

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

Maternal and Child Health Bureau
Division of Child, Adolescent and Family Health

***Child and Adolescent Injury and Violence Prevention Resource Centers
(CAIVP) Cooperative Agreement Program***

Announcement Type: New, Competing Continuation
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FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2012

Application Due Date: March 14, 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: February 13, 2012
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Authority: Social Security Act, Title V, §501(a)(2), (42 U.S.C. 701(a)(2)), as amended

EXECUTIVE SUMMARY

This announcement solicits applications for the Child and Adolescent Injury and Violence Prevention Resource Centers Cooperative Agreement Program.

Purpose

The purpose of the Child and Adolescent Injury and Violence Prevention Resource Centers (CAIVP) Cooperative Agreement Program is to improve infant, child, and adolescent health and safety services and systems and, ultimately, the health and safety status of infants, children, and adolescents and to provide protection for infants, children, and adolescents from harm. The program has the following four aims:

- 1) Elevate national, state and community focus on, and commitment to, the protection of infants, children and adolescents from injuries and violence, the leading public health threat facing people ages 1–44 years in the country. More children and adolescents die from injuries and violence than all diseases combined. Injuries are also the leading cause of disability among this population, diminishing health trajectories across the lifespan and constituting a leading cause of medical spending. In addition, researchers have made significant progress over the past three decades in developing effective strategies to prevent them. Therefore, this public health problem is ripe for achieving measurable reductions in incidence.
- 2) Improve the capacity of HRSA-funded health and safety services and systems, and their partners to prevent injuries and violence among infants, children and adolescents, through outreach, technical assistance and training. Systems include: state health departments, child death review programs, community health centers, Emergency Medical Services for Children programs, among others.
- 3) Catalyze the translation of evidence-based strategies in injury and violence prevention from research to the practice community. The program improves cost-effectiveness of injury and violence prevention investments at the national, state and community levels by increasing the adaptation of methods demonstrated as effective in reducing the incidence of injuries and violence;
- 4) Improve the health and safety status of infants, children and adolescents. Every year one in four children and adolescents is injured seriously enough to require medical attention, leading to more than 430,000 hospitalizations for these injuries.

Type of Award

Funding will be provided in the form of a cooperative agreement.

Summary of Funding

This cooperative agreement program will support one award from each of the two (2) categorical efforts under this announcement whose responsibilities are summarized as follows:

Category 1 The *Children's Safety Network National Resource Center (CSNNRC)* develops core injury and violence prevention capacity within health and safety services and systems which serve infants, children and adolescents including those with special health needs. Targeted systems include: state health departments, child death review programs, community health centers, Emergency Medical Services for Children programs, among others. Program

activities enhance these systems' abilities in such domains as: advancing commitment to injury and violence prevention; needs assessment, planning and evaluation; surveillance and data systems; development of partnerships; programs and systems development; formulation of policy; and technical assistance to communities and families. The Children's Safety Network National Resource Center (Category 1) may apply for a ceiling amount of \$850,000.

Category 2 The *National Center for the Review and Prevention of Child Deaths* improves and strengthens state and local capacity to perform Child Death Reviews (CDR), develop prevention-oriented recommendations and translate those recommendations to local policies and programs. Using death as a sentinel event, CDR is the systematic examination of factors that play a role in death which integrates information about the health, safety and personal characteristics of individuals, death investigation, the community environment, and information descriptive of medical care and community health and social/welfare systems. Information from these reviews is then used to focus planning and policy development, to direct health systems development, and to enhance efforts to develop and maintain risk reduction and prevention programs for children and adolescents. Program activities enhance state and local CDR program abilities in such domains as: establishment and stabilization of a CDR system; continuous quality improvement of those systems; collection and analysis of meaningful CDR data; application of CDR data in developing recommendations for infant, child and adolescent health and safety services and systems; and the incorporation of evidence-based prevention strategies into CDR recommendations.

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Child and Adolescent Injury and Violence Prevention Resource Centers (CAIVP) Cooperative Agreement Program.

This cooperative agreement program has the following four aims:

- 1) Elevate national, state and community focus on, and commitment to, the protection of infants, children and adolescents from injuries and violence, the leading public health threat facing people ages 1-44 years in the country. More children and adolescents die from injuries and violence than all diseases combined. Injuries are also the leading cause of disability among this population, diminishing health trajectories across the lifespan and constituting a leading cause of medical spending. In addition, researchers have made significant progress over the past three decades in developing effective strategies to prevent them. Therefore, this public health problem is ripe for achieving measurable reductions in incidence.
- 2) Improve the capacity of HRSA-funded health and safety services and systems, and their partners to prevent injuries and violence among infants, children and adolescents, through outreach, technical assistance and training. Systems include: state health departments, child death review programs, community health centers, Emergency Medical Services for Children programs, among others.
- 3) Catalyze the translation of evidence-based strategies in injury and violence prevention from research to the practice community. The program improves cost-effectiveness of injury and violence prevention investments at the national, state and community levels by increasing the adaptation of methods demonstrated as effective in reducing the incidence of injuries and violence;
- 4) Improve the health and safety status of infants, children and adolescents. Every year one in four children and adolescents is injured seriously enough to require medical attention, leading to more than 430,000 hospitalizations for these injuries.

The *CAIVP Program*, which has a national scope, responds to three complementary frameworks:

- 1) Healthy People 2020
IVP HP2020-4: Increase the number of states and the District of Columbia where 100 percent of deaths to children aged 17 years and under that are due to external causes are reviewed by a child fatality review team.
IVP HP2020-5: Increase the number of states and the District of Columbia where 90 percent of sudden and unexpected deaths to infants are reviewed by a child fatality review team
- 2) CDC National Action Plan for Childhood Injury Prevention
- 3) MCHB Performance Measures—
State Title V Programs have identified injury and violence prevention as priority needs. Forty-eight states and the District of Columbia include intentional and/or unintentional

injury as a priority need for the years 2010-2015, and 46 have included intentional and/or unintentional injuries in their state performance measures. In addition, all states are required to report on two injury- and violence-related national performance measures (NPM):

NPM #10: The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

NPM #16: The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

The *CAIVP Program* contains two categories of effort, described below, that together address the needs of a broad array of practitioners, professionals, administrators and other leaders and decision-makers at national, state and community levels. Awardee organizations are expected to work collaboratively with each other as well as other relevant stakeholder organizations.

Category 1 The *Children's Safety Network National Resource Center (CSNNRC)* develops core injury and violence prevention capacity within health and safety services and systems which serve infants, children and adolescents including those with special health needs. Targeted systems include: state health departments, child death review programs, community health centers, Emergency Medical Services for Children programs, among others. Program activities enhance these systems' abilities in such domains as: advancing commitment to injury and violence prevention; needs assessment, planning and evaluation; surveillance and data systems; development of partnerships; program and system development; formulation of policy; and technical assistance to states, communities and families.

Category 2 The *National Center for the Review and Prevention of Child Deaths* improves and strengthens state and local capacity to perform Child Death Reviews (CDR), develop prevention-oriented recommendations and translate those recommendations to local policies and programs. Using death as a sentinel event, CDR is the systematic examination of factors that play a role in death which integrates information about the health, safety and personal characteristics of individuals, families, the community environment, death investigation, and information descriptive of medical care and community health and social/welfare systems. Information from these reviews is then used to focus planning and policy development, to direct health systems development, and to enhance efforts to develop and maintain risk reduction and prevention programs for children and adolescents. Program activities enhance state and local CDR program abilities in such domains as: establishment and stabilization of a CDR system; continuous quality improvement of those systems; collection and analysis of meaningful CDR data; application of CDR data in developing recommendations for infant, child and adolescent health and safety services and systems; and the incorporation of evidence-based strategies into CDR recommendations.

2. Background

This program is authorized by the Social Security Act, Title V, §501(a)(2), (42 U.S.C. 701(a)(2)), as amended. The Maternal and Child Health Bureau has had a long-standing interest in the safety of infants, children and adolescents. Both of the two categories of the *CAIVP Program* has been funded over the past several years.

Category I *Children's Safety Network National Resource Center (CSNNRC)*

The *Children's Safety Network National Resource Center (CSNNRC)* was first established in the early 1990's to strengthen the abilities of State Title V Maternal and Child Health

Programs and a variety of health and education professionals to effectively measure and respond to the burden of injuries and violence among infants, children and adolescents. Methods have historically included production and distribution of resource materials as well as the provision of technical assistance. In addition, it was expected to establish linkages and networks among relevant individuals and organizations in order to build capacity for responding to injury and violence prevention issues.

Category II National Center for the Review and Prevention of Child Deaths

The Maternal and Child Health Bureau has been supporting the Child Death Review (CDR) system through a training and technical assistance center nearly 10 years. Today, 44 states have legislation requiring child death review in certain circumstances. CDR is often viewed as part of a system or a continuous quality improvement approach in programming for maternal and child health populations. There has been a significant shift in the administrative authority of state CDR programs from a criminal justice/child protection focus to public health. As of 2007, CDR programs are being coordinated by state health departments in at least 23 states.

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.

Joint Responsibilities of Awardee and HRSA/MCHB

HRSA/MCHB and the awardee have a joint responsibility to determine which issues will be addressed during the project period, the sequence in which they will be addressed, what approaches and strategies will be used to address them, and how relevant information will be transmitted to specified target audiences and used to enhance project activities and advance the program.

Awardee Responsibilities

Requirements and obligations of the cooperative agreement recipient shall include:

- 1) Work collaboratively with the organizations funded under the other categories of the *Child and Adolescent Injury and Violence Prevention Resource Centers Cooperative Agreement Program*;
- 2) Respond in a flexible manner to collaborating on occasional short-term projects, in addition to long-term and on-going efforts;
- 3) Work closely with the Federal Project Officer when hiring new key project staff and planning/implementing new activities;
- 4) Consult with the Federal Project Officer before scheduling any meetings, including project advisory/steering committee meetings, that pertain to the scope of work and at which the Project Officer's attendance would be appropriate;

- 5) Provide the Federal Project Officer with the opportunity to review, provide advisory input, and approve at the program level, any publications, audiovisuals, and other materials produced, as well as meetings/conferences planned, under the auspices of this cooperative agreement (such review should start as part of concept development and include review of drafts and final products);
- 6) Provide the Federal Project Officer with an electronic copy of, or electronic access to, each product developed under the auspices of this project;
- 7) Participate in the implementation of awardee performance measures, including the collection of information and administrative data, as designated by MCHB;
- 8) Ensure that all products developed or produced, either partially or in full, under the auspices of this cooperative agreement are fully accessible and available for free to members of the public;
- 9) Identify HRSA/MCHB as a funding sponsor on written products and during meetings and conferences relevant to cooperative agreement activities; and
- 10) Acknowledge that HRSA/MCHB has uncontested access to any and all data generated under this cooperative agreement, and agree to provide royalty-free, nonexclusive, and irrevocable license for the government to reproduce, publish, or otherwise use any products derived from activities conducted under this cooperative agreement.

Responsibilities of HRSA/MCHB

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

- 1) Assurance of the availability of the services of experienced MCHB personnel to participate in the planning and development of all phases of this cooperative agreement;
- 2) Working closely with the HRSA Information Center regarding dissemination of publications completed under the cooperative agreement, and cooperating on the referral of inquiries and request for publications and other information;
- 3) Participation in, including the planning of, any meetings conducted as part of project activities;
- 4) Assistance in establishing federal interagency and state contacts necessary for the successful completion of tasks and activities identified in the approved scope of work;
- 5) Identification of other awardees and organizations with whom the awardee will be asked to develop cooperative and collaborative relationships; and
- 6) Assisting the awardee to establish, review and update priorities for activities conducted under the auspices of the cooperative agreement.

2. Summary of Funding

This program will provide funding for federal fiscal years 2012–2014. Approximately \$1,450,000 is expected to be available annually to fund two (2) awardees. The **Children’s Safety Network National Resource Center (Category 1)** may apply for a ceiling amount of **\$850,000**; the **National Center for the Review and Prevention of Child Deaths (Category 2)** may apply for a ceiling amount of **\$600,000**. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the CAIVP Program in subsequent fiscal years, awardee satisfactory 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 Title 42 of the Code Federal Regulations Part 51a.3 (a), any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b), is eligible to apply for this federal funding. Faith-based and community-based organizations are eligible to apply for these funds.

Applicants must have significant experience with infant, child and adolescent health and safety at the national level. Applications that fail to show such experience will not receive further consideration.

2. Cost Sharing/Matching

Cost sharing/matching is not a requirement 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 allowable. For example, an organization/institution with various PI's who might want to submit an application each for this funding opportunity.

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. 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.

Note: Central Contractor Registration (CCR) information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). 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.

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 under 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	Project Timeline
Attachment 2	Project Organizational Chart
Attachment 3	Job Descriptions of Key Personnel
Attachment 4	Biographical Sketches of Key Personnel
Attachment 5	Letters of Agreement and/or Description(s) of Proposed/Existing Contracts
Attachment 6	Letters of Support and Letters from Potential Members of Project's Advisory Group
Attachment 7	Summary Progress Report (for current or prior HRSA award recipients under this program)
Attachments 8–15	Other Relevant Documents

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 **Project Director** in 8. f. “Name and contact information of person to be contacted on matters involving this application.” If, for any reason, the Project Director 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 form SF-424 - 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 number. 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.

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 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 below.

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/consumers 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.

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 one or more years).

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, they 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 the CCR and provide the recipient with their DUNS number.

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 literate 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 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 negotiate them.

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 Attachment 3. Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included in Attachment 4. 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.

vi. *Assurances*

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

vii. *Certifications*

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

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

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 program. It should be succinct, self-explanatory and well-organized so that reviewers can understand the proposed project. All substantive information responding to the Specific Program Criteria, which will be used by the Independent Review Panel to evaluate each application, must be contained within the project narrative.

Attachments should be used to provide supporting documentation, for example, organizational charts, timelines, position descriptions, 2-page curriculum vitae/biographical sketches, the project's logic model, and letters of commitment from participating agencies (see **Section IV.2.xi**). As you plan your attachments, remember that the total page limit of the application, including the face page, project narrative, all forms, the budget and the abstract, and the attachments, etc., is 80 pages when printed by HRSA (10 MB total for electronic submission). (See **Section IV.2**, "SF-424 Non-Construction – Table of Contents" to determine what components of the application are counted as part of the total page limit.)

Instructions for preparing each major section of the project narrative are outlined below. Follow them carefully, as they form the basis for addressing the Review Criteria (see **Section V.1**), which the Independent Review Panel will be instructed to use for its evaluation and rating of applications submitted to the initiative, *CAIVP Program*. Applicants may want to check the content of each section of their project narratives against the Review Criteria. Applicants are strongly encouraged to organize their project narratives by these seven (7) major headings, each of which is associated with one of the six Review Criteria and is explained below:

- 1)NEEDS ASSESSMENT
- 2)METHODOLOGY
- 3)WORK PLAN
- 4)RESOLUTION OF CHALLENGES
- 5)IMPACT
- 6)EVALUATION AND TECHNICAL SUPPORT CAPACITY
- 7)ORGANIZATIONAL INFORMATION

Each of the seven sections have a common, or shared, set of instructions for the two categories of the *Child and Adolescent Injury and Violence Prevention (CAIVP) Cooperative Agreement Program*. Carefully read the specific subsection describing the "program purpose" (Section I.1) relevant to the category for which you are applying to ensure that you are responding completely to that category's specific intent as you respond to the common, or shared, instructions.

In addition, the first section, NEEDS ASSESSMENT, contains unique, additional instructions for each category of the *CAIVP Program*. For this first section, please make sure that you are responsive to both the common instructions and the unique instructions for the specific category to which you are applying. The remaining sections only contain common, or shared, instructions.

ORGANIZATION OF THE PROJECT NARRATIVE

1) NEEDS ASSESSMENT

This section outlines the needs of your community and/or organization. The target population and its unmet health needs must be described and documented in this section. Include socio-cultural determinants of health and health disparities impacting the population or communities served and unmet. Demographic data should be used and cited whenever possible to support the information provided. Please discuss any relevant barriers in the service area that the project hopes to overcome. This section should help reviewers understand the community and/or organization that will be served by the proposed project.

INSTRUCTIONS UNIQUE TO CATEGORY I (Children’s Safety Network National Resource Center)

- (1) Applicants should summarize the need for health and safety services and systems which serve infants, children and adolescents to be as evidence-based as possible utilizing best prevention practices strategies, interventions, and programs in responding to injury and violence prevention programming needs. Applicants should address the following systems, along with others seen as relevant: state health departments, child death review programs, community health centers, and Emergency Medical Services for Children programs. Applicants should also incorporate how information gained from the state/territory MCH needs assessment, Safe States Alliance State Technical Assessment Team (STAT) visit recommendations, recommendations from the State Child Death Reviews (CDR) Reports, and the recommendations from the Fetal Infant Mortality Reviews (FIMR), among others, can provide direction for injury and violence prevention programming.
- (2) Applicants should summarize the need for state/territory personnel to be able to plan, implement, and evaluate their injury and violence prevention activities related to Injury and Violence Prevention-related State and National Performance Measures.
- (3) Applicants should summarize the need of states/territorial governments to make certain that injury and violence including bullying prevention program activities are complementary, coordinated, and non-duplicative.
- (4) Applicants should summarize the need to enhance communication, interaction, and coordination on injury and violence including bullying prevention by initiating and maintaining partnerships and collaborative relationships with national organizations, key state and local entities, health, education, and safety networks, and other identified MCHB partners.

- (5) Applicants should summarize the need to compile and share morbidity and mortality information including injury costs, data analyses, and injury cost modeling in order to improve and evaluate state/territorial injury and violence prevention program activities. (An injury cost model is a set of computer programs and data bases that are used to estimate the burden that results from an injury, including medical and other resource costs, work loss, and quality of life loss. Injury cost models typically are used to estimate the burden resulting from a set of injuries or the burden avoided by preventing a set of injuries.)
- (6) Applicants should summarize the need of states/territories to have access to cost and cost-benefit information when planning their injury and violence prevention program activities.

INSTRUCTIONS UNIQUE TO CATEGORY II (National Center for the Review and Prevention of Child Deaths)

- (1) Applicants should describe the need for technical support and training to states, particularly state Title V agencies and MCH programs as they develop, implement, sustain and improve CDR as a community-based process that can assess and improve services and systems for infants, children and adolescents.
- (2) Applicants should describe the need to refine the methodology for CDR through continuous assessment of trends, state of the field and feedback from states and communities.
- (3) Applicants should describe the need to provide support to states in the collection, analysis and utilization of the CDR data.
- (4) Applicants should describe the need to identify methodologies and improve the capacity of states, the Center and national organizations to report on CDR findings in order to impact policies, programming and practices that will prevent infant, child and adolescent deaths at the local, state and national levels.
- (5) Applicants should describe the need to assess the feasibility of using the CDR process to address infant, child and adolescent non-fatal injury and morbidity review processes, in coordination with the Children's Safety Network and other MCHB funded Resource Centers and collaborative activities.

2) METHODOLOGY

Propose methods that will be used to meet each of the previously-described program requirements and expectations in this funding opportunity announcement. As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families and communities of culturally, linguistically, socio-economically and geographically diverse backgrounds if applicable.

Applicants should state the goals for the proposed project. Project goals, which should be national in scope, describe the desired long-term outcomes for each project area or focus.

They are broad statements that establish the overall direction for, and focus of, a project. They serve as the foundation for developing project objectives.

Applicants should provide at least one specific, achievable, measurable, time-framed outcome objective for each proposed project goal. Outcome objectives are specific statements of positive change to be effected in order to achieve the goals of the project. That is, outcome objectives are measurable steps, or stepping stones, for reaching goals. They form the basis for monitoring progress toward achieving project goals and setting targets for accountability. Each objective should be specific; stated in measurable terms; be achievable within a given time frame and available resources; be relevant to and congruent with the larger project goal; and include a specific time frame for achievement. Collectively, the proposed outcome objectives should frame the set of national outcomes that the applicant wants to achieve in meeting project goals and in contributing to the *CAIVP Program's* intent.

INSTRUCTIONS

- (1) Applicants should describe proposed approaches and activities for achieving project goals and objectives. Methods should be presented for addressing each focus of intent for the category of the *Child and Adolescent Injury and Violence Prevention Cooperative Agreement Program* for which application is made, as outlined in **Section I.1**. In particular, applicants should demonstrate that the proposed methodological approaches are national in scope and contribute to increased capacity within health and safety systems.
- (2) Applicants should describe the specific activities necessary to carry out each methodological approach. Applicants should take into consideration the logic, technical soundness, feasibility, creativity and innovativeness, potential utility, and national applicability of the activities it proposes.
- (3) The description of the project methodology should extend across the three years of project effort.
- (4) Applicants should develop a project logic model, a systematic diagram, that links anticipated outcomes with the project's activities/processes and theoretical assumptions. It should include the following basic components: Resources/inputs, activities, outputs, outcomes, and impacts. (A useful resource is the *Logic Model Development Guide*, W.K. Kellogg Foundation, 2004. Available at <http://www.wkkf.org>). The project logic model should be included as part of Attachment 8 (see **Section IV.2.xi**).
- (5) Evidence should be provided that the approaches and activities can reasonably be expected to be effective. Literature relevant to the methodology may be cited as appropriate. These references should be listed as part of Attachment 8 (see Chapter IV.2.xii).

3) WORK PLAN

Describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology section. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities,

including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served.

INSTRUCTIONS

- (1) Applicants should include a Work Plan that describes the sequence of specific activities and steps that will be used to carry out each proposed methodological approach. Applicants should explicitly describe who will conduct each activity, as well as when, where, and how each activity will be carried out.
- (2) A detailed timeline of proposed project activities should be developed by the applicant, and attached as Attachment 1 (see **Section IV.2.xi**). The timeline should link activities to project objectives and should cover the three (3) years of the project period.
- (3) Applicants should describe an efficient and effective plan for managing the project, including its personnel and resources.
- (4) Applicants should describe an effective plan for monitoring and tracking project activities.

4) RESOLUTION OF CHALLENGES

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

INSTRUCTIONS

Applicants should discuss challenges, including both opportunities and barriers, that are likely to be encountered in designing and implementing the activities described in the Description of Methods and Work Plan sections, as well as approaches that will be used to address such challenges.

5) IMPACT

This section of the Project Narrative discusses the proposed project's national audiences that the applicant plans to engage, and how project activities will yield materials, resources and other benefits for them.

INSTRUCTIONS

- (1) Applicants should explain how the proposed project's products and results will have a national scope and applicability.
- (2) Applicants should provide an inclusive description of its national target audiences as well as its proposed strategies for reaching these audiences. The plan should include, but not be limited to, electronic and Internet capacity.

- (3) Applicants should describe how and to what extent the proposed project activities will directly improve leadership within the health and safety services and systems being targeted, and contribute to improved health status among infants, youth and adolescents. The applicant should include a description of how it intends to mobilize its audiences to learn from and actually use the materials, products and resources it has developed.

6) EVALUATION AND TECHNICAL SUPPORT CAPACITY

Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, with different cultural groups (e.g. race, ethnicity, language) and explain how the data will be used to inform program development and service delivery.

Evaluation and self-assessment have vital importance for quality improvement and assessing the value-added contribution of Title V Maternal and Child Health investments. Consequently, discretionary grant projects are expected to incorporate a carefully designed and well-planned evaluation protocol capable of demonstrating and documenting measurable progress toward reaching the project's stated goals through achievement of the project's measurable objectives. The evaluation protocol should be based on a clear rationale relating the identified needs of the target population with project goals, award activities, and the evaluation measures. Wherever possible, the measurements of progress toward goals should focus on outcomes and results over which the project has some degree of influence, rather than on intermediate measures such as process or outputs. However, it is understood that efforts similar to the categories of the *CAIVP Program* frequently focus on intermediate measures as part of their evaluation. Applicants are encouraged to incorporate the expertise of a professional evaluation specialist (either on-staff or as a consultant) at the design stage of the project methodology.

INSTRUCTIONS

- (1) Applicants should provide a well-conceived and logical plan for assessing the achievement of the project's process and outcome objectives and for evaluating changes in the specific problems and the contributing factors. The evaluation plan should focus primarily on outcomes over which the project has influence and that have the capacity to produce meaningful data on an annual basis.
- (2) Applicants should develop at least two (2) performance measures by which it will track its progress over time. A performance measure is a quantifiable indicator of progress and achievement that includes outcome, output, input, efficiency, and explanatory indicators. It can measure such domains as productivity, effectiveness, quality, and timeliness (Government Accounting Standards Board, http://www.seagov.org/aboutpmg/performance_measurement.shtml). (Note: These project specific performance measures are independent of the MCHB Performance Measure described in **Section VI.3.i - ii and Appendix A**).

7) ORGANIZATIONAL INFORMATION

Provide information on the applicant organization's current mission and structure, scope of

current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health literate services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

INSTRUCTIONS

Instructions for this section are divided into three sub-sections: Personnel Capacity, Organizational Structure and Resources, and Funding History.

PERSONNEL CAPACITY

- (1) Applicants must name the proposed director of the project and describe his/her qualifications and experience. The project director should have significant experience at the national level working on issues important to injury and violence prevention among infants, children and adolescents. The project director's background should be matched to the specific category of the *CAIVP Program* to which the application is being submitted. In addition, the project director should have executive or leadership experience; the ability to communicate effectively in oral presentations as well as through published materials geared for a variety of professional audiences; and to work collaboratively with peers representing a variety of organizations and disciplines relevant to the health and safety of infants, children and adolescents.
- (2) Applicants should identify all project personnel, including those individuals for whom support is not requested. A summary curriculum vitae (Biographical Sketch), maximum of two (2) pages, should be provided for each professional or technical staff member as part of Attachment 4 (see **Section IV.2.xi**). It should contain information about education (institutions attended and their locations, degrees and years conferred, fields of study); professional certifications and licensure; professional positions/employment in reverse chronological order; current grant and contract support; representative publications; and any additional information that would contribute to the Independent Review Panel's understanding of relevant qualifications, expertise and experience.
- (3) Applicants should describe and document the qualifications and experience of key project staff, proposed consultants and subcontractors. Applicants should describe any evidence of special expertise, capabilities, and competencies required to perform project tasks and activities under the specific categories of the *CAIVP Program*. Applicants should demonstrate that the proposed project personnel have the ability and experience to conduct a project that is national in scope; provide leadership to the field of infant, child and adolescent health and safety; and work collaboratively with partners from a variety of organizations and professional disciplines.
- (4) Applicants should describe and document the expertise and experience of key project staff, including any consultants, in data collection, project monitoring, and conducting process and outcome evaluations.
- (5) Applicants should describe and document the expertise and experience of key project staff in developing and disseminating educational and other communications materials

for national target audiences relevant to the categories of the *CAIVP Program*.

- (6) Applicants should describe appropriate support staff to facilitate the functioning of the professional staff. The applicant should describe a sufficient number of staff overall to be able to conduct the work of the project.
- (7) Applicants should describe any previous work of a similar nature, including the outcomes of, and products developed by, the efforts.
- (8) **Current awardees (that is, applicants funded by the Maternal and Child Health Bureau to conduct similar efforts with project periods ending during FY 2012) need to summarize their accomplishments as well as the lessons they learned during previous project periods.** In particular, they should describe the progress they made on achieving project objectives; the contributions they made to the field; the results of their collaborative relationships with other organizations; and the challenges they encountered and how they addressed them.

ORGANIZATIONAL STRUCTURE AND RESOURCES

- (1) Applicants should clearly describe the organization's mission and scope of current activities.
- (2) Applicants should clearly describe the project's organizational structure, including its:
 - a. Relationship to and placement within any umbrella or parent organization;
 - b. Relationships to any agencies or organizations with which it intends to partner, collaborate, coordinate efforts, or receive consultation from, while conducting project activities;
 - c. Governance structure, including any boards of directors and/or advisory groups;
 - d. Project structure and organization of project staff, including volunteers.
- (3) Applicants are required to summarize organizational information into at least one chart, which should be attached as Attachment 8 (see **Section IV.2.xi**).
- (4) Applicants should describe the resources available for carrying out the project and conducting its activities, including its facilities and physical space, equipment, and information technology resources. Applicants should include resources that are to be contributed by other agencies or organizations.

FUNDING HISTORY

- (1) The application must include information on all current and past (five-year history) funding received by the applicant from public (federal and state) and private sources to conduct projects relevant to adolescents and young adults. Specific information required includes:
 - a. Source of the funds
 - b. Name of the project and project number
 - c. Funding period
 - d. Contact person and telephone number

e. Purpose of the award

- (2) Problems that were encountered in carrying out the objectives of these projects should be identified, and the applicant must address how these problems were or will be resolved.

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) maintains reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by the Maternal and Child Health Bureau (MCHB) which 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 Child and Adolescent Injury and Violence Prevention Resource Centers Cooperative Agreement Program and Submission of Administrative Data

To notify successful applicants 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:

Administrative Forms

- Form 1, MCHB Project Budget Details
- Form 2, Project Funding Profile
- Form 4, Project Budget and Expenditures by Types of Services, e.g., Infrastructure Building
- Form 6, Abstract
- Form 7, Discretionary Grant Project Summary Data

Performance Measures

- Performance Measures 10, The degree to which MCHB-funded programs have incorporated cultural and linguistic competence elements into their policies, guidelines, contracts, and training
- Performance Measures 24, The degree to which MCHB-funded initiatives contribute to infrastructure development through core public health assessment, policy development and assurance functions

- Performance Measures 26, The degree to which awardee have mechanisms in place to ensure quality in the design, development, and dissemination of new information resources that they produce each year
- Performance Measures 27, The degree to which awardees have mechanisms in place to ensure quality in the design, development, and dissemination of new information resources that they produce each year
- Performance Measures 31, The degree to which awardees have assisted states and communities in planning and implementing comprehensive, coordinated care for MCH populations

Additional Data Elements

- 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: Project Timeline

Attachment 2: Project Organizational Chart

Provide one or two figures that depict the organizational structure of the project, including subcontractors and other significant collaborators as well as the project's advisory group. The organizational chart should also depict where the project fits in its parent organization.

Attachment 3: Job Descriptions of Key Personnel

Keep each to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. To save space, it is permissible to start new job descriptions continuously.

Attachment 4: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in Attachment 3, not to exceed two pages in length. 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 5: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts

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 deliverable. Letters of agreement must be dated.

Attachment 6: Letters of Support and Letters from Potential Members of Project's Advisory Group

Include letters of support and letters from individuals indicating willingness to serve on the project's advisory group. These letters must be dated. Include only letters of support that specifically indicate a commitment to the project/program such as in-kind services,

dollars, staff, space, equipment, etc.) List all other support letters that do not indicate a specific commitment to the project on one page.

Attachment 7: Summary Progress Report

A summary progress report covering the entire previous project period (5 years) is **required** for current or prior HRSA award recipients under this program. It may be less than, but must not exceed, 12 pages. (Note: This attachment is counted in the total page limit of 80 printed pages for the application.) New applicants have the option of submitting a report covering the preceding five years for activities that are related to the program for which support is being requested. Submit the Summary Progress Report with the application, as an attachment. It should include:

- a) The **period covered** in the report.
- b) **Specific Objectives:** Briefly summarize the specific objectives of the project as actually funded.
- c) **Results:** Describe the project activities conducted for each objective and the accomplishments. Include negative results as well as technical problems and challenges that were encountered and how they were addressed. Discuss “lessons learned” from these experiences.
- d) **Evaluation:** Enumerate the quantitative and qualitative measures used to evaluate the activities and objectives. Specify project outcomes and the degree to which stated objectives were achieved. Include any important modifications to your original plans.
- e) **Regional and National Significance:** Describe significant contributions of the project to the field of child and adolescent injury and violence prevention.
- f) **Collaborative Relationships:** Describe the results of any collaborative relationships established with other organizations during this time period.

Attachments 8–15: Other Relevant Documents

Include any other documents that are relevant to the application.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is March 14, 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 Child and Adolescent Injury and Violence Prevention Resource Centers Cooperative Agreement Program is not a program 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 \$850,000 for the Children's Safety Network National Resource Center Cooperative Agreement, or \$600,000 for the National Center for the Review and Prevention of Child Deaths Cooperative Agreement, respectively, 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 to make "mini" demonstration awards.

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.

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 <http://www.grants.gov> APPLY site. 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 Number 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 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 <http://www07.grants.gov/applicants/resources.jsp>. 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 *Child and Adolescent Injury and Violence Prevention Resource Centers Cooperative Agreement Program* has six (6) review criteria:

CRITERION 1	NEED	20 POINTS
CRITERION 2	RESPONSE	30 POINTS
CRITERION 3	EVALUATIVE MEASURES	10 POINTS
CRITERION 4	IMPACT	10 POINTS
CRITERION 5	RESOURCES/CAPABILITIES	20 POINTS
CRITERION 6	SUPPORT REQUESTED	10 POINTS
TOTAL		100 POINTS

Criterion 1 Need (20 Points)

The extent to which the application describes the problem and associated contributing factors to the problem.

Criterion 1 contains Program Review Sub-Criteria unique to each individual Category.

SPECIFIC PROGRAM REVIEW SUB-CRITERIA – Children’s Safety Network National Resource Center

- 1) The extent to which the application demonstrates a comprehensive understanding of the need for states/territories to have information regarding the safety and well-being of infants, children, adolescents, and their families.
- 2) The extent to which the application demonstrates a comprehensive understanding of the need for states/territories to have information about injury data and cost modeling data.

- 3) The extent to which the application demonstrates a comprehensive understanding of the needs of State Title V Agencies and organizations and individuals who would use this information and how it could be used.
- 4) The extent to which the application demonstrates a comprehensive understanding of the challenges that these users face in accessing, analyzing, and implementing effective interventions to strengthen and maintain the health, safety, and well-being of the Nation's Maternal and Child Health population.
- 5) The breadth and depth of the applicant's analysis of the current status of the child and adolescent health and safety and the role of the applicant in fulfilling these needs and describing the benefit to this population if these needs could be better met.
- 6) The breadth and depth of the applicant's analysis of state and community-based systems in child and adolescent health and safety
- 7) The breadth and depth of the applicant's discussion of potential policy implications for the field of child and adolescent health and safety regarding current demographic trends and societal issues in the United States.
- 8) The extent to which the application incorporates reference citations from relevant literature to support its presentation and discussion

SPECIFIC PROGRAM REVIEW SUB-CRITERIA – National Center for the Review and Prevention of Child Deaths

- 1) The extent to which the application demonstrates a comprehensive understanding of the origins of CDR and the evolution of the CDR process and system as a public health model
- 2) The breadth and depth of the applicant's analysis of the current status of the CDR process and the challenges involved in creating and sustaining the CDR system in states and communities
- 3) The breadth and depth of the applicant's analysis of community-based systems in infant, child and adolescent health and safety
- 4) The breadth and depth of the applicant's analysis of the individuals and organizations involved in the CDR process and the relationship of the CDR and Fetal Infant Mortality Reviews (FIMR) systems.
- 5) The breadth and depth of the applicant's discussion of potential policy implications for the field of child death review regarding current demographic trends and societal issues in the United States.
- 6) The extent to which the application incorporates reference citations from relevant literature to support its presentation and discussion

Criterion 2: Response (30 Points)

The extent to which the proposed project responds to the “Purpose” and “Program Requirements” included in the program description. The clarity of the proposed goals and

objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application is capable of addressing the problem and attaining the project objectives.

PROGRAM REVIEW SUB-CRITERIA

- 1) The extent to which a set of realistic project goals is presented that comprehensively frames the intent of the CAIVP Resource Centers Cooperative Agreement Program as well as the specific category for which the application is sought, as set forth in Section I.2.
- 2) The extent to which the proposed project goals are national in scope.
- 3) The extent to which outcome objectives are substantive, specific, achievable, relevant to and congruent with project goals, time-framed, and measurable. The extent to which the set of outcome objectives comprehensively frame the proposed project goals.
- 4) The extent to which the evidence is convincing that achievement of the outcome objectives is feasible within the stated time frames and available resources.
- 5) The degree of clarity and detail of, and logic to, the described methodology. How completely and logically the components of the overall approach and sets of activities are linked. The comprehensiveness and clarity of the logic model and its fit with the design and methods of the proposed project.
- 6) The extent to which the approach is technically sound, feasible, creative and innovative, and of potential utility and applicable on a national basis.
- 7) The extent to which the applicant describes meaningful plans for engaging organizations, national centers, and national professional associations working in fields relevant to injury and violence prevention and including them in project activities.
- 8) The extent to which the project time line is complete, detailed, realistic, and covers the entire three-year period of the proposed project.
- 9) The degree to which a well-designed work plan is presented for managing the project, including personnel and resources.
- 10) The thoroughness with which the applicant presents and discusses the challenges that are likely to be encountered in designing and implementing the activities, as well as approaches that would be used to address such challenges.

Criterion 3: Evaluative Measures (10 Points)

The effectiveness of the method proposed to monitor and evaluate the project results.

Evaluative measures must be able to assess: (1) to what extent the program objectives have been met; and (2) to what extent these can be attributed to the project.

PROGRAM REVIEW SUB-CRITERIA

- 1) The degree to which the proposed evaluation plan is logical, technically sound and practical, and able to yield meaningful findings about key areas of project processes and

outcomes.

- 2) The degree to which the proposed evaluation plan will be able to yield meaningful data on an ongoing basis that can be reported annually.

Criterion 4: Impact (10 Points)

The extent and effectiveness of plans for dissemination of project results, and/or the extent to which project results may be national in scope and/or the degree to which a community is impacted by delivery of health services, and/or the degree to which the project activities are replicable, and/or the sustainability of the program beyond federal funding.

PROGRAM REVIEW SUB-CRITERIA

- 1) The extent to which the expected project results are national in scope and applicability.
- 2) The completeness of the description of the national target audiences proposed in the application and their consonance with the intent of the CAIVP Resource Centers Cooperative Agreement Program.
- 3) The extent to which the application presents a well-designed and coherent plan that describes how appropriate communications materials, products and resources will be developed for and disseminated to its national target audiences. The extent to which the plan describes how it will mobilize its audience to learn from and actually use the products and resources it has developed.
- 4) The degree of creativity and effectiveness of the proposed strategies for reaching the project's proposed national target audiences, including, but not limited to, use of the Internet and other electronic strategies.

Criterion 5: Resources/Capabilities (20 Points)

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization, and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

PROGRAM REVIEW SUB-CRITERIA

- 1) Appropriateness of applicant organization's mission to the intent of the CAIVP Resource Centers Cooperative Agreement Program and the degree to which its structure and scope of activities can contribute to the ability to conduct the project and meet program expectations.
- 2) Strength and appropriateness of the proposed Project Director's background and experience for the CAIVP Resource Centers Cooperative Agreement Program. Adequacy of proposed project director's leadership, executive, and management experience.
- 3) Adequacy of the relevant education, expertise, skills and experience of key personnel for conducting activities necessary to the project. In particular, the extent to which the proposed project staff has the ability and experience to conduct projects that are national in scope.

- 4) Adequacy of key personnel/consultants to conduct data collection, monitor progress, and conduct evaluations.
- 5) Adequacy of key personnel for developing and disseminating culturally competent communications/educational materials.
- 6) Past performance of any incumbent applicant (current or past awardee) under the auspices of this program. (See Attachment 7, Summary Progress Report)
- 7) Adequacy of overall size of project staff, including both professional and support staff.
- 8) Level to which the application demonstrates understanding of, sensitivity to, and expertise in addressing issues specific to health and safety status of infants, children, and adolescents and to provide protection for infants, children, and adolescents from harm across the range of cultures and racial/ethnic groups in the United States.
- 9) Degree to which the application describes an appropriate and adequate organizational structure for governance and oversight, including a project advisory group; implementing and conducting project activities; and developing and sustaining relationships between the project and other organizations whose assistance is necessary to plan, implement, and achieve project goals and outcome objectives.
- 10) Adequacy of physical space and resources, including information technologies, available for conducting project activities.

Criterion 6: Support Requested (10 Points)

The reasonableness of the proposed budget for each year of requested support in relation to the objectives, the complexity of the activities, and the anticipated results.

PROGRAM REVIEW SUB-CRITERIA

- 1) Degree to which the budget request conforms to the funding levels for the respective categories under CAIVP Resource Centers Cooperative Agreement Program (See Sections II.2 and IV.5).
- 2) Degree to which the detailed budget documents each year of the three-year project period logically and in adequate detail, including how and why each line item request (such as personnel, travel, equipment, supplies, information technology, and contractual services) supports the objectives and activities of the proposed project.
- 3) Degree to which the estimated cost of the project is reasonable, considering its anticipated results.
- 4) Degree to which the applicant performs a major substantive role in carrying out the proposed project; that is, a contract is not used as a conduit to another party unless an explicit, well-justified, cost-benefit justification is provided to support this portion of the scope of work activities to be performed.

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 program announcement. 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 July 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 July 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).

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 include 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? \(AHRQ\)](#)

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) **Progress Report(s).** The awardee must submit a report to HRSA on an annual basis. Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds. The Progress Report contains a performance narrative which provides a comprehensive picture of the project and provides documentation of project activities and accomplishments for the reporting period, a budget narrative which provides an explanation for the amounts requested for each line in the budget, and may include additional information to be submitted through attachments. Further information will be provided in the award notice.

3) **Final Report.** A 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>.

4) **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.

i. 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.

ii. Performance Reporting

Successful applicants receiving funds will be required, within 120 days of the Notice of Grant Award (NGA), 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 cooperative agreement summary data as well as providing objectives for the performance measures.

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

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:

Sarah E. Morgan
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11A-03
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-4584
Fax: (301) 443-6686
Email: Smorgan1@hrsa.gov

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

Erin Reiney, MPH
Division of Child, Adolescent and Family Health
Maternal and Child Health Bureau, HRSA
Parklawn Building, Room 18A-38
5600 Fishers Lane
Rockville, MD 20857

Telephone: (301) 443-5848

Fax: (301) 443-1296

Email: EReiney@hrsa.gov

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. 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

The following Administrative Forms and Performance Measures are assigned to this MCHB program.

- Form 1, MCHB Project Budget Details
- Form 2, Project Funding Profile
- Form 4, Project Budget and Expenditures by Types of Services, e.g., Infrastructure Building
- Form 6, MCH Abstract
- Form 7, Discretionary Grant Project Summary Data
- Performance Measures 10, The degree to which MCHB-funded programs have incorporated cultural and linguistic competence elements into their policies, guidelines, contracts, and training
- Performance Measures 24, The degree to which MCHB-funded initiatives contribute to infrastructure development through core public health assessment, policy development and assurance functions
- Performance Measures 26, The degree to which awardees have mechanisms in place to ensure quality in the design, development, and dissemination of new information resources that they produce each year
- Performance Measures 27, The degree to which awardees have mechanisms in place to ensure quality in the design, development, and dissemination of new information resources that they produce each year
- Performance Measures 31, The degree to which awardees have assisted states and communities in planning and implementing comprehensive, coordinated care for MCH populations
- 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 Grant 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 _____	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.

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 10 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 0-30. 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:

24 PERFORMANCE MEASURE

Goal 4: Improve the Health Infrastructure and Systems of Care
(Assist States and communities to plan and develop comprehensive, integrated health service systems)
Level: State, Community, or Grantee
Category: Infrastructure

The degree to which MCHB-funded initiatives contribute to infrastructure development through core public health assessment, policy development and assurance functions.

GOAL

To develop infrastructure that supports comprehensive and integrated services.

MEASURE

The degree to which MCHB-supported initiatives contribute to the implementation of the 10 MCH Essential Services and Core Public Health Program Functions of assessment, policy development and assurance.

DEFINITION

Attached is a checklist of 10 elements that comprise infrastructure development services for maternal and child health populations. Please score the degree to which each your program contributes to the implementation of each of these elements Each element should be scored 0-2, with a maximum total score of 20 across all elements.

HEALTHY PEOPLE 2010 OBJECTIVE

Related to Healthy People Goal 23, Objective 12 (23.12): Increase the proportion of tribes, States, and local health agencies that have implemented a health improvement plan and increase the proportion of local health jurisdictions that have a health improvement plan linked with their State plan.

DATA SOURCE(S) AND ISSUES

Attached data collection form to be completed by grantees based on activities they are directly engaged in or that they contribute to the implementation of by other MCH grantees or programs.

SIGNIFICANCE

Improving the health infrastructure and systems of care is one of the five goals of MCHB. There are five strategies under this goal, all of which are addressed in a number of MCHB initiatives which focus on system-building and infrastructure development. These five strategies follow:

Build analytic capacity for assessment, planning,

and evaluation.

Using the best available evidence, develop and promote guidelines and practices that improve services and systems of care.

Assist States and communities to plan and develop comprehensive, integrated health service systems.

Work with States and communities to assure that services and systems of care reach targeted populations.

Work with States and communities to address selected issues within targeted populations.

The ten elements in this measure are comparable to the 10 Essential Public Health Services outlined in Grason H, Guyer B, 1995. *Public MCH Program Functions Framework: Essential Public Health Services to Promote Maternal and Child Health in America*. Baltimore, MD: The Women's and Children's Health Policy Center, The Johns Hopkins University.

DATA COLLECTION FORM FOR DETAIL SHEET #24

Use the scale below to describe the extent to which your program or initiative has contributed to the implementation of each of the following Public MCH Program core function activities at the local, State, or national level. Please use the space provided for notes to clarify reasons for score

0	1	2	Element
Assessment Function Activities			
			1. Assessment and monitoring of maternal and child health status to identify and address problems, including a focus on addressing health disparities [Examples of activities include: developing frameworks, methodologies, and tools for standardized MCH data in public and private sectors; implementing population-specific accountability for MCH components of data systems, and analysis, preparation and reporting on trends of MCH data and health disparities among subgroups.]
			2. Diagnosis and investigation health problems and health hazards affecting maternal and child health populations [Examples of activities include conduct of population surveys and reports on risk conditions and behaviors, identification of environmental hazards and preparation of reports on risk conditions and behaviors.]
			3. Informing and educating the public and families about MCH issues.
Policy Development Function Activities			
			4. Mobilization of community collaborations and partnerships to identify and solve MCH problems. [Examples of stakeholders to be involved in these partnerships include: policymakers, health care providers, health care insurers and purchasers, families, and other MCH care consumers.]
			5. Provision of leadership for priority setting, planning and policy development to support community efforts to assure the health of maternal and child health populations.
			6. Promotion and enforcement of legal requirements that protect the health and safety of maternal and child health populations.
Assurance Function Activities			
			7. Linkage of maternal and child health populations to health and other community and family services, and assuring access to comprehensive quality systems of care
			8. Assuring the capacity and competency of the public health and personal health workforce to effectively and efficiently address MCH needs.
			9. Evaluate the effectiveness, accessibility and quality of direct, enabling and population-based preventive MCH services
		\	10. Research and demonstrations to gain new insights and innovative solutions to MCH-related issues and problems

0 = Grantee does not provide or contribute to the provision of this activity.
 1 = Grantee sometimes provides or contributes to the provision of this activity.
 2 = Grantee regularly provides or contributes to the provision of this activity
 Total the numbers in the boxes (possible 0–20 score): _____

26 PERFORMANCE MEASURE

Goal 1: Provide National Leadership for Maternal and Child Health (Strengthen the MCH knowledge base in the MCH community)
Level: Grantee
Category: Training

The extent of training and technical assistance (TA) provided and the degree to which grantees have mechanisms in place to ensure quality in their training and TA activities.

GOAL

To increase the number of MCHB grantees that are using needs assessments, evaluation tools, and applying the results of the evaluation for quality improvement in their training and technical assistance (TA) efforts.

MEASURE

This measure has two components:
A. The number of individuals who were provided training and TA by types of target audiences.
B. The degree to which grantees have put in place key elements to improve the quality of their short- and long-term training and TA activities designed to promote professional and leadership development for the MCH community.

DEFINITION

The training and TA efforts that fall under this measure are short- and medium-term technical assistance and training, not graduate-level and continuing education training provided by MCHB long-term training programs. The target audiences include various populations in the MCH community, including families and other consumers, professionals and providers, State MCH agencies, community-based organizations, and other MCH stakeholders. The eight elements listed in the attached form contribute to promoting quality in the training and TA provided to the MCH community.
Please check the degree to which each of the eight elements have been planned and implemented. The answer scale is 0–3 for each activity or element and 0–24 total across all elements.

HEALTHY PEOPLE 2010 OBJECTIVE

Related to Goal 2, focus area: 23) Public Health Infrastructure.

DATA SOURCE(S) AND ISSUES

Attached is a data collection form to be completed by grantees.

SIGNIFICANCE

National Resource Centers, Policy Centers, leadership training institutes and other MCHB

discretionary grantees provide technical assistance and training to various target audiences, including grantees, health care providers, program beneficiaries, and the public as a way of improving skills, increasing the MCH knowledge base, and thus improving capacity to adequately serve the needs of MCH populations and improve their outcomes. To provide these training and TA services most effectively, MCHB has identified performance recommendations, categorized into three categories: 1) activities to promote quality in the content and format of TA and training activities, and prevent duplication of effort ; 2) outreach and promotion to ensure target audiences are aware of the services available to meet their needs, and 3) routine mechanisms to obtain trainee satisfaction and outcomes data and apply what is learned to improve the design and delivery of these services.

DATA COLLECTION FORM FOR DETAIL SHEET #26

PART A

Numbers of individual recipients of training and technical assistance, by categories of target audiences:

(For each individual training or technical assistance activity, individual recipients or attendees should be counted only once, in one audience category. Trainees who attended more than one training or received more than one type of TA activity should be counted once for each activity they received).

- | | | |
|---|--------------|---|
| 1. Families | ___(yes/no) | ___# of individuals trained/provided TA |
| 2. Other Consumers of Health Services | ___(yes/no) | ___# of individuals trained/provided TA |
| 3. Health Providers/Professionals | ___(yes/no) | ___# of individuals trained/provided TA |
| 4. Education Providers/Professionals | ___(yes/no) | ___# of individuals trained/provided TA |
| 5. State MCH Agency Staff | ___(yes/no) | ___# of individuals trained/provided TA |
| 6. Community-Based/Local Organization Staff | ___(yes/no) | ___# of individuals trained/provided TA |
| 7. Other (specify _____) | ___(yes/no) | ___# of individuals trained/provided TA |
| 8. Unknown | ___(yes/no) | ___# of individuals trained/provided TA |

Total number of individuals trained/provided TA from all audience types _____

PART B

Use the scale described below to indicate the degree to which your grant has incorporated each of the design, evaluation, and continuous quality improvement activities into your training and TA work. Please use the space provided for notes to describe activities related to each element and clarify reasons for the score.

0	1	2	3	Element
Mechanisms in Place to Ensure Quality in Design of Training and TA Activities				
				1. Build on Existing Information Resources and Expertise, and Ensure Up-to-Date Content. As part of the development of training and technical assistance services, the grantee conducts activities (such as reviewing existing bibliographies, information resources, or other materials) to ensure that the information provided in newly developed training curricula and technical assistance materials and services is up to date with standard practice; based on research, evidence, and best practice-based literature or materials in the MCH field; and is aligned with local, State, and/or Federal initiatives. Grantee uses these mechanisms to ensure that information resource content does not duplicate existing training and technical assistance available to the same audience. Also include in the design and development expert review panels (experts may include target audience members).
				2. Link to Other MCH Grantees Training and TA Activities. The training and TA provided by this grantee is linked to the content and timing of training offered by other MCH grantees (e.g., Family-to-Family Health Information Centers, other national resource and training centers, State and local CSHCN/MCH programs).
				3. Obtain Input from the Target Audience to Ensure Relevancy

0	1	2	3	Element
				to their Needs. The grantee routinely obtains input from the audience targeted for each training or TA activity before finalizing the curriculum or materials. This could include a determination of whether the content and language of the materials are relevant to the audience’s current needs and are understandable. Training and TA should also be relevant with respect to timeliness, ensuring that they reach trainees when needed.
				4. Ensure Cultural and Linguistic Appropriateness. The grantee employs mechanisms to ensure that training and TA materials, methods, and content are culturally and linguistically appropriate.
Mechanisms in Place to Promote Grantee’s Training and Technical Assistance Services				
				5. Conduct Outreach and Promotion to Ensure Target Audience is Aware of TA and Training Services. The grantee routinely uses mechanisms to reach out to MCHB grantees and other target audiences such as provider or family organizations, consumers of MCH services, and the public, to make sure that target audiences know the services are available. (Examples of outreach methods include promotion of services through list serves, exhibits at meetings, and targeted outreach to representatives of individual organizations or MCHB grantees.)
Mechanisms in Place to Evaluate Training and TA Activities and Use the Data for Quality Improvement				
				6. Collect Satisfaction Data. The grantee routinely uses mechanisms, such as evaluation forms, to collect satisfaction data from recipients of training or TA.
				7. Collect Outcome Data. The grantee routinely collects data to assess whether recipients have increased their knowledge, leadership skills, and ability to apply new knowledge and skills to their family, health care practice, or other MCH program situation.
				8. Use Feedback for Quality Improvement. The degree to which the grantee has used the results of assessments or other feedback mechanisms to improve the content, reach and effectiveness of the training or TA activities.

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

Total the numbers in the boxes (maximum possible 0–24): _____

NOTES/COMMENTS:

27 PERFORMANCE MEASURE

Goal 4: Improve the Health Infrastructure and Systems of Care by Improving MCH Knowledge and Available Resources

Level: Grantee

Category: Infrastructure

The degree to which grantees have mechanisms in place to ensure quality in the design, development, and dissemination of new information resources that they produce each year.

GOAL

To improve the dissemination of new knowledge to the MCH field by increasing the quality of informational resources produced, including articles, chapters, books, and other materials produced by grantees, and by addressing the quality in design and development. This includes consumer education materials, conference presentations, and electronically available materials.

MEASURE

The degree to which grantees have mechanisms in place to ensure quality in the design, development, and dissemination of new informational resources they produce each year.

DEFINITION

Publications are articles, books, or chapters published during the year being reported. Products include electronic Web-based resources, video training tapes, CD ROMs, DVD, materials created for consumers (parents, children, and community agencies). Products and publications also include outreach and marketing materials (such as presentations, alerts, and HRSA clearinghouse materials).

Details on these publications and products are reported on a data collection form. These products are summed by category and the total number of all publications and products are reported on a PM tracking form for a reporting year.

This measure can be applicable to any MCHB grantee.

HEALTHY PEOPLE 2010 OBJECTIVE

Related to Goal 1: Improve access to comprehensive, high-quality health care services. Specific objective: 1.3.

Related to Goal 7 – Educational and community-based programs: Increase the quality, availability and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life. Specific objectives: 7.7 through 7.12.

Related Goal 11 – Use communication strategically to improve health. Specific objective: 11.3.

Related to Goal 23 – Public Health Infrastructure: Ensure that Federal, tribal, State, and local health

agencies have the infrastructure to provide essential public health services effectively. Specific objective: 23.2.

DATA SOURCE(S) AND ISSUES

Data will be collected by grantees throughout the year and reported in their annual reports and via this measure's data collection form.

SIGNIFICANCE

Advancing the field of MCH based on evidence-based, field-tested quality products. Collection of the types of and dissemination of MCH products and publications is crucial for advancing the field. This PM addresses the production and quality of new informational resources created by grantees for families, professionals, other providers, and the public.

DATA COLLECTION FORM FOR DETAIL SHEET #27

Using the 0–3 scale below indicate the degree to which your grant has incorporated each of the design, dissemination, and continuous quality improvement activities into MCH information resources that you have developed within the past year. Please use the space provided for notes to describe activities related to each element and clarify any reasons for the score

0	1	2	3	Element
Mechanisms in Place to Ensure Quality in Design of Informational Resources				
				<p>1. Obtain input from the target audience or other experts to ensure relevance. The grantee conducts activities to ensure the information resource is relevant to the target audience with respect to knowledge, issues, and best practices in the MCH field. [Example: Obtain target audience, user, or expert input in the design of informational resources, the testing or piloting of products with the potential users/audience, and the use of expert reviews of new products.]</p>
				<p>2. Obtain input from the target audience or other experts to ensure cultural and linguistic appropriateness. The grantee specifically employs mechanisms to ensure that resources are culturally and linguistically appropriate to meet the needs and level of the target audience(s).</p>
				<p>3. Build on Existing Information Resources and Expertise, and Ensure Up-to-Date Content. As part of the development of information resources, the grantee conducts activities (such as reviewing existing bibliographies, information resources, or other materials) to ensure that the information provided in newly developed information resources is up to date with standard practice; based on research-, evidence-, and best practice-based literature or materials in the MCH field; and is aligned with local, State, and/or Federal initiatives. Grantee uses these mechanisms to ensure that information resource content does not duplicate existing resources available to the same audience. Also include in the design and development expert review panels (experts may include target audience members).</p>
Mechanisms in Place to Track Dissemination and Use of Resources or Products				
				<p>4. The grantee has a system to track, monitor, and analyze the dissemination and reach of products. The grantee implements a mechanism for tracking and documenting dissemination of products, and uses this information to ensure the target audience(s) is reached. Grantees with a Web site should include mechanisms for tracking newly created resources disseminated through their Web sites and are encouraged to detail Web-related dissemination mechanisms and the use of Web-based products in the Notes section below. Grantee ensures that format is accessible to diverse audiences and conforms to ADA guidelines and to Section 508 of the Rehabilitation Act.</p>
				<p>5. The grantee has a system in place to track, monitor, and analyze the use of products. The grantee routinely collects data from the recipients of its products and resources to assess their satisfaction with products, and whether products are useful, share new and relevant information, and enhance MCH knowledge. [An example of data collection is assessments.]</p>

0	1	2	3	Element
Mechanisms in Place to Promote Grantee's Information Resources				
				<p>6. Conduct Culturally Appropriate Outreach and Promotion to Ensure Target Audience is Aware of Information Resources The grantee routinely uses mechanisms to reach out to MCHB grantees and other target audiences such as provider or family organizations, consumers of MCH services, and the public, to make sure that target audiences know the resources are available. [Examples of outreach methods include promotion of services through list serves, exhibits at meetings, and targeted outreach to representatives of individual organizations or MCHB grantees.]</p>
Use of Evaluation Data for Quality Improvement				
				<p>7. Use of Feedback for Quality Improvement. The degree to which the grantee has used the results of satisfaction and other feedback mechanisms to improve the content, reach, and effectiveness of their products/information resources.</p>

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

Total the numbers in the boxes (possible 0–21 score): _____

NOTES/COMMENTS:

31 PERFORMANCE MEASURE

Goal 4: Improve the Health Infrastructure and Systems of Care

(Assist States and communities to plan and develop comprehensive, integrated service systems for MCH populations)

Level: Grantee

Category: Infrastructure

The degree to which grantees have assisted States and communities in planning and implementing comprehensive, coordinated care for MCH populations.

GOAL

To assure access to integrated community systems of care for MCH populations.

MEASURE

The degree to which grantees have assisted in developing integrated systems of care for MCH populations.

DEFINITION

Attached are checklists of elements that demonstrate the degree to which grantees have assisted in developing integrated systems of care for MCH populations. The first checklist addresses defined activities in the area of collaboration and coordination, and the second allows grantees to identify activities in the area of providing support to communities. Please check the degree to which the elements have been implemented.

HEALTHY PEOPLE 2010 OBJECTIVE

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

DATA SOURCE(S) AND ISSUES

Attached data collection forms to be completed by grantees.

The National CSHCN Survey will provide national and State estimates on the extent to which families perceive that integrated community systems of care are available to their child with a special health care need.

SIGNIFICANCE

Families and service agencies have identified major challenges confronting families in accessing coordinated health and related services that families need. Differing eligibility criteria, duplication and gaps in services, inflexible funding streams and poor coordination among service agencies are concerns across most States. This effort should provide model strategies for addressing these issues.

DATA COLLECTION FORM FOR DETAIL SHEET #31

Using the scale below, indicate the degree to which your grant has assisted in developing and implementing an integrated system of care for MCH populations. Please use the space provided for notes to describe activities related to each element and clarify reasons for score.

Indicate the population and age group served:

Pregnant Women _____ Children _____ Adolescents _____ Children with Special Health Care Needs Only _____

0	1	2	3	Element
				1. Collaboration with Other Public Agencies and Private Organizations on the State Level: The grantee has assisted in establishing and maintaining an ongoing interagency collaborative process for the assessment of needs and assets and the provision of services within a community-based system of care for MCH populations. The programs collaborate with other agencies and organizations in the formulation of coordinated policies, standards, data collection and analysis, financing of services, and program monitoring to assure comprehensive, coordinated services.
				2. Collaboration with Other Public Agencies and Private Organizations on the Local Level: The grantee has assisted in establishing and maintaining an ongoing interagency collaborative process for the assessment of needs and provision of services within a community-based system of care for MCH populations. The grantee facilitates electronic communication, integration of data, and coordination of services on the local level.
				3. Coordination of Components of Community-Based Systems: The grantee has assisted in the development of a mechanism in communities across the State for coordination of health and essential services across agencies and organizations. This includes coordination among providers of primary care, habilitative services, other specialty medical treatment services, mental health services, early care and education, parenting education, family support, and home health care.
				4. Coordination of Health Services with Other Services at the Community Level: The grantee has assisted in the development of a mechanism in communities across the State for coordination and services integration among programs including early intervention and special education, social services, and family support services.

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

Total the numbers in the boxes (possible 0-12 score) _____

NOTES/COMMENTS:

Support for Communities				
0	1	2	3	Activity
				1. Technical assistance and consultation
				2. Education and training
				3. Common data protocols
				4. Financial resources for communities engaged in systems development

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

Total the numbers in the boxes (possible 0-12 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: _____