

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

Maternal and Child Health Bureau  
Emergency Medical Services for Children

*Emergency Medical Services for Children  
Resource Center*

**Announcement Type:** New, Competing Continuation  
**Announcement Number:** HRSA-12-150

**Catalog of Federal Domestic Assistance (CFDA) No. 93.127**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2012

**Application Due Date: April 30, 2012**

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

**Release Date: March 27, 2012**

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Authority: Public Health Service Act, Title XIX, § 1910 (42 U.S.C. 300w-9), as amended by the Patient Protection and Affordable Care Act, § 5603 (P.L. 111-148).

## EXECUTIVE SUMMARY

### Emergency Medical Services for Children Resource Center

In concert with the Health Resources and Services Administration's (HRSA) commitment to ensure access to quality health care for all, the Emergency Medical Services for Children (EMSC) Program works within the larger spectrum of the Emergency Medical Service (EMS) System. In working through the larger EMS spectrum, the Program assures that the distinct variation and needs of children, one of our most vulnerable populations, are considered and integrated in all phases of system development. To accomplish this, focused activities have concentrated on assuring that pediatric medical direction is accessible to EMS providers 24/7; patient care units are equipped with the nationally-recommended pediatric equipment and supplies; recognition systems for medical and traumatic emergencies exist to assure the transfer and transport of children to the appropriate facility; inter-facility agreements are in place and guidelines are operational to assure the expeditious transfer of children to the most appropriate facility; and EMS providers are continuously educated and prepared to treat, manage and stabilize children while en route to a medical facility. The Program also funds the Pediatric Emergency Care Applied Research Network (PECARN) and supports projects that address issues of national significance within the larger spectrum of EMS that extend beyond State borders which typically result in new pediatric research, products or resources, and show the feasibility of new methods, policies or practices.

In 2006, the Institute of Medicine highlighted some key concerns regarding the Emergency Medical Services (EMS) system and emergency departments (EDs) in the *Future of Emergency Care: Key Findings and Recommendations* fact sheet. Overall EMS and EDs are not well equipped to handle pediatric care; most children receive emergency care in general (not children's) hospitals, which are less likely to have pediatric expertise, equipment, and policies in place for the care of children; children make up 27 percent of all ED visits, but only 6 percent of EDs in the U.S. have all the necessary supplies for pediatric emergencies; many drugs and medical devices have not been adequately tested on, or dosed properly for children; and while children have increased vulnerability to disasters, disaster planning has largely overlooked their needs. Care for children is provided in pediatric and non-pediatric settings, across a variety of geographical locations some of which may not have the resources or capacity to provide pediatric specialty care.

All across the nation, HRSA's EMSC Program grantees are seeking innovative solutions to address the gaps in care. The Program grantees are implementing best practices; measuring key components of the EMS system through a set of defined performance measures (State Partnership (SP) and SP Regionalization of Care); working in partnership with State and Territorial EMS and hospital healthcare systems to seek innovative solutions to implement the selected Program performance measures; addressing gaps in pediatric emergency care (Targeted Issues (TI) and PECARN). As knowledge in the field of pediatric emergency medical services is learned and healthcare systems translate this knowledge into practice, healthcare systems advance. In some cases however, new advances may occur in isolation across the country.

To facilitate the dissemination and sharing of knowledge to enhance the quality of care available and accessible to all children and their families, the EMSC Program is soliciting applications through this Funding Opportunity Announcement (FOA) for an EMSC Resource Center. The

Resource Center would be central to the dissemination and transfer of knowledge through partnerships with stakeholders and technical assistance with grantees. The Resource Center would serve as a conduit and a repository that contains a wealth of expertise, knowledge, experience and communication systems capable of supporting the Federal Program and its grantees. The Resource Center would support efforts to stay abreast of advancements in the field of pediatric emergency medical services; disseminate best practices and evidence-based knowledge; facilitate the sharing of resources; formulate and disseminate educational materials and training; support and promote opportunities for learning collaboratives (peer-to-peer training sessions and meetings), and seek new innovations and strategies to support and guide EMSC grantees to achieve their goals and objectives. The Resource Center would serve as a partner to the Federal EMSC Program, established to support the needs of the EMSC grantees through the provision of technical expertise and content knowledge of State and territorial healthcare systems; facilitate research efforts in a variety of fields related to pediatric emergency medical services; disseminate research and resource materials globally to all key stakeholders and partners that is essential to the advancement of pediatric emergency medical services; and maintain educational and operational support as needed by EMSC grantees.

This FOA is soliciting applications for a cooperative agreement to provide support for a Resource Center to ensure that the integration of EMSC occurs within the many systems that provide or influence the delivery of pediatric emergency care. Dissemination and implementation of best practices in pediatric emergency care are essential to guarantee the delivery of quality care. The overall goal of the Resource Center would be to provide integrated support to the Federal EMSC program's grantees to globally share knowledge through dissemination and implementation of EMSC best practices and evidence based knowledge. The Resource Center funded under this announcement would also work strategically with the EMSC Data Coordinating Center to integrate and coordinate their respective activities at all stages to facilitate efficient and comprehensive approaches that achieve the mission of the EMSC Program.

**Quality care** when used by HRSA and its programs means access to services, information and materials delivered by competent providers in a manner that factors in the language needs, health literacy, cultural richness, and diversity of the 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 on Culturally and Linguistically Appropriate Services in Health Care published by the U.S. Department of Health and Human Services (<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>). This FOA requires the inclusion and understanding of the National Standards on Culturally and Linguistically Appropriate Services in Health Care in program planning.

**Qualified Applicants:** The authorizing legislation for the EMSC Program, Public Health Act, Title XIX, § 1910 (42 U.S.C. 300w-9) as amended by the Patient Protection and Affordable Care Act, § 5603 (P.L. 111-148), defines eligible applicants for this funding opportunity as State governments and accredited schools of medicine.

**Number of cooperative agreements:** One (1)

**Funds per year:** up to \$ 1,500,000 per award in total costs (including direct and indirect costs)

**Application Deadline:** April 30, 2012 at 8:00 pm ET.

Please submit your application early. Applications submitted after the application deadline will not be accepted.

**Award Date:** July 1, 2012

**Project Period:** July 1, 2012 – June 30 2016

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

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### **Technical Assistance Call**

**Tuesday, April 3, 2012 from 2:00 – 3:30 pm ET**

Please dial 866-823-9065 and enter passcode: 1346468  
Program staff will be available to answer questions related to this FOA.

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# **I. Funding Opportunity Description**

## **1. Purpose**

The HRSA EMSC Program ensures children receive the right emergency care at the right time in the right place no matter where they live, go to school or travel. EMSC works within the larger Emergency Medical Service System and requires an integrated approach to all of its initiatives. Care for children is provided in pediatric and non-pediatric settings, across a variety of geographical locations some of which may not have the resources or capacity to provide pediatric specialty care. The EMSC Program's goal is to ensure that children receive appropriate care in all of these settings.

The purpose of this FOA is to solicit applications for a cooperative agreement to provide support for a Resource Center to provide integrated support to HRSA's EMSC Program grantees through dissemination and knowledge transfer. Two pillars (the Resource Center and the Data Coordinating Center) will support the Federal EMSC Program grantees, national partners, and stakeholders. The Resource Center will serve as a repository that is both resourceful and equipped with a wealth of knowledge and skill necessary to support the Federal EMSC Program initiatives, its partners and key stakeholders through the provision of technical expertise, content knowledge, and peer-to-peer learning opportunities. The Resource Center will provide support in a variety of content areas for the activities and efforts of EMSC State Partnership (SP), Targeted Issues (TI), Pediatric Emergency Care Applied Research Network (PECARN), and SP Regionalization of Care (SPROC) grantees, as well as Program Partners within the States and territories.

### **Goal of EMSC Resource Center:**

The Resource Center monitors the integration of EMSC on the State and national levels and assists with enhancing public awareness on the importance of developing systems in which high-quality pediatric care is an integrated component. The Resource Center will improve EMSC capabilities in existing EMS systems to ensure that quality pediatric emergency care is delivered in all settings by developing strategies to support knowledge transfer through dissemination and implementation of best practices. The Resource Center will engage EMSC stakeholders including all EMSC grantees, national and professional organizations, Federal partners, family organizations, policy makers and other relevant entities.

### ***Coordinated Integration of Resource Support***

EMSC impacts children along the continuum of care; beginning with prevention of the injury or illness, then if care is needed, the continuum from the prehospital setting (EMS) to the emergency department and further pediatric specialty care and finally the return to the community. Due to the multiple settings in which EMSC is involved, an integrated approach to the activities of the EMSC Program is essential to assure the improvement in the quality of pediatric emergency care. Part of the approach to integrating and facilitating the global efforts of the grantees and stakeholders includes the coordination, collaboration, and facilitation of two key components of the Program – data development, collection and analysis; and dissemination and knowledge transfer. Each component requires a different set of competencies and capabilities.

Each component will be directed by an EMSC Data Coordinating Center (HRSA-12-044 – re: data development, collection and analysis) and an EMSC Resource Center (HRSA-12-150 – re: dissemination and knowledge transfer). Both of the Centers must however integrate their respective activities. Coordination of these efforts needs to occur at all stages to facilitate an efficient and comprehensive approach to achieve the mission of the EMSC Program.

### ***Specific Objectives***

#### ***Support the Presence of EMSC throughout the Continuum of Care: from prevention of injury, care in the prehospital setting, emergency department, acute care, rehabilitation and return to the community:***

- Engage EMSC Stakeholders that represent all components of the continuum of care to provide a strategic framework for the EMSC Program
- Support communication and information sharing among patients, families, communities, first responders and health care providers involved in pediatric emergency care
- Support and facilitate activities to improve the quality of care in the hospital setting, to include (but not limited to) assistance with the launching, promotion, dissemination and translation of knowledge learned from the Emergency Department Readiness Survey
- Assist through a variety of forums and mediums to support all strategies implemented to complete the Emergency Department Readiness Survey and all related project activities
- Align and integrate Resource Center project activities to be consistent with the EMSC Program Performance Measures and the Maternal and Child Health Performance Measures to achieve the Federal EMSC Program initiatives
- Support collaboration and networking among all EMSC grantees

#### ***Provide Technical Assistance to EMSC Grantees:***

- Provide content expertise in emergency medical systems, trauma, emergency, and transport care, as well as regionalization of care to assist States/territories to expand their operational capacity to provide quality comprehensive pediatric emergency care
- Assist States/territories in obtaining knowledge about relevant legislative and policy issues relevant to EMSC and key stakeholders
- Assist States/territories in obtaining knowledge about hospital-based performance measure issues relevant to EMSC and key stakeholders
- Provide support and expertise in fields related to EMSC performance measures
- Collaborate with the EMSC Data Coordinating Center regarding the collection, analysis and utilization of performance measures data to assist States/territories in establishing the permanence of EMSC in their respective jurisdictions
- Identify and disseminate strategies and resources to improve the infrastructure, quality, and safety of pediatric emergency care through partnerships with local, State, regional, national and professional organizations
- Provide content expertise in dissemination to EMSC grantees on disseminating products and research results beyond peer review publication
- Provide technical expertise and resources to all EMSC grantees on transferring products and research results into relevant electronic mediums
- Facilitate and coordinate Peer-to-Peer Learning Opportunities for EMSC grantees
- Provide technical assistance to the Pediatric Emergency Care Applied Research network including (but not limited to) collaboration coordination between all PECARN grantees,

coordination of PECARN administration, support to the PECARN steering committee and subcommittees

***Provide Technical Assistance to EMSC Grantees on Implementation of Best Practices:***

- Provide content expertise to EMSC grantees on implementing best practices related to EMSC performance measures
- Use educational resources and technological mediums to showcase best practices. Examples include webinars, podcasts, web-based training
- Assist national, State and local capacity to improve the evidence-base for pediatric emergency care through administrative support of EMSC initiatives
- Assist with communication, networking activities, resource dissemination, and knowledge translation ad hoc to all EMSC grantees and Program Partners
- Facilitate EMSC grantees and steering committee activities that can include:
  - protocol review, quality assurance, publication development, and feasibility
- Provide content expertise on Regionalization of Care that focuses inclusive care reaching all communities especially those from territorial, tribal, insular, and rural
- Assist with communication between grantees regarding research activities, results and dissemination
- Provide representation among national and professional forums to ensure the inclusion of pediatric regionalization
- Provide content expertise to grantees when dealing with jurisdictional and cultural issues associated with regionalized care

HRSA/EMSC has two categories of grantees: those that implement best practices and measure reach and implementation through performance measures (SP and SPROC) and grantees that address gaps in pediatric emergency care (Targeted Issues and PECARN). To support the Federal EMSC Program grantees, a framework from which the applicant will disseminate and transfer knowledge is outlined below:

- Use multiple tools/mechanisms to ensure the dissemination and transfer of knowledge regarding best practices and research in the area of EMSC
- Provide technical assistance to support the EMSC grantee's scope of work
- Be familiar with EMSC grantees scope of work to support the publication of data, and facilitate innovative approaches to assure the process of knowledge transfer occurs beyond peer-reviewed publication, where appropriate
- Support the SP/SPROC grantees to use available systems or knowledge to more effectively implement best practices in their jurisdiction, such as:
  - Peer-to-peer learning sessions: to promote information sharing, education on innovative solutions and capacity building to implement innovative approaches
  - Access to resources to facilitate implementation of best practices: educational webinars, toolkits, etc.
  - Coordination with Data Coordinating Center to understand how to use data to assess effectiveness of implementation
- Synthesis of best practices regarding dissemination and knowledge transfer to:
  - Bring together groups of experts

- Develop a plan to apply to the EMSC program regarding implementation of quality improvement activities of State and research findings from TI/PECARN
- Fostering a strong network of partnerships/stakeholders who serve as an essential audience beyond grantees to share EMSC best practices
  - Seeking participation in stakeholders group
  - Participation in EMSC initiatives
  - EMSC representation at stakeholders meetings
  - Collaboration on cross-cutting EMS/EMSC issues

## 2. Background

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

The Emergency Medical Services for Children (EMSC) Program is administered by the Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). The Program is authorized by the Public Health Service Act, Title XIX, § 1910(42 U.S.C. 300w-9), as amended by the Patient Protection and Affordable Care Act, § 5603 (P.L. 111-148).

This Federal initiative evolved out of a growing recognition that children have unique needs in emergency situations -- needs that often vary from those of adults due to physiological, developmental and psychological differences. The goal of the EMSC Program is to reduce child and youth mortality and morbidity sustained as a result of severe illness or injury. The EMSC Program does not intend to promote the development of a separate EMS system for children, but rather to enhance the pediatric capability of EMS systems originally designed primarily for adults. "EMS for children" is understood broadly as a continuum of care that includes the following components: prevention, prehospital care, hospital-based emergency care, and rehabilitation and reentry of the child from the emergency care environment into the community.

Historically, the EMSC Program has supported projects which:

- 1) Assist States and territories (State Partnership grants) to expand and improve their capacity to provide comprehensive quality pediatric emergency care with the goal of reducing and ameliorating pediatric emergencies. Special care is taken to include children with special health care needs, culturally distinct populations and historically under-represented groups from the U.S. Territories, including American Indian/Alaska Natives, Native Hawaiians, and Pacific Islanders.
- 2) Focus on initiatives that address gaps in our knowledge of best practices for emergency medical services for children (Targeted Issues grants). Knowledge generation focuses on direct patient care in the prehospital or hospital setting, education of health care providers, and systems of care that can improve the delivery of care;

3) Support a multi-institution Pediatric Emergency Care Applied Research Network (PECARN) that provides the infrastructure for rigorous scientific studies of pediatric emergency care.

The ultimate goal of the EMSC Program is to ensure that quality pediatric emergency care is available to all children no matter where they are in the United States. The Program measures its success through ten performance measures that address: 1) quality of care provided in the prehospital and hospital setting and 2) the sustainability and permanence of EMSC in a State or territory, ([http://www.childrensnational.org/EMSC/ForGrantees/Performance\\_Measures.aspx](http://www.childrensnational.org/EMSC/ForGrantees/Performance_Measures.aspx)). Furthermore, EMSC grantees strategically align their activities to successfully achieve MCHB Performance Measures associated with their grant. (Appendix A)

In order for EMSC grantees to accomplish the above goals effectively, they need to build successful coalitions across healthcare, public health and public safety systems, obtain and manage data on essential quality measures, strategically develop projects to address the performance measures, effectively disseminate knowledge to appropriate stakeholders and incorporate current research to practice. The purpose of this FOA is to fund a **Resource Center** to support the EMSC grantees in accomplishing these activities and ensure coordination of EMSC projects.

## 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 the performance of the contemplated project.

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

- Participating in the planning and development of all phases of the project with support of the services of experienced HRSA/MCHB personnel, as needed;
- Participating, as appropriate, in the planning of meetings conducted during the period of the cooperative agreement;
- Participating, when appropriate, as observer of any advisory group established by the awardee;
- Providing ongoing review of procedures for accomplishing the objectives for the project funded under his cooperative agreement;
- Assisting the awardee to establish, review and update priorities for activities conducted under the auspices of the cooperative agreement;

- Reviewing procedures to be established for ongoing monitoring and successful accomplishment of the scope of work proposed;
- Assistance and referral in the establishment of Federal interagency contacts that may be necessary in carrying out the project and assisting MCHB/EMSC in achieving programmatic goals;
- Assistance in identifying other awardees and professional and national organizations with whom the awardee will be asked to develop cooperative and collaborative relationships; and
- Participation and review/approval of project activities, products and publications at key stages in its development.

**Resource Center responsibilities shall include:**

***Support the presence of EMSC throughout the continuum of care: from prevention, prehospital setting, emergency department, acute care, rehabilitation and return to the community.***

- In consultation with the Federal EMSC Program, engage EMSC stakeholders that represent the continuum of care
  - Participate in pediatric specific initiatives of organizations that advance the EMSC mission
  - Attend essential national meetings approved by the project officer
  - Support networking of EMSC stakeholders and grantees
- Collaborate with the Federal Program in development of a strategic framework for EMSC initiatives
  - Collaborate with the EMSC Data Coordinating Center on linking performance measures and/or benchmarks with the strategic framework
  - Assist with the coordination and facilitation of project activities to support the Emergency Department Readiness Survey and assure the dissemination and translation of the knowledge
- Facilitate an annual convening of a stakeholder group that has representation from all aspects of the continuum of care. The focus of this group will include:
  - Review of a strategic framework for EMSC
  - Provide consultation on emerging EMSC initiatives (i.e. emergency department readiness, hospital readiness, regionalization of care, pediatric disaster preparedness, prehospital provider training)
  - Serve as a joint advisory board for the EMSC Data Coordinating Center
- Synthesize the recommendations of the stakeholder group into strategies for knowledge transfer to the appropriate EMSC audience
- Identify gaps in the continuum of care to provide future direction for the EMSC program in collaboration with the Federal EMSC Program
- Support communication and information sharing among patients, families, communities, first responders and health care providers involved in pediatric emergency care through various means including electronic listservs and a website.
- Integrate activities with the overall goal of the EMSC Data Coordinating Center

***Provide Technical Assistance to EMSC Grantees***

- Provide content expertise in prehospital and hospital care to assist States/territories in ensuring and expanding their operational capacity to provide pediatric emergency care
- Provide ad hoc content expertise in the areas of EMS/prehospital; trauma and emergency care; and regionalization of care
- Provide ad hoc expertise on implementing best practices related to EMSC performance measures
- Collaborate with the EMSC Data Coordinating Center to assure coordination of project activities and awareness of EMSC-related project activities
- Use educational resources and technological mediums to showcase best practices. Examples include webinars, podcasts, web-based training.
- Create Peer-to-Peer learning opportunities
- Provide technical assistance to the Pediatric Emergency Care Applied Research network including (but not limited to) collaboration coordination between all PECARN grantees, coordination of PECARN administration, support to the PECARN steering committee and subcommittees

***Provide Technical Assistance to EMSC Grantees on knowledge dissemination:***

- Identify and disseminate strategies and resources to improve the infrastructure, quality, and safety of pediatric emergency care through partnerships with local, State, regional, national and professional organizations
- Translation of research findings from the PECARN and Targeted issue grantees to prehospital providers, health care workers, families and decision makers
  - Identify methods that are easily accessible to the various audiences
  - Include the target audiences in the development of resources and in the dissemination-implementation plan
    - Examples include podcasts, smart phone applications, web-based tools, etc.
- Provide technical expertise and resources to all EMSC grantees on transferring products and research results into relevant electronic mediums

Provide content expertise in knowledge translation to EMSC researchers through one-on-one technical assistance, workshop and educational tools

***Provide Information and Education Related to State and Territorial Mandates***

- Assist grantees to achieve the EMSC initiatives through;
  - As needed, Educating and Informing sessions
  - Research of local mandates to help grantees understand the healthcare system within their States and local agencies
  - State-by-State guidance on the current status of each State partnership grantee as it relates to the EMSC performance measures, to include assistance with identifying applicable local mandates
  - Guidance on legislation related to the key components of instituting and implementing regionalized healthcare systems, to include but not limited to:
    - Telemedicine
    - Portability of licensure
    - Medical Consults

- Development of training tutorials using a variety of mediums to reach EMSC's constituency, based on current grantee needs and in consultation with the Federal EMSC Program.
- Inform grantees of legislative changes related to the EMSC Program
- Provide guidance on local legislation and regulation to establish EMSC permanence
- Support of regionalized care that focuses inclusive care reaching all communities especially those from territorial, tribal, insular and rural jurisdictions

**Support collaboration and networking among EMSC grantees to support the advancement of knowledge about pediatric emergency care**

- Provide technical assistance through peer-to-peer learning opportunities for all EMSC grantees as needed (State Partnership, Regionalization of Care, PECARN, and Targeted Issues grantees).
- Collaborate with organizations that support state and territorial EMSC activities, i.e. NASEMSO, to increase state partnership grantee's capacity to address emerging issues identified by the Program.
- Provide
  - Collaborate with the other EMSC grantees as needed in planning peer-to-peer learning opportunities.
  - Provide technical assistance and logistical support for the FICEMS technical working group

HRSA/MCHB/EMSC and the recipient have a joint responsibility to develop a plan of action of issues to 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.

**2. Summary of Funding**

This Program will provide funding during Federal fiscal years 2012-2015. Approximately \$1,500,000 is expected to be available annually to fund one (1) awardee. Applicants may apply for a ceiling amount of up to \$1,500,000 per year (including direct and indirect costs). The project period is four (4) years with an optional fifth year based upon performance. Funding beyond the first year is dependent on the availability of appropriated funds for the EMSC Program in subsequent fiscal years, satisfactory awardee performance, and a decision that continued funding is in the best interest of the Federal Government.

### **III. Eligibility Information**

#### **1. Eligible Applicants**

Applications may be submitted by State governments and accredited schools of medicine. The term “school of medicine” for the purpose of this funding opportunity announcement is defined as having the same meaning as set forth in section 799B(1)(A) of the Public Health Service (PHS) Act (42 U.S.C. 295p(1)(A)) which means an accredited public or nonprofit private school in a State that provides training related to, in pertinent part, a degree of doctor of medicine, and including advanced training related to such training provided by any such school. “Accredited” in this context has the same meaning set forth in section 799B(1)(E) of the Public Health Service (PHS) Act (42 U.S.C. 295p(1)(E)) which when applied to a school of medicine means a school or program that is accredited by a recognized body or bodies approved for such purpose by the Secretary of Education, except that a new school or program that, by reason of an insufficient period of operation, is not, at the time of the application for a grant or contract under this subchapter, eligible of this subchapter, shall be deemed accredited if the Secretary of Education finds after consultation with appropriate accreditation body or bodies, that there is reasonable assurance that the school or program will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation date of the first entering class in such school or program.

Applicants must have significant experience with EMSC and the components of the program. Applications that fail to show such experience will not be considered. Only three (3) awards may be made in a State (to a State or to a school of medicine in such State) in any fiscal year.

States and/or academic medical centers applying should have content expertise and a proven track record in providing technical assistance, program administration and oversight, an intimate knowledge of the emergency care system in the U.S., to include the U.S. territories and insular jurisdictions, especially as it relates to pediatric emergency care in the pre- and in-hospital setting as well as a familiarity with EMSC projects and grantees.

Applicants need to demonstrate an established track record of effective collaborations with State, territorial, national and professional entities. Applicants need to have staff or access to consultants in the content specific areas of expertise needed. Program accountability and oversight should be demonstrated through the applicant’s organizational structure as well as documentation of customer service and professionalism.

#### **2. Cost Sharing/Matching**

Cost sharing or matching is not required for this Program.

#### **3. Other**

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

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

NOTE: Multiple applications from an organization are not allowable.

## IV. Application and Submission Information

### 1. Address to Request Application Package

#### **Application Materials and Required Electronic Submission Information**

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

Note: Central Contractor Registration (CCR) information must be updated at least every 12 months to remain active (for both 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](mailto: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 <b>specific</b> 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. All items specified in Section IV.2.xii. should be identified in this section.
Attachment 2	Linkage of activities with EMSC/MCHB performance measures
Attachment 3	Project Organizational Chart
Attachment 4	Staffing Plan and Job Descriptions of Key Personnel
Attachment 5	Biographical Sketches of Key Personnel
Attachment 6	Letters of Agreement and/or Description(s) of Proposed/Existing Contracts
Attachment 7	Summary Progress Report (for Competing Continuations ONLY)
Attachment 8	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 93.127.

### **DUNS Number**

All applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://fedgov.dnb.com/webform> or call 1-866-705-5711. Please include the DUNS number in item 8c on the application face page. Applications **will not** be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being “Rejected for Errors” by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS 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 - 4 to provide the budget amounts for the first four 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 (4) 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
<b>Amount that may be claimed on the application budget due to the legislative salary limitation:</b> 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	<b>\$89,850</b>
Fringe (25% of salary)	<b>\$22,462.50</b>
Total amount	<b>\$112,312.50</b>

**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 (four years) at the time of application. Line item information must be provided to explain the costs entered in the SF-424A. Be very careful about showing how each item in the “other” category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification **MUST** be concise. Do **NOT** use the justification to expand the project narrative.

**Budget for Multi-Year Award**

This announcement is inviting applications for project periods up to four (4) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be for up to four (4) 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 four-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

To ensure oversight of the Program a dedicated Resource Center director must be identified who will be responsible for the management of the EMSC Resource Center daily activities, monitor the center's accomplishment of stated purpose of work and serve as the single point of contact for Federal EMSC staff. Applicants should also address the content expertise requirement and how this will be met.

*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.

- To engage EMSC stakeholders and grantees, travel should be budgeted to attend national meetings to keep informed of and involved in initiatives of national significance to the EMSC Program and its grantees. Coordination of attendance must be in consultation with the Federal Project Officer. For each meeting, include the anticipated date and location (if known), purpose of attendance, estimated airfare, lodging, per diem and ground transportation cost. Each meeting must be listed and should include attendance for one staff member per meeting.

Additional travel expenses should be included for logistical expenses related to the coordination of technical assistance through peer-to-peer learning collaboratives.

*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.

Note: This FOA does NOT support research activities, therefore, applicants may not use research indirect cost rates. The "Other Sponsored Program/Activities" rate should be applied. Those applicants without an established indirect cost rate for "other sponsored programs" may only request 10% of salaries and wages, and must request an "other sponsored programs" rate from DCA.

**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 4. Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included in Attachment 5. 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.

Abstract content:

**PROBLEM:** Briefly (in one or two paragraphs) state the principal needs and problems which are addressed by the project.

**GOAL(S) and OBJECTIVES:** Identify the major goal(s) and objectives for the project period. Typically, the goal is stated in a sentence or paragraph, and the objectives are presented in a numbered list.

**METHODOLOGY:** Describe the programs and activities used to attain the objectives and comment on the innovation, cost and other characteristics of the methodology. This section is usually several paragraphs long and describes the activities which have been proposed or are

being implemented to achieve the stated objectives. Lists with numbered items are sometimes used in this section as well.

**COORDINATION:** Describe the coordination planned with appropriate national, regional, State, territorial and/or local entities and or organizations in the area(s) served by the project.

**EVALUATION:** Briefly describe the evaluation methods used to assess program outcomes and the effectiveness and efficiency of the project in attaining goals and objectives. This section is usually one or two paragraphs in length.

**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.

#### **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.

Use the following section headers for the Narrative:

Section I: Need

Section II: Response

Section III: Work Plan

Section IV: Evaluative Measures

Section V: Impact

Section VI: Resources/Capabilities

#### **SECTION I: NEED:**

In this section, the applicant should demonstrate a thorough knowledge and understanding of EMSC. The applicant should demonstrate their understanding of the needs of the EMSC grantees and the need to make EMSC system improvements. The applicant should identify areas for further development to improve the overall mission of the EMSC Program. The applicant's past experience that makes them qualified for the work described in this funding opportunity announcement should be highlighted in this section, specifically successful collaboration with EMSC grantees, government entities and national organizations in integrating EMSC into the nation's healthcare system.

#### **SECTION II: RESPONSE**

Identify goals and the corresponding measurable objectives and activities to achieve these goals. The applicant should be innovative with respect to specific objectives, but should

direct attention to the scope of expected activities listed in section I of this funding opportunity announcement and respond to the needs described in the background.

### **SECTION III: WORK PLAN**

The applicant should describe the proposed project in response to the “Purpose” and “Program Requirements” included in the program description. The work plan should describe how the applicant will successfully accomplish the program activities. The applicant should include approaches and strategies for the provision of technical assistance at the State or academic medical center level, government entities and national organizations that include a focus on improving pediatric emergency care should be detailed. The soundness, appropriateness, comprehensiveness, cost effectiveness and responsiveness of the proposed methodology for addressing and achieving project objectives and outcomes should be addressed.

The Work Plan should, at a minimum include a Management Plan that describes how the applicant intends to:

- Support the presence of EMSC throughout the continuum of care: from prevention, prehospital setting, emergency department, acute care, rehabilitation and return to the community; Provide Technical Assistance to EMSC Grantees; Provide Technical Assistance to EMSC Grantees on knowledge dissemination; Provide Information and Education Related to State and Territorial Mandates; and
- Support collaboration and networking among EMSC grantees by convening awardees of annually in face-to-face meetings to support the advancement of knowledge about pediatric emergency care.

### **SECTION IV: EVALUATIVE MEASURES**

This section of the narrative should provide detailed descriptions of the methodology for accomplishing each of the specific objectives that the applicant describes in Section II. The applicant should provide a detailed methodology for dealing with project challenges, as well as the types of tools that will be used to help manage the project to stay on track. The applicant should provide sufficient technical detail to demonstrate the necessary steps to accomplish each objective, and to convey to the reviewers adequate information to assess the methodology. The applicant must also indicate the specific methods to be used to evaluate the progress in each area of activity. The applicant is encouraged to list and discuss anticipated obstacles that may be encountered and indicate how each obstacle will be overcome. Specifically, the applicant should address the organization’s assignment of responsibility for monitoring progress and mechanisms of accountability in which the EMSC Program will be informed.

### **SECTION V: IMPACT**

The section of the narrative should describe the extent and effectiveness of this application in improving the success of EMSC grantees and EMSC stakeholders (those involved in the delivery of emergency care to children or systems that support this effort) in furthering the EMSC mission. Applicants should describe the significance of the project in terms of its potential impact for improving EMSC nationally. Applicants should describe the extent to which their impact relates to the EMSC performance measures and the MCHB performance measures.

## **SECTION VI: RESOURCES/CAPABILITIES**

In this section of the narrative, the applicant should provide a description of the organizational plan for management of the project, including an explanation of the roles and responsibilities of project personnel, project collaborators, and consultants. The applicant should describe experience and expertise in directing the activities related to the Goals and Priorities, to include leadership and management skills. Particular attention should be focused on the organization's ability to provide technical assistance to program partners, government entities and national organizations as it relates to successful implementation of EMSC projects.

**Listed personnel or proposed personnel should demonstrate content area expertise.**

### ***Content Specific Expertise***

To provide comprehensive technical support that includes content expertise in the areas of EMS, pediatric emergency care, regionalization of care, and systems integration, research methods and knowledge transfer as well as program administration support to the Federal EMSC Program grantees which include State Partnership, Targeted Issues, PECARN and Regionalization of Care.

Technical expertise in the prehospital setting should include an understanding of the various types of EMS systems and its operations. Essential to the success of EMSC is the ability to guide partnerships between EMSC State managers and EMS State directors. Specifically, expertise should include how a State develops regulations impacting the care of children, whether it is assessing the equipment on an ambulance, assessing the readiness of emergency departments, or how medical oversight is provided through on- or offline medical direction. Applicants also need to have an understanding of the provider credentialing and continuing education process to ensure pediatric competencies are addressed.

Technical expertise in the area of pediatric emergency care should include knowledge of the various types of emergency department settings (pediatric and non-pediatric) in which care is provided to children. An applicant should have knowledge of how quality improvement is effectively implemented in these various settings as well as knowledge of optimal processes to transfer a child to the most appropriate level of care when necessary. An applicant should also be knowledgeable in system issues that impact the regionalization of care. Specifically, applicants should understand cross-jurisdictional transfers, geographical barriers, and cultural issues that are involved in ensuring a child with optimal care.

Technical expertise in the area of research methods should include knowledge of human subject regulations in the prehospital and hospital setting and study design, methods and evaluation that may be unique to pediatric emergency care. Applicants need to have the expertise to apply methods appropriate for quality improvement, research, and system change. The expertise should support HRSA's EMSC grantees as well as support the goals and objectives of the Federal EMSC Program.

Technical expertise in the area of knowledge transfer should include an understanding of the research methods and best practices that support this discipline. Specifically, the applicant should be knowledgeable in the use of focus groups, participatory research, and other established qualitative methods. The EMSC Program serves a multi-disciplinary audience of families, providers, researchers and decision makers, thus, knowledge of working with various

groups is essential. Applicants need to be able to promote the dissemination of quality improvement findings, best practices and research findings to the appropriate audiences.

The applicant must demonstrate a proven track record of providing services in these areas. In addition, an implementation schedule should be provided for each activity described in previous sections. The material should be presented in a succinct manner, with a brief listing of specific milestones and expected outcomes.

**x. Program Specific Forms**

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

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

*2) Performance Measures for the Emergency Medical Services for Children Program and Submission of Administrative Data*

To prepare applicants for reporting requirements, administrative data collection requirements are presented in Appendix A of this funding opportunity announcement. In summary, the forms and performance measures for this program are:

- Form 1, MCHB Project Budget Details
- Form 2, Project Funding Profile
- Form 4, Project Budget and Expenditures by Types of Services (Note: Infrastructure Building or Population Based)
- Form 6, Abstract
- Form 7, Discretionary Grant Project Summary Data (including section 7)
- PMs 7, 10, 24, 26, 27, 33, and 41
- Products, Publications and Submissions Data Form

Number	Performance Measures Title
PM 7	The degree to which MCHB-funded programs ensure family, youth, and consumer participation in program and policy activities.
PM10	The degree to which MCHB-funded programs have incorporated cultural and linguistic competence elements into their policies, guidelines, contracts, and

	training.
PM24	The degree to which MCHB-funded initiatives contribute to infrastructure development through core public health assessment, policy development and assurance functions.
PM26	The extent of training and technical assistance (TA) provided and the degree to which grantees has mechanisms in place to ensure quality in their training and TA activities.
PM27	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.
PM 33	The degree to which MCHB-funded initiatives work to promote sustainability of their programs or initiatives beyond the life of MCHB funding.
PM 41	The degree to which grantees have assisted in developing, supporting, and promoting medical homes for MCH populations.

**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*

A timeline of all items specified in Section IV.2.xii should be identified in this section

*Attachment 2: Linkage with EMSC/MCHB Performance Measures*

Linkage of activities with EMSC and/or MCHB performance measures. Describe whether they are direct or indirect linkages to the program’s overall performance measures or the performance measures set forth by the Maternal and Child Health Bureau.

*Attachment 3: Project Organizational Chart*

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

*Attachment 4: Staffing Plan and Job Descriptions of Key Personnel*

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

*Attachment 5: Biographical Sketches of Key Personnel*

Include biographical sketches for persons occupying the key positions described in Attachment 4, 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 6: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)*

Provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal. Documents that

confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

*Attachment 7: Summary Progress Report (for Competing Continuations ONLY)*

Incumbent applicants can submit a summary progress report of previous activities related to the EMSC Program

*Attachment 8: Other Relevant Documents*

Applicants can submit other relevant documents that support their capability to meet the requirements described in this funding opportunity

### **3. Submission Dates and Times**

#### **Application Due Date**

The due date for applications under this funding opportunity announcement is *April 30, 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 EMSC Program is not a program subject to the provisions of the 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 four (4) years, at no more than \$1,500,00 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.

**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.

Per Division F, Title V, Section 508 (a) None of the funds made available in this Act may be used for (1) the creation of a human embryo or embryos for research purposes; or (2) research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)). The term "human embryo or embryos" includes any organism, not protected as a human subject under 45 CFR 46 as of the date of the enactment of this Act (December 23, 2011), that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cells.

## 6. Other Submission Requirements

As stated in Section IV.1, except in very rare cases HRSA will no longer accept applications in paper form. Applicants submitting for this funding opportunity are **required** to submit **electronically** through Grants.gov. To submit an application electronically, please use the APPLY FOR GRANTS section at <http://www.grants.gov>. When using Grants.gov you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

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

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

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

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

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

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

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

## V. Application Review Information

### 1. Review Criteria

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

Review Criteria are used to review and rank applications. The Emergency Medical Services for Children Resource Center has seven (7) review criteria:

Criterion 1	Need	10 points
Criterion 2	Response (Goals/Objectives)	10 points
Criterion 3	Work Plan	30 points
Criterion 4	Evaluative Measures	10 points
Criterion 5	Impact	10 points
Criterion 6	Resources/Capabilities	20 points
Criterion 7	Budget/Support Requested	10 points
<b>TOTAL</b>		<b>100 points</b>

#### ***Criterion 1: NEED (10 points)***

The extent to which the application describes the problem and associated contributing factors to the problem. Evaluation of the proposal will be based upon the applicants demonstrated knowledge and understanding of EMSC.

- This can be demonstrated by identifying current areas for further development to improve the overall mission of the EMSC program. Specifically addressing needs among EMSC grantees and potential integration of the Program with other systems. (5 points)
  - This will be evaluated regarding the relevance to knowledge transfer through dissemination and implementation
- The degree to which the applicant demonstrates the ability to successfully collaborate with EMSC grantees, government entities and national organizations in integrating EMSC into the nation's healthcare system. (5 points)

#### ***Criterion 2: RESPONSE (10 points)***

The extent to which the applicant clearly identifies goals and the corresponding measurable objectives and activities to achieve these goals is described in this section. The degree to which the application provides a description of a scope of work that links to the expected activities listed in section I of this funding opportunity announcement and responds to the needs described in the background

***Criterion 3: WORK PLAN (30 points)***

The extent to which the proposed project responds to the “Purpose” and “Cooperative Agreement Recipient’s Responsibilities” included in the program description. The extent to which the activities described in the application is capable of addressing the problem and attaining the project objectives. In particular, the provision of technical assistance to others, such as program partners at the State or academic medical center level, government entities and national organizations that include a focus on improving pediatric emergency care should be detailed. The soundness, appropriateness, comprehensiveness, cost effectiveness and responsiveness of the proposed methodology for addressing and achieving project objectives and outcomes should be addressed. To direct the activities of the Resource Center, the applicant needs to provide clear details on how they intend to support the presence of EMSC throughout the continuum of care: from prevention, prehospital setting, emergency department, acute care, rehabilitation and return to the community; provide technical assistance to EMSC grantees; provide technical assistance to EMSC grantees on knowledge dissemination; provide information and education related to State and territorial mandates; and support collaboration and networking among EMSC grantees to support the advancement of knowledge about pediatric emergency care.

***Criterion 4: 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. The applicant has included a metric to systematically evaluate whether benchmarks (as identified in the Applicant’s Work Plan) have been met, identified potential delays and included strategies to address the potential delays. The extent to which applicant identifies a plan for program accountability, and documented customer service and professionalism.

***Criterion 5: IMPACT (10 points)***

The extent to which the applicant has included project activities that have a direct connection to the EMSC Performance Measures. The impact is measured by the extent and effectiveness of this application in improving the success of EMSC grantees and EMSC stakeholders (those involved in the delivery of emergency care to children or systems that support this effort) in furthering the EMSC mission. Applicants will be evaluated regarding the significance of the project in terms of its potential impact for improving EMSC nationally. Applicants will also be evaluated on the extent to which their impact relates to the EMSC performance measures ([http://www.childrensnational.org/EMSC/ForGrantees/Performance\\_Measures.aspx](http://www.childrensnational.org/EMSC/ForGrantees/Performance_Measures.aspx)) and the MCHB performance measures (Appendix A).

***Criterion 6: RESOURCES/CAPABILITIES (20 points)***

The extent to which there is a proven track record of providing assistance and support for the type of technical experience, expertise and skill solicited in this FOA.

The extent to which the applicant organization has the availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

The extent to which biographical sketches document education, skills, and experience that are relevant and necessary for the proposed project.

The extent to which there is evidence of collaboration and coordination with appropriate agencies and organizations.

The extent to which there is demonstrated knowledge of and experience with the EMSC Program as it relates to the provision of technical assistance to States, territories, EMSC grantees and national organizations.

The extent to which the applicant provided sufficient documentation to demonstrate that their organization and the personnel that will be dedicated to the EMSC Resource Center have the qualifications to perform the tasks outlined in this FOA. The extent to which the applicant has staff or consultants in the content specific areas of expertise needed.

***Criterion 7: SUPPORT REQUESTED (10 points)***

The reasonableness of the proposed budget in relation to the objectives, the complexity of the activities, and the anticipated results. *Specific Program Review Sub-Criteria:*

- The degree to which the application provides an itemized, detailed budget justification for each line item in the budget.
- The extent to which the application specifically describes how each item will support the achievement of proposed objectives.
- The application provides a one-year budget for each of the subsequent budget periods within the requested project period (four years at the time of application)
- The degree to which the application provides a sound and appropriate cost-efficient budget plan

**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 Section V. 1. Review Criteria of this funding opportunity 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 incorporate diversity within specific cultural groups including but not limited to cultural uniqueness within Native American populations, Native Hawaiian, Pacific Islanders, and other ethnic groups, language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities, clients and students served. HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>. Additional cultural competency and health literacy tools, resources and definitions are available online at <http://www.hrsa.gov/culturalcompetence> and <http://www.hrsa.gov/healthliteracy>.

## **Healthy People 2020**

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

## **National HIV/AIDS Strategy (NHAS)**

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

To the extent possible, program activities should strive to support the three primary goals of the NHAS. As encouraged by the NHAS, programs should seek opportunities to increase collaboration, efficiency, and innovation in the development of program activities to ensure success of the NHAS. Programs providing direct services should comply with Federally-approved guidelines for HIV Prevention and Treatment (see

<http://www.aidsinfo.nih.gov/Guidelines/Default.aspx> as a reliable source for current guidelines). More information can also be found at <http://www.whitehouse.gov/administration/eop/onap/nhas>

### **Health IT**

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

### **Related Health IT Resources:**

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

### **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](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 progress report to HRSA on an annual basis. For multi-year awards: Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds. Sample text describing the report: This report has two parts. The first part demonstrates grantee progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project. 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 grantee achieved

the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee'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 Reports.** 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.

- **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 Appendix A of this funding opportunity announcement.

- **Performance Reporting**

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

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

- **Project Period End Performance Reporting**

Successful applicants receiving grant funding will be required, within 90 days from the end of the project period, to electronically complete the program specific data forms that appear in Appendix A of this funding opportunity announcement. The requirement includes providing expenditure data for the final year of the project period, the project abstract and grant summary data as well as final 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:

Ms. Mickey Reynolds  
Grants Management Specialist  
HRSA Division of Grants Management Operations, OFAM  
Parklawn Building, Room 11A-02  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-0724  
Fax: (301)594-4073  
Email: [mreynolds@hrsa.gov](mailto:mreynolds@hrsa.gov)

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

Yolanda Baker  
Public Health Analyst  
Attn: EMSC Program, Maternal and Child Health Bureau, HRSA  
Parklawn Building, Room 18A-38  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-6601  
Fax: (301) 443-1296  
Email: [ybaker@hrsa.gov](mailto:ybaker@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](mailto:support@grants.gov)  
iPortal: <http://grants.gov/iportal>

## **VIII. Other Information**

**A Technical Assistance Call will be held on Tuesday, April 3, 2012 from 2:00 – 3:30 pm ET.**

Please dial 1 866-823-9065 and enter passcode: 1346468. Grants Management and Program staff will be available to answer questions related to this funding opportunity announcement.

## **IX. Tips for Writing a Strong Application**

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

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

## **Appendix A: MCHB Administrative Forms and Performance Measures**

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
- Form 6, MCH Abstract
- Form 7, Discretionary Grant Project Summary Data (including section 7)
- Performance Measure 7: The degree to which MCHB-funded programs ensure family, youth, and consumer participation in program and policy activities
- Performance Measure 10: The degree to which MCHB-funded programs have incorporated cultural and linguistic competence elements into their policies, guidelines, contracts, and training
- Performance Measure 24: The degree to which MCHB-funded initiatives contribute to infrastructure development through core public health assessment, policy development and assurance functions
- Performance Measure 26: 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
- Performance Measure 27: 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
- Performance Measure 33: The degree to which MCHB-funded initiatives work to promote sustainability of their programs and initiatives beyond the life of the MCHB funding
- Performance Measure 41: The degree to which grantees have assisted in developing, supporting, and promoting medical homes for MCH populations.
- Products, Publications, and Submissions Data Form

**FORM 1**  
**MCHB PROJECT BUDGET DETAILS FOR FY \_\_\_\_\_**

<b>1. MCHB GRANT AWARD AMOUNT</b>	\$ _____
<b>2. UNOBLIGATED BALANCE</b>	\$ _____
<b>3. MATCHING FUNDS</b>	\$ _____
(Required: Yes [ ] No [ ] If yes, amount)	
A. Local funds	\$ _____
B. State funds	\$ _____
C. Program Income	\$ _____
D. Applicant/Grantee Funds	\$ _____
E. Other funds: _____	\$ _____
<b>4. OTHER PROJECT FUNDS (Not included in 3 above)</b>	\$ _____
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)	\$ _____
<b>5. TOTAL PROJECT FUNDS (Total lines 1 through 4)</b>	\$ _____
<b>6. FEDERAL COLLABORATIVE FUNDS</b>	\$ _____
(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: _____	\$ _____
<b>7. TOTAL COLLABORATIVE FEDERAL FUNDS</b>	\$ _____

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

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

**Instructions:**

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

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

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

**FORM 4**  
**PROJECT BUDGET AND EXPENDITURES**  
**By Types of Services**

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

## **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 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.

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:

- Goal 4:
  - Objective 1:
  - Objective 2:
- Goal 5:
  - Objective 1:
  - Objective 2:

3. Activities planned to meet project goals
  
  
  
  
  
  
  
  
  
  
4. Specify the primary *Healthy People 2010* objectives(s) (up to three) which this project addresses:
  - a.
  - b.
  - c.
  
  
  
  
  
  
  
  
  
  
5. Coordination (List the State, local health agencies or other organizations involved in the project and their roles)
  
  
  
  
  
  
  
  
  
  
6. Evaluation (briefly describe the methods which will be used to determine whether process and outcome objectives are met)

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

	<b>RACE (Indicate all that apply)</b>							<b>ETHNICITY</b>				
	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												
<b>TOTALS</b>												

**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.

**07 PERFORMANCE MEASURE**

The degree to which MCHB-funded programs ensure family, youth, and consumer participation in program and policy activities.

**Goal 1: Provide National Leadership for MCHB (Promote family participation in care)**

**Level: Grantee**

**Category: Family/Youth/Consumer Participation**

---

**GOAL**

To increase family/youth/consumer participation in MCHB programs.

**MEASURE**

The degree to which MCHB-funded programs ensure family/youth/consumer participation in program and policy activities.

**DEFINITION**

Attached is a checklist of eight elements that demonstrate family participation, including an emphasis on family-professional partnerships and building leadership opportunities for families and consumers in MCHB programs. Please check the degree to which the elements have been implemented.

**HEALTHY PEOPLE 2010 OBJECTIVE**

Related to Objective 16.23. Increase the proportion of Territories and States that have service systems for Children with Special Health Care Needs to 100 percent.

**DATA SOURCE(S) AND ISSUES**

Attached data collection form is to be completed by grantees.

**SIGNIFICANCE**

Over the last decade, policy makers and program administrators have emphasized the central role of families and other consumers as advisors and participants in policy-making activities. In accordance with this philosophy, MCHB is facilitating such partnerships at the local, State and national levels.

Family/professional partnerships have been incorporated into the MCHB Block Grant Application, the MCHB strategic plan. Family/professional partnerships are a requirement in the Omnibus Budget Reconciliation Act of 1989 (OBRA '89) and part of the legislative mandate that health programs supported by Maternal and Child Health Bureau (MCHB) Children with Special Health Care Needs (CSHCN) provide and promote family centered, community-based, coordinated care.

**DATA COLLECTION FORM FOR DETAIL SHEET #07**

Using a scale of 0-3, please rate the degree to which the grant program has included families, youth, and consumers into their program and planning activities. Please use the space provided for notes to describe activities related to each element and clarify reasons for score.

0	1	2	3	Element
				1. Family members/youth/consumers participate in the planning, implementation and evaluation of the program's activities at all levels, including strategic planning, program planning, materials development, program activities, and performance measure reporting.
				2. Culturally diverse family members/youth/consumers facilitate the program's ability to meet the needs of the populations served.
				3. Family members/youth/consumers are offered training, mentoring, and opportunities to lead advisory committees or task forces.
				4. Family members/youth/consumers who participate in the program are compensated for their time and expenses.
				5. Family members/youth/consumers participate on advisory committees or task forces to guide program activities.
				6. Feedback on policies and programs is obtained from families/youth/consumers through focus groups, feedback surveys, and other mechanisms as part of the project's continuous quality improvement efforts.
				7. Family members/youth/consumers work with their professional partners to provide training (pre-service, in-service and professional development) to MCH/CSHCN staff and providers.
				8. Family /youth/consumers provide their perspective to the program as paid staff or consultants.

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

Total the numbers in the boxes (possible 0-24 score) \_\_\_\_\_

**NOTES/COMMENTS:**

**10 PERFORMANCE MEASURE**

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

**Level: Grantee**

**Category: Cultural Competence**

---

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

**GOAL**

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

**MEASURE**

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

**DEFINITION**

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

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

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

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

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

Related to the following HP2010 Objectives:

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

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

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

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

**DATA SOURCE(S) AND ISSUES**

Attached data collection form is to be completed by grantees.

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

**SIGNIFICANCE**

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

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

**DATA COLLECTION FORM FOR DETAIL SHEET #10**

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

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

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

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

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

**NOTES/COMMENTS:**

**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
<b>Assessment Function Activities</b>			
			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.
<b>Policy Development Function Activities</b>			
			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.
<b>Assurance Function Activities</b>			
			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): \_\_\_\_\_

**NOTES/COMMENTS:**

**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.

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**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
<b>Mechanisms in Place to Ensure Quality in Design of Training and TA Activities</b>				
				<b>1. Build on Existing Information Resources and Expertise, and Ensure Up-to-Date Content.</b> 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).
				<b>2. Link to Other MCH Grantees Training and TA Activities.</b> 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).
				<b>3. Obtain Input from the Target Audience to Ensure Relevancy</b>

0	1	2	3	Element
				<b>to their Needs.</b> 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. <b>Ensure Cultural and Linguistic Appropriateness.</b> The grantee employs mechanisms to ensure that training and TA materials, methods, and content are culturally and linguistically appropriate.
<b>Mechanisms in Place to Promote Grantee's Training and Technical Assistance Services</b>				
				5. <b>Conduct Outreach and Promotion to Ensure Target Audience is Aware of TA and Training Services.</b> 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.)
<b>Mechanisms in Place to Evaluate Training and TA Activities and Use the Data for Quality Improvement</b>				
				6. <b>Collect Satisfaction Data.</b> The grantee routinely uses mechanisms, such as evaluation forms, to collect satisfaction data from recipients of training or TA.
				7. <b>Collect Outcome Data.</b> 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. <b>Use Feedback for Quality Improvement.</b> 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
<b>Mechanisms in Place to Ensure Quality in Design of Informational Resources</b>				
				<p>1. <b>Obtain input from the target audience or other experts to ensure relevance.</b> 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. <b>Obtain input from the target audience or other experts to ensure cultural and linguistic appropriateness.</b> 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. <b>Build on Existing Information Resources and Expertise, and Ensure Up-to-Date Content.</b> 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>
<b>Mechanisms in Place to Track Dissemination and Use of Resources or Products</b>				
				<p>4. <b>The grantee has a system to track, monitor, and analyze the dissemination and reach of products.</b> 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. <b>The grantee has a system in place to track, monitor, and analyze the use of products.</b> 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
<b>Mechanisms in Place to Promote Grantee's Information Resources</b>				
				<p>6. <b>Conduct Culturally Appropriate Outreach and Promotion to Ensure Target Audience is Aware of Information Resources</b> 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 servs, exhibits at meetings, and targeted outreach to representatives of individual organizations or MCHB grantees.]</p>
<b>Use of Evaluation Data for Quality Improvement</b>				
				<p>7. <b>Use of Feedback for Quality Improvement.</b> 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:**

**33 PERFORMANCE MEASURE**

The degree to which MCHB-funded initiatives work to promote sustainability of their programs or initiatives beyond the life of MCHB funding.

**Goal 4: Improve the Health Infrastructure and Systems of Care (Assist States and communities to plan and develop comprehensive, integrated health service systems)**

**Level: Grantee**

**Category: Infrastructure**

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**GOAL**

To develop infrastructure that supports comprehensive and integrated systems of care for maternal and child health at the local and/or state level.

**MEASURE**

The degree to which MCHB grantees are planning and implementing strategies to sustain their programs once initial MCHB funding ends.

**DEFINITION**

Attached is a checklist of nine actions or strategies that build toward program sustainability. Please check the degree to which each of the elements is being planned or carried out by your program, using the three-point scale. The maximum total score for this measure would be 27 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 is a data collection form to be completed by grantees. Since these actions and their outcomes are necessarily progressive over time from the beginning to the end of a program funding period, grantees' ratings on each element are expected to begin lower in the first year of grant award and increase over time.

**SIGNIFICANCE**

In recognition of the increasing call for recipients of public funds to sustain their programs after initial funding ends, MCHB encourages grantees to work toward sustainability throughout their grant periods. A number of different terms and explanations have been used as operational components of sustainability. These components

fall into four major categories, each emphasizing a distinct focal point as being at the heart of the sustainability process: (1) adherence to program principles and objectives, (2) organizational integration, (3) maintenance of health benefits, and (4) State or community capacity building. Specific recommended actions that can help grantees build toward each of these four sustainability components are included as the data elements for this PM.

**DATA COLLECTION FORM FOR DETAIL SHEET #33**

Use the scale below to rate the degree to which your program has taken the following actions to promote sustainability of your program or initiative. Since these actions and their outcomes are necessarily progressive over the funding period, the ratings are expected to begin lower and progress over the grant period.

Please use the space provided for notes to clarify reasons for score.

0	1	2	3	Element
				1. A written sustainability plan is in place within two years of the MCHB grant award, with goals, objectives, action steps, and timelines to monitor plan progress.
				2. Staff and leaders in the organization engage and build partnerships with consumers, and other key stakeholders in the community, in the early project planning, and in sustainability planning and implementation processes.
				3. There is support for the MCHB-funded program or initiative within the parent agency or organization, including from individuals with planning and decision making authority.
				4. There is an advisory group or a formal board that includes family, community and state partners, and other stakeholders who can leverage resources or otherwise help to sustain the successful aspects of the program or initiative.
				5. The program's successes and identification of needs are communicated within and outside the organization among partners and the public, using various internal communication, outreach and marketing strategies.
				6. The grantee identified, actively sought, and obtained other funding sources and in-kind resources to sustain the program or initiative.
				7. Policies and procedures developed for the successful aspects of the program or initiative are incorporated into the parent or another organization's system of programs and services.
				8. The responsibilities for carrying out key successful aspects of the program or initiative have begun to be transferred to permanent staff positions in other ongoing programs or organizations.
				9. The grantee has secured financial or in-kind support from within the parent organization or external organizations to sustain the successful aspects of the MCHB-funded program or initiative.

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

Total the numbers in the boxes (possible 0–27 score): \_\_\_\_\_

**NOTES/COMMENTS:**

**41 PERFORMANCE MEASURE**

The degree to which grantees have assisted in developing, supporting, and promoting medical homes for MCH populations.

**Goal 3: Ensure Quality of Care  
(Develop and promote health services and systems designed to improve quality of care)  
Level: National  
Category: Medical Home**

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**GOAL**

To increase the prevalence of medical homes within the systems that serve MCH populations.

**MEASURE**

The degree to which grantees have assisted in developing and supporting systems of care for MCH populations that promote the medical home.

**DEFINITION**

Attached is a set of five categories with a total of 24 elements that contribute to a family/patient-centered, accessible, comprehensive, continuous, and compassionate 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.

**HEALTHY PEOPLE 2010 OBJECTIVE**

Related to Objective 16.22 (Developmental): Increase the proportion of CSCHN who have access to a medical home.

**DATA SOURCE(S) AND ISSUES**

Attached is a data collection form to be completed by grantees. The data collection form presents a range of activities that contribute to the development of medical homes for MCH populations.

**SIGNIFICANCE**

Providing primary care to children in a “medical home” is the standard of practice. Research indicates that children with a stable and continuous source of health care are more likely to receive appropriate preventive care and immunizations, less likely to be hospitalized for preventable conditions, and more likely to be diagnosed early for chronic or disabling conditions. Data collected for this measure would help to ensure that children have access to a medical home and help to document the performance of several programs, including EPSDT, immunization, and IDEA in reaching that goal.

**DATA COLLECTION FORM FOR DETAIL SHEET #41**

Using the scale below, indicate the degree to which your grant has assisted in the development and implementation of medical homes for MCH populations. Please use the space below to indicate the year the score is reported for and clarify reasons for the score.

Indicate population: pregnant and postpartum women, infants, children, children with special health care needs, adolescents

(While this is a single performance measure, for analytic purposes each of the categories will be scored as an independent measure. Grantees may identify specific categories as not applicable to their grant program by selecting a score of 0 for every item within the category.)

0	1	2	3	Element
<b>Category A: Establishing and Supporting Medical Home Practice Sites</b>				
				1. The grantee has conducted needs and capacity assessments to assess the adequacy of the supply of medical homes in their community, state, or region.
				2. The grantee has recruited health care providers to become the medical homes.
				3. The grantee has developed or adapted training curricula for primary care providers in the medical home concept.
				4. The grantee has provided training to health care providers in the definition and implementation of the medical home and evaluated its effectiveness.
				5. The grantee has assisted practice sites in implementing health information technologies in support of the medical home.
				6. The grantee has developed/implemented tools for the monitoring and improvement of quality within medical homes.
				7. The grantee has disseminated validated tools such as the Medical Home Index to practice sites and trained providers in their use.
				8. The grantee has developed/implemented quality improvement activities to support medical home implementation.
Category A Subtotal (possible 0-24):				
<b>Category B: Developing and Disseminating Information and Policy Development Tools: The grantee has developed tools for the implementation of the medical home and promoted the medical home through policy development</b>				
				9. Referral resource guides
				10. Coordination protocols
				11. Screening tools

0	1	2	3	Element
				12. Web sites
				13. The grantee has developed and promoted policies, including those concerning data-sharing, on the State or local level to support the medical home
				14. The grantee has provided information to policymakers in issues related to the medical home
Category B Subtotal (possible 0-18):				
<b>Category C: Public Education and Information Sharing: The grantee has implemented activities to inform the public about the medical home and its features and benefits</b>				
				15. The grantee has developed Web sites and/or other mechanisms to disseminate medical home information to the public.
				16. The grantee has provided social service agencies, families and other appropriate community-based organizations with lists of medical home sites.
				17. The grantee has engaged in public education campaigns about the medical home.
Category C Subtotal (possible 0-9):				
<b>Category D: Partnership-Building Activities</b>				
				18. The grantee has established a multidisciplinary advisory group, including families and consumers representative of the populations served, to oversee medical home activities
				19. The grantee has coordinated and/or facilitated communication among stakeholders serving MCH populations (e.g., WIC, domestic violence shelters, local public health departments, rape crisis centers, and ethnic/culturally-based community health organizations)
				20. The grantee has worked with the State Medicaid agency and other public and private sector purchasers on financing of the medical home.
				21. The grantee has worked with health care providers and social service agencies to implement integrated data systems.
Category D Subtotal (possible 0-12):				
<b>Category E: Mentoring Other States and Communities</b>				
				22. The degree to which the grantee has shared medical home tools with other communities and States.
				23. The degree to which the grantee has presented its experience establishing and supporting medical homes to officials of other communities, family champions, and/or States at national meetings

0	1	2	3	Element
				24. The degree to which the grantee has provided direct consultation to other States on policy or program development for medical home initiatives
Category E Subtotal (possible 0-9):				

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

Total the numbers in the boxes (possible 0-72 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: \_\_\_\_\_