ensuring that patient values guide all clinical decisions; 4) timely-reducing waits and sometimes harmful delays for both those who receive and those who give care; 5) efficient-avoiding waste, including waste of equipment, supplies, ideas and energy; and 6) equitable-providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status (**National Committee for Quality Assurance-NCQA**)
 - ⁷. **Care Plan** - a comprehensive care plan combines a medical summary, an emergency care plan, and an action care plan. It provides information that can be shared across providers; a ready reference in an emergency; and an action plan that prioritizes concerns, identifies specific tasks to address concerns, assigns responsibility for tasks, evaluates outcomes, and is done in collaboration with the child/youth and family (**Division of Services for Children with Special Health Needs, MCHB, HRSA**)