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

Maternal and Child Health Bureau
Division of Maternal and Child Health Workforce Development

Maternal and Child Health Workforce Development Centers

Announcement Type: New
Announcement Number: HRSA-13-265

Catalog of Federal Domestic Assistance (CFDA) No. 93.110

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2013

Application Due Date: June 7, 2013

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: April 29, 2013
Issuance Date: April 29, 2013

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Authority: Social Security Act, Title V, § 501(a)(2-3), (42 U.S.C. 701(a)(2-3))
EXECUTIVE SUMMARY

Thank you for your interest in applying for the Maternal and Child Health Workforce Development Centers Program. Support is available from the Division of Maternal and Child Health (MCH) Workforce Development, part of the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services (HHS). We are aware that preparation of this application will involve a considerable commitment of time and energy. **Please read the funding opportunity announcement carefully before completing the application.**

**Number of Awards and Funds Available per Year:**
Up to $1,840,000 may be available to fund up to four (4) cooperative agreements per year or one (1) consolidated cooperative agreement. The actual number and size of awards will depend on the availability of funds.

The **maximum** award is $460,000 per year for each center, or $1,840,000 for a consolidated center for up to three (3 years).

This funding opportunity announcement is subject to availability of appropriated funds. If associated funding is not available for the MCH Workforce Development Centers Program, this announcement will be withdrawn and cooperative agreements will not be awarded.

**Project Period:**
Funded projects will have a budget period start date of September 1, 2013. Applicants may request funding for a project period of up to three (3) years.

**Eligible Applicants:**
As cited in 42 CFR Part 51a.3(b), only public or nonprofit private institutions of higher learning may apply for training grants such as those programs listed in this announcement.

**Application Due Date:**
June 7, 2013

**Programmatic Assistance:**
Additional information related to the overall program issues or technical assistance may be obtained by contacting:

Michelle Menser, MPH  
Division of MCH Workforce Development  
Maternal and Child Health Bureau, HRSA  
MMenser@hrsa.gov or (301) 443-6853

**Business, Administrative and Fiscal Inquiries:**
Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Devon Cumberbatch, Grants Management Specialist  
HRSA, Division of Grants Management Operations
A technical assistance webinar has been scheduled to help applicants understand, prepare and submit the cooperative agreement application. The webinar is scheduled for Tuesday, May 7, 2013 from 3:00pm EST to 4:30pm EST. The webinar portion of the technical assistance session can be accessed at: https://hrsa.connectsolutions.com/mchwdcta/. Audio for the call can be accessed at: 1-888-810-6807; Passcode: 2994533. A recording of this technical assistance session will be available until June 7, 2013 at: 1-866-431-2792.
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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Maternal and Child Health (MCH) Workforce Development Centers Program. The purpose of the MCH Workforce Development Centers Program is to support workforce development for State Title V program leaders and staff to meet current public health MCH policy and programmatic imperatives in four key topic areas around implementation of the Affordable Care Act (ACA): (1) access to care; (2) quality improvement; (3) systems integration; and (4) population health management. Up to four (4) national training hubs, or one central hub, based in institutions of higher education, will coordinate training efforts around the key topic areas, to enhance the capacity of the MCH workforce to lead and/or engage in ongoing ACA implementation and public health transformation. Formal and informal academic-practice partnerships between the national training hub(s) and State Title V programs and as appropriate, other national partners will be required to accomplish the goals of this program.

Each of the funded MCH workforce development centers will focus on either one of the four identified areas of need around implementation of the Affordable Care Act or focus on all four areas as a consolidated center:

- Access to care
- Quality improvement
- Systems integration
- Population health management

Applicants for topic-specific centers are required to work closely with other MCH Workforce Development Centers awarded through this competitive announcement to coordinate efforts and achieve overall program goals.

Multiple applications from an organization are allowable. In the case of applicants seeking funds for two or more MCH workforce development centers, the applicant must submit separate and complete applications with all the required sections and attachments for each proposed workforce development center. Applicants that apply as part of a consolidated center may also apply separately for one or more topic-specific centers.

Each MCH workforce development center, or one consolidated center, will be responsible for coordinating and implementing a national training strategy to address the key issue(s) within the center’s purview and will work with the other three centers to achieve a substantial impact on State Title V MCH workforce development. National strategies must focus on building capacity of current and future State Title V (MCH) leaders and staff in the 59 states and jurisdictions.

2. Background

This program is authorized by the Social Security Act, Title V, § 501(a)(2-3), (42 U.S.C. 701(a)(2-3)).
The Health Resources and Services Administration (HRSA) is the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable. HRSA has a Strategic Plan for Fiscal Years (FY) 2010-2015 that identifies the following vision for HRSA’s work: “Healthy Communities, Healthy People.” The full achievement of this vision requires the convergence of many factors involving other sectors and agencies. HRSA is working to implement its mission in support of this vision. The mission is to improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs. The Strategic Plan sets forth four (4) mission-critical strategic goals. Although presented separately, these goals are clearly interrelated. The successful achievement of one goal can impact the success of others; activities addressing one goal can concomitantly address another.

Goal I: Improve Access to Quality Health Care and Services
Goal II: Strengthen the Health Workforce
Goal III: Build Healthy Communities
Goal IV: Improve Health Equity

HRSA’s Strategic Plan goals are linked to and supportive of the goals and objectives of the Department of Health and Human Services.

For more information on the HRSA Strategic Plan, visit: http://www.hrsa.gov/about/strategicplan.html.

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

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

The mission of MCHB is to provide national leadership, in partnership with key stakeholders, to improve the physical and mental health, safety and well-being of the maternal and child health (MCH) population which includes all of the nation’s women, infants, children, adolescents, and their families, including fathers and children with special health care needs (CSHCN). To achieve this mission and improve maternal and child health, MCHB strives to improve access, quality, integration, accountability, and equity.
**Division of MCH Workforce Development**

The Maternal and Child Health Training Program is housed within the Maternal and Child Health Bureau’s Division of MCH Workforce Development (DMCHWD). DMCHWD provides leadership and direction in educating and training our nation’s current and future leaders in maternal and child health.

The goals of DMCHWD are closely tied to HRSA’s vision of “Healthy Communities, Healthy People.” DMCHWD strives to accomplish this Agency priority by ensuring that all children, youth, and families will live and thrive in healthy communities served by a quality workforce that helps assure their health and well-being. HRSA’s vision and mission are also realized through the implementation of DMCHWD’s programming, which focuses on strengthening the MCH health workforce, improving health equity, supporting the development of interdisciplinary health teams and encouraging innovation.

For more information on DMCHWD, visit: http://mchb.hrsa.gov/training/strategic_plan.asp.

**Title V Workforce Needs**

State Title V directors and their staff are facing unprecedented changes in the health care and public health systems, from implementation of the Affordable Care Act (ACA) to severe budget and staffing cuts due to budget austerity measures. The MCH workforce needs to be prepared to address these challenges so that they are able to fully engage in ACA implementation and public health transformation – developing new systems of care that better incorporate ongoing quality improvement; integrating primary care, specialty care and public health; developing an interprofessional approach to health care; and working across sectors to improve the health of the nation’s women, children and families – at the individual, organizational and service system levels.

In most States, planning for implementation of ACA is currently underway. With implementation of the ACA, State Title V Maternal and Child Health (MCH) programs will focus increasingly on access, quality, system integration, monitoring and measurement. Title V of the Social Security Act charges the States with providing and assuring access to quality maternal and child health services and thus, State Title V (MCH) programs have a role to play in implementing Marketplaces, Medicaid expansions, CHIP, and other ACA-related activities that will accomplish this mandate. While the imperative that State Title V (MCH) programs be actively involved in State’s ACA design and implementation activities is clear, their engagement in these activities varies. Some State Title V (MCH) programs have limited training and resources to fully engage in these administrative processes that will ultimately transform the role of public health and determine the health and well-being of future generations of Americans.

A 2008 Assessment of the State Title V MCH workforce identified a variety of needs, [http://www.amchp.org/programsandtopics/WorkforceDevelopment/survey/Pages/default.aspx](http://www.amchp.org/programsandtopics/WorkforceDevelopment/survey/Pages/default.aspx), some of which have been recently addressed through incorporation of learning opportunities in the MCH Navigator on-line learning portal [http://navigator.mchlearning.net](http://navigator.mchlearning.net). In FY 2013 there were 29 states/jurisdictions with a priority on workforce development included in their state Title V block grant application. Ongoing training and support for key needs identified in the assessment remain, including those related to critical thinking, systems thinking and quality
improvement. Moreover, in many cases, it is most appropriate to pair in-person training and TA with on-line learning materials. Such activities have not been vigorously pursued to date.

More recently, States identified common needs in their 2010 State Title V Needs Assessments (https://mchdata.hrsa.gov/tvisreports/), 2012 requests for technical assistance, and 2012 Title V (MCH) block grant applications, including the following:

- Greater knowledge of the ACA and the role of MCH programs;
- Increased understanding of Medicaid redesign and ways to promote stronger partnerships;
- Strategies to address capacity shortages (i.e., shrinking budgets, fewer staff, and staff that may not have public health knowledge or skills);
- Skills to support systems-thinking and design, including integration across multiple sectors;
- Strategies for recruitment, retention and succession planning (with an aging public health workforce and MCH workforce staff at multiple levels that require new skills and mentoring);
- Support for identification and implementation of evidence-based practices including evaluation and performance measurement, impact analysis, return on investment; and
- Opportunities for Title V agency staff development.

In order to address these expressed needs (both content and capacity), it is critical to address both today’s workforce and tomorrow’s workforce. Building training content related the ACA, quality improvement, systems integration and population health management into MCH curricula in academic training programs will assure that current and future MCH professionals are equipped with the skills and knowledge to succeed in a transformed public health system.

The Need for MCH Workforce Development Centers

The need for MCH workforce development centers stems from a number of factors. There is an urgent need under a reformed health care system and an emerging, leaner public health system for both State Title V staff responsible for MCH block grants and other related programs to engage in workforce development. Under the ACA, State Title V staff will need to hone their skills to ensure that health care and public health systems are integrated, and access to services is seamless for the nation’s mothers and children, in particular for those most vulnerable families, including those with children and youth with special health care needs. Public health professionals are currently facing challenging questions of how to ensure that evidence-based practices specific to MCH populations are implemented within the new structures and processes of health care reform that are primarily designed around adult health care needs, and that service systems account for the particular needs of MCH populations.

In 2010, 2,267 students completed long-term graduate training in programs funded through Title V of the Social Security Act and began work in community organizations, local/state/federal governmental health agencies, or national organizations. Graduates from these academic programs vary in the extent to which they are fully versed in the current policy implementation issues, particularly in this era of profound and rapid change. It is not uncommon to hear that graduates of university-based training programs are unfamiliar with the demands and specific challenges of the policy environment within which state Title V leaders and staff must function. This announcement is intended to address these needs as well as those of the current practicing Title V staff.
Title V and public health workforce needs assessments, in addition to the literature, indicate that MCH and public health professionals need training and skill development related to implementation of the ACA in four key areas:

1. **Access to Care** – Access to healthcare is the primary mission of HRSA as an agency and is a building block for improving health. Title V of the Social Security Act requires that State Title V (MCH) Programs assure mothers and children access to quality maternal and child health services. With the passage of the ACA, millions of Americans already have expanded access to basic health services. The first step in assuring access to care is assuring access to appropriate health coverage. The ACA expands access to affordable coverage and enhances the role of States in promoting and coordinating publicly subsidized coverage (e.g., Medicaid, Marketplace plans, State employee benefits). State Title V public health professionals need to understand the provisions, potential areas of vulnerability for mothers and children such as addressing coverage gaps, service gaps and churning), and the strategic partnerships needed to assure high quality, accessible care for the MCH population.

In partnership with Health Insurance Marketplaces, Medicaid, insurance agencies, and other entities, State Title V (MCH) programs can assist families in identifying appropriate health plans and securing coverage. Similar work has long been defined under States’ required Title V and Medicaid interagency agreements. Additionally, State Title V (MCH) agencies can be a source of information regarding standards and design of benefits for children and pregnant women for other State agencies charged with implementing the ACA coverage provisions. Moving forward, State Title V programs will continue to have a key role in the ongoing monitoring and assessment of the health needs of MCH populations in a reformed health system.

2. **Quality Improvement** – Public health has a long history of regularly assessing needs and developing targeted programs to address those needs. In these times of budget austerity, the need for public health professionals to develop skills in continuous quality improvement (CQI) takes on a new urgency. Health professionals need to bring the assessment and performance management skills that they already have to a CQI framework. In the current environment, there is renewed emphasis on accountability within MCH programs, to ensure the measurement and delivery of results, a return on investment, and to demonstrate improvement in population health outcomes.

Quality improvement (QI) capacity-building in both public health leaders and bench strength is vital. A two-fold approach is needed to fully implement QI in public health; a top-down approach, where leaders create an infrastructure to support QI; and a bottom-up approach, where the MCH workforce is equipped to apply principles of QI in daily work. Increasing the capacity of the Title V workforce to understand and apply QI

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1 Sommers, Benjamin D, Buchmueller, Thomas, Decker, Sandra, Carey, Colleen, Kronick, Richard. The Affordable Care Act has Led to Significant Gains in Health Insurance and Access to Care for Young Adults. Health Affairs. http://content.healthaffairs.org/content/early/2012/12/13/hlthaff.2012.0552. Published online December 2012.


methods is essential in ensuring a public health system that supports and sustains performance improvement and helps to determine in real time whether the public’s health is being improved efficiently and effectively. In a transformed health and public health system, MCH programs must continue to respond to the charge of Title V, to assure quality maternal and child health services. MCH programs must focus on increasing the quality of care as it is directly relates to improved health outcomes and lower costs. While there are many public health quality improvement initiatives underway at the national, state and local levels, there is little training and support tailored to state Title V programs.

3. **Systems Integration** – Title V of the Social Security Act charges states with a focus developing integrated maternal and child health service delivery systems. To ensure optimal maternal and child health outcomes, increased integration across the diverse field of MCH is necessary to achieve appropriate levels of care, service coordination, and a continuum of care across the life course. Reflecting a life course perspective, systems integration accounts for the interplay of risk and protective factors on the health of an individual over the course of his/her lifetime and promotes equity across populations and communities. State Title V (MCH) programs have long worked to enhance system and service integration through the foundation of the Title V MCH block grant.

Systems integration at the state level can occur at many points, including across divisions and bureaus within health agencies (such as between chronic disease and maternal and child health), and across sectors (such as between public health and health care, education, social services, housing, and economic development). As states advance efforts to better integrate services to promote optimal health and well-being, having the tools, resources and skills to facilitate and operationalize systems integration is critical.

Within the context of the ACA, there are new opportunities for Title V programs to integrate systems to better meet the health and well-being needs of women, children and families. Implementation of the ACA will accelerate such opportunities through emerging delivery system mechanisms. One of the early challenges of health care reform continues to be how to critically assess the ways in which primary care and public health can be better integrated. The emergence of new delivery system mechanisms such as accountable care organizations, patient-centered medical homes, Medicaid health homes for persons with chronic conditions, and community-based collaborative care networks provide opportunities for State Title V (MCH) programs to influence care for women, children and families.

Public health is key to the implementation of the ACA. Key stakeholders are reaching out to public health, realizing that much of what keeps the population out of the emergency room is determined in the community, more within the realm of public health. This is particularly important for children and young adults, for whom social institutions (e.g., child care, schools, extra scholastic recreation activities) provide opportunities for health promotion. Title V (MCH) programs can initiate these same partnerships with primary care and other providers such as Community Health Centers, WIC providers and others, across the country and engage in prevention of chronic disease at the very earliest opportunities.
The 2012 Institute of Medicine Report on integrating primary care and public health states the need for the development of training and teaching tools to prepare the workforce, both clinicians and public health professionals, for shared practice. Integration occurs on a continuum and includes mutual awareness, cooperation, collaboration and partnership. Successful integration will address social and environmental determinants of health, engage communities, align leadership, develop the healthcare workforce, sustain systems, and share and collaborate on the use of data and analysis – all with an eye toward achieving a shared goal of population health improvement.4

Title V programs will continue to have leadership roles in promoting high quality, comprehensive and coordinated community-based systems of care through the integration of public health and health care. Achieving health equity for MCH populations also requires greater integration with other non-medical systems and sectors that serve families, including housing, transportation, education, social services, and economic development to achieve a collective impact.

4. Population Health Management – A common theme across each of these challenging areas – access to care, quality improvement, and systems integration – is a need for population health management skills for public health professionals. Population health management skills, broadly defined, are skills needed to address the health needs of an entire population, from those who are well to those with complex, chronic disorders. As health reform shifts healthcare from disease management to population health management, MCH leaders must be responsive to the changing, social, scientific, and demographic contexts and demonstrate the capability to change quickly and adapt in the face of emerging challenges and opportunities.5 A survey of Title V MCH professionals reinforces the need for leadership development training,6 now exacerbated by the changing healthcare landscape after the passage of the ACA and continued decreases in budget and personnel resources.

There is a critical need for Title V leaders to develop population health management skills, including population health assessment, development of interventions ranging from health promotion to health risk management to care coordination to chronic disease management, and quality measurement and improvement. These skills also include developing a shared compelling vision, communicating persuasively, developing shared accountability for outcomes, and presenting emerging scientific findings and real time data to support innovative partnerships and policies. To optimally engage in ACA implementation, State Title V leaders and staff require an understanding of transformation and change, including building collaboration, critical thinking, and thinking innovatively about new approaches in a transformed public health system. Title V leaders and staff need the tools, strategies and shared best practices through collaborative innovation to bring about sustainable systems changes. These same skills will increase the effectiveness of the Title V (MCH) workforce, preparing them to


5 From the April 2004 Future of MCH Leadership Training Conference.

6 http://www.amchp.org/programsandtopics/WorkforceDevelopment/survey/Pages/default.aspx
assume new roles within Title V programs and contribute to organizational improvement in a transformed public health system.

**Academic-Practice Partnerships**

In order to have a sustained impact, it is vital that the MCH Workforce Centers address the needs not only of the current workforce, but also of MCH professionals in the pipeline. Academic-practice partnerships are the most efficient means to achieve these dual purposes. Structures and processes that reflect the tenets of academic-practice partnerships will enable the rapid bi-directional learning necessary for both timely bolstering of state capabilities and for embedding appropriate learning material into graduate education curricula for future MCH leaders and program managers. With the establishment of such partnerships through the MCH Workforce Development Centers, the foundation for sustained capacity-building in both state MCH and university based MCH training programs will be significantly strengthened. As the Academic-Practice partnerships develop over time, having state and university MCH professionals working in teams will result in more MCH interventions and system initiatives launched by State Title V programs that are based in sound science, and monitored and refined in real time.

**II. Award Information**

1. **Type of Award**

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

   **HRSA/MCHB Responsibilities**

   Under the cooperative agreement, MCHB will support and/or stimulate the awardee’s activities by working with the awardee in a non-directive, partnership role, but will not assume direction, prime responsibility, or a dominant role in the activity.

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

   - Make available the services of experienced HRSA/MCHB personnel as participants in the planning and development of all phases of the project;
   - Provide ongoing review of activities and procedures to be established and implemented for accomplishing the goals of the cooperative agreement;
   - Participate, as appropriate, in meetings or site visits conducted during the period of the cooperative agreement;
   - Review project information prior to dissemination;
   - Provide assistance and referral in the establishment and facilitation of effective collaborative relationships with Federal and State agencies, MCHB grant projects, and other resource centers, and other entities that may be relevant to the project’s mission;
   - Provide programmatic consultation for development and delivery of training and technical assistance, and evaluation activities;
• Collaborate with awardees to develop and implement assessment and evaluation strategies under this announcement;
• Provide information resources; and
• Participate in the dissemination of project activities and products.

**Recipient’s Responsibilities**

In addition to the requirements and obligations of the awardee defined in the *Project Narrative* section of this funding opportunity announcement, the recipient responsibilities include the following:

• Collaborate and communicate in a timely manner with the HRSA project officer;
• Participate in ongoing conference calls and webinars with other MCH Workforce Development Center Program awardees and HRSA staff;
• Provide the HRSA project officer with an opportunity to review project information prior to dissemination;
• Establish contacts that may be relevant to the project’s mission such as Federal and non-Federal partners, and other HRSA grant projects that may be relevant to the project’s mission;
• Coordinate activities with other awardees, where applicable, under this announcement;
• Collaborate with HRSA and other awardees under this announcement, where applicable, to develop and implement assessment and evaluation strategies; and
• Respond to HRSA special requests.

**2. Summary of Funding**

This program will provide funding during Federal fiscal years 2013-2015. Approximately $1,840,000 is expected to be available annually to fund up to four (4) MCH Workforce Development Center cooperative agreements (maximum grant award will be $460,000 per budget period) or one consolidated cooperative agreement (maximum grant award will be $1,840,000 per budget period). Each of the funded MCH workforce development centers will focus on one of the four identified areas of need around implementation of the Affordable Care Act (access to care, quality improvement, systems integration, or population health management). A consolidated MCH workforce development center must focus on all four identified areas of need and must address efficiencies achieved through consolidation. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the MCH Workforce Development Centers Program in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

This funding opportunity announcement is subject to availability of appropriated funds. If associated funding is not available for the MCH Workforce Development Centers Program, this announcement will be withdrawn and cooperative agreements will not be awarded. It is a priority of the government to fund the highest quality application(s) in all four content areas and this will be taken into consideration as part of the review process and in making funding decisions.
III. Eligibility Information

1. Eligible Applicants

As cited in 42 CFR Part 51a.3(b), only public or nonprofit private institutions of higher learning may apply for training grants.

Applicants must have significant experience with successful academic-practice partnerships, knowledge of and experience working with Title V programs, knowledge of key MCH issues and the ACA, expertise in workforce development, and capacity to provide training and technical assistance that is national in scope. Applications that fail to show such experience will not be considered.

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Other

Applications that exceed the ceiling amount of $460,000 as a single center or $1,840,000 as a consolidated center will be considered non-responsive and will not be considered for funding under this announcement.

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

NOTE: Multiple applications from an organization are allowable. In the case of applicants seeking funds for two or more MCH workforce development centers, the applicant must submit separate and complete applications with all the required sections and attachments for each proposed workforce development center. Applicants that apply as a consolidated center may also apply separately for one or more topic-specific centers.

Applicants submitting more than one application must include how the organization will manage multiple MCH Workforce Development Center awards, if awarded more than one cooperative agreement.

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. The 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 an application. All applicants must submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA’s Division of Grants Policy. Applicants must request an exemption in writing from
DGPWaivers@hrsa.gov, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. If requesting a waiver, include the following in the e-mail request: the HRSA announcement number for which the organization is 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 the submission along with a copy of the “Rejected with Errors” notification as received from Grants.gov. HRSA’s Division of Grants Policy is the only office authorized to grant waivers. **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.

**IMPORTANT NOTICE: CCR moved to SAM**

**Effective July 30, 2012**

The Central Contractor Registration (CCR) transitioned to the System for Award Management (SAM) on July 30, 2012.

For any registrations in process during the transition period, data submitted to CCR will be migrated to SAM.

If a record was scheduled to expire between July 16, 2012 and October 15, 2012, CCR is extending the expiration date by 90 days. The registrant received an e-mail notification from CCR when the expiration date was extended. The registrant then will receive standard e-mail reminders to update their record based on the **new** expiration date. Those future e-mail notifications will come from SAM.

SAM will reduce the burden on those seeking to do business with the government. Vendors will be able to log into one system to manage their entity information in one record, with one expiration date, through one streamlined business process. Federal agencies will be able to look in one place for entity pre-award information. Everyone will have fewer passwords to remember and see the benefits of data reuse as information is entered into SAM once and reused throughout the system.

**Active SAM registration is a pre-requisite to the successful submission of grant applications!**

Items to consider are:
- When does the account expire?
- Does the origination need to complete the annual renewal of registration?
- Who is the eBiz POC? Is this person still with the organization?
- Does anything need to be updated?

To learn more about SAM, please visit [https://www.sam.gov](https://www.sam.gov).

Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. Do not wait until the last minute to register in SAM. According to the SAM
Quick Guide for Grantees (https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf), an entity’s registration will become active after 3-5 days. Therefore, **check for active registration well before the application deadline.**

Applicants that fail to allow ample time to complete registration with SAM 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 Research and Related (SF-424 R&R). The forms contain additional general information and instructions for applications, proposal narratives, and budgets. The forms and instructions may be obtained by:

1) Downloading from http://www.grants.gov, or

2) Contacting the HRSA Digital Services Operation (DSO) at: HRSADSO@hrsa.gov

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

2. **Content and Form of Application Submission**

**Application Format Requirements**

For topic-specific applications, the total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. For consolidated center applications the total size of all uploaded files may not exceed the equivalent of 90 pages when printed by HRSA. The total file size for either application may not exceed 10 MB. The specified 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. HRSA strongly urges applicants to print their application to ensure it does not exceed the specified 80-page limit. (80 pages for topic-specific applications and 90 pages for consolidated applications). 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 specified 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 R&R – Table of Contents

- It is mandatory to follow the instructions provided in this section to ensure that the application can be printed efficiently and consistently for review.
- Failure to follow the instructions may make the 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.

<table>
<thead>
<tr>
<th>Application Section</th>
<th>Form Type</th>
<th>Instruction</th>
<th>HRSA/Program Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-application</td>
<td>Attachment</td>
<td>Can be uploaded on page 2 of SF-424 R&amp;R - Box 20.</td>
<td>Not Applicable to HRSA. Do not use.</td>
</tr>
<tr>
<td>SF-424 R&amp;R Senior/Key Person Profile</td>
<td>Form</td>
<td>Supports 8 structured profiles (PD + 7 additional)</td>
<td>Not counted in the page limit.</td>
</tr>
<tr>
<td>Senior Key Personnel Biographical Sketches</td>
<td>Attachment</td>
<td>Can be uploaded in SF-424 R&amp;R Senior/Key Person Profile form. One per each senior/key person. The PD/PI biographical sketch should be the first biographical sketch. Up to 8 allowed.</td>
<td>Counted in the page limit.</td>
</tr>
<tr>
<td>Senior Key Personnel Current and Pending Support</td>
<td>Attachment</td>
<td>Can be uploaded in SF-424 R&amp;R Senior/Key Person Profile form.</td>
<td>Not Applicable to HRSA. Do not use.</td>
</tr>
<tr>
<td>Additional Senior/Key Person Profiles</td>
<td>Attachment</td>
<td>Can be uploaded in SF-424 R&amp;R Senior/Key Person Profile form. Single document with all additional profiles.</td>
<td>Counted in the page limit.</td>
</tr>
<tr>
<td>Additional Senior Key Personnel Biographical Sketches</td>
<td>Attachment</td>
<td>Can be uploaded in the Senior/Key Person Profile form. Single document with all additional sketches.</td>
<td>Counted in the page limit.</td>
</tr>
<tr>
<td>Additional Senior Key Personnel Current and Pending Support</td>
<td>Attachment</td>
<td>Can be uploaded in the Senior/Key Person Profile form.</td>
<td>Not Applicable to HRSA. Do not use.</td>
</tr>
<tr>
<td>Project/Performance Site Location(s)</td>
<td>Form</td>
<td>Supports primary and 29 additional sites in structured form.</td>
<td>Not counted in the page limit.</td>
</tr>
<tr>
<td>Additional Performance Site Location(s)</td>
<td>Attachment</td>
<td>Can be uploaded in SF-424 R&amp;R Performance Site Location(s) form. Single document with all additional site location(s).</td>
<td>Counted in the page limit.</td>
</tr>
<tr>
<td>Other Project Information</td>
<td>Form</td>
<td>Allows additional information and attachments.</td>
<td>Not counted in the page limit.</td>
</tr>
<tr>
<td>Application Section</td>
<td>Form Type</td>
<td>Instruction</td>
<td>HRSA/Program Guidelines</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-----------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Project Summary/Abstract</td>
<td>Attachment</td>
<td>Can be uploaded in SF-424 R&amp;R Other Project Information form, Box 6.</td>
<td>Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions.</td>
</tr>
<tr>
<td>Project Narrative</td>
<td>Attachment</td>
<td>Can be uploaded in SF-424 R&amp;R Other Project Information form, Box 7.</td>
<td>Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions.</td>
</tr>
<tr>
<td>Bibliography &amp; References</td>
<td>Attachment</td>
<td>Can be uploaded in Other Project Information form, Box 9.</td>
<td>Required. Counted in the page limit.</td>
</tr>
<tr>
<td>Facilities &amp; Other Resources</td>
<td>Attachment</td>
<td>Can be uploaded in Other Project Information form, Box 10.</td>
<td>Optional. Counted in the page limit.</td>
</tr>
<tr>
<td>Equipment</td>
<td>Attachment</td>
<td>Can be uploaded in Other Project Information form, Box 11.</td>
<td>Optional. Counted in the page limit.</td>
</tr>
<tr>
<td>Other Attachments</td>
<td>Attachment</td>
<td>Can be uploaded in SF-424 R&amp;R Other Project Information form, Box 12.</td>
<td>Not Applicable to HRSA. Do not use.</td>
</tr>
<tr>
<td>SF-424 R&amp;R Budget Period (1-5) - Section A – B</td>
<td>Form</td>
<td>Supports structured budget for up to 5 periods.</td>
<td>Not counted in the page limit.</td>
</tr>
<tr>
<td>Additional Senior Key Persons</td>
<td>Attachment</td>
<td>SF-424 R&amp;R Budget Period (1-5) - Section A - B, End of Section A. One for each budget period.</td>
<td>Counted in the page limit.</td>
</tr>
<tr>
<td>SF-424 R&amp;R Budget Period (1-5) - Section C – E</td>
<td>Form</td>
<td>Supports structured budget for up to 5 periods.</td>
<td>Not counted in the page limit.</td>
</tr>
<tr>
<td>Additional Equipment</td>
<td>Attachment</td>
<td>SF-424 R&amp;R Budget Period (1-5) - Section C – E, End of Section C. One for each budget period.</td>
<td>Counted in the page limit.</td>
</tr>
<tr>
<td>SF-424 R&amp;R Budget Period (1-5) - Section F – K</td>
<td>Form</td>
<td>Supports structured budget for up to 5 periods.</td>
<td>Not counted in the page limit.</td>
</tr>
<tr>
<td>SF-424 R&amp;R Cumulative Budget</td>
<td>Form</td>
<td>Total cumulative budget.</td>
<td>Not counted in the page limit.</td>
</tr>
<tr>
<td>Budget Justification</td>
<td>Attachment</td>
<td>Can be uploaded in SF-424 R&amp;R Budget Period (1-5) - Section F - K form, Box K. Only one consolidated budget justification for the project period.</td>
<td>Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.</td>
</tr>
<tr>
<td>SF-424 R&amp;R Subaward Budget</td>
<td>Form</td>
<td>Supports up to 10 budget attachments. This</td>
<td>Not counted in the page limit.</td>
</tr>
</tbody>
</table>
### Application Section

<table>
<thead>
<tr>
<th>Application Section</th>
<th>Form Type</th>
<th>Instruction</th>
<th>HRSA/Program Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subaward Budget Attachment 1-10</strong></td>
<td>Extracted Form to be attached</td>
<td>Can be uploaded in SF-424 R&amp;R Subaward Budget form, Box 1 through 10. Extracted form to be attached from the SF-424 R&amp;R Subaward Budget form and use it for each consortium/ contractual/subaward budget as required by the program funding opportunity announcement. Supports up to 10.</td>
<td>Filename should be the name of the organization and unique. Not counted in the page limit.</td>
</tr>
<tr>
<td><strong>SF-424B Assurances for Non-Construction Programs</strong></td>
<td>Form</td>
<td>Assurances for the SF-424 R&amp;R package.</td>
<td>Not counted in the page limit.</td>
</tr>
<tr>
<td><strong>Disclosure of Lobbying Activities (SF-LLL)</strong></td>
<td>Form</td>
<td>Supports structured data for lobbying activities.</td>
<td>Not counted in the page limit.</td>
</tr>
<tr>
<td><strong>Attachments Form</strong></td>
<td>Form</td>
<td>Supports up to 15 numbered attachments. This form only contains the attachment list.</td>
<td>Not counted in the page limit.</td>
</tr>
<tr>
<td><strong>Attachment 1-15</strong></td>
<td>Attachment</td>
<td>Can be uploaded in Other Attachments form 1-15.</td>
<td>Refer to the attachment table provided below for specific sequence. Counted in the page limit.</td>
</tr>
</tbody>
</table>

⚠️ 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 one attachment, ensure that a table of contents cover page is included specific to the attachment. Table of Contents page will not be counted in the page limit.
- Please use only the following characters when naming your attachments: A-Z, a-z, 0-9, underscore (_), hyphen (-), space, period, and limit the file name to 50 or fewer characters. Attachments that do not follow this rule may cause the entire application to be rejected or cause issues during processing.

<table>
<thead>
<tr>
<th>Attachment Number</th>
<th>Attachment Description (Program Guidelines)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attachment 1</td>
<td>Staffing Plan and Job Descriptions for Key Personnel</td>
</tr>
<tr>
<td>Attachment 2</td>
<td>Project Organizational Chart</td>
</tr>
<tr>
<td>Attachment 3</td>
<td>Workforce Development Curriculum or Detailed Plan of Proposed Training</td>
</tr>
<tr>
<td>Attachment 4</td>
<td>Logic Model</td>
</tr>
<tr>
<td>Attachment 5</td>
<td>Letters of Support that Demonstrate Academic-Practice Partnership</td>
</tr>
<tr>
<td>Attachment 6</td>
<td>Explanation of Delinquency on Federal Debt, if applicable</td>
</tr>
<tr>
<td>Attachments 7-15</td>
<td>Other Relevant Documents</td>
</tr>
</tbody>
</table>
Application Format

i.  **Application Face Page**
Complete Standard Form 424 Research and Related (SF-424 R&R) provided with the application package. Prepare according to instructions provided in the form itself. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.110.

**DUNS Number**
All applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at [http://fedgov.dnb.com/webform](http://fedgov.dnb.com/webform) or call 1-866-705-5711. Please include the DUNS number in form SF-424 R&R – item 5 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 System for Award Management (SAM) in order to conduct electronic business with the Federal Government. SAM 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 the applicant organization SAM registration is active and the Marketing Partner ID Number (MPIN) is current. Information about registering with the SAM can be found at [https://www.sam.gov](https://www.sam.gov). Please see Section IV of this funding opportunity announcement for SAM registration requirements.

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**
Please complete the Research & Related Budget form included with the application kit (Sections A – J and the Cumulative Budget) for each budget period. Upload the Budget Justification Narrative for the entire project period (all budget periods) in Section K of the Research & Related Budget Form. Following completion of Budget Period 1, click on the ‘NEXT PERIOD” button on the final page to allow for completion of Budget Period 2. Repeat this instruction to complete Budget Period 3.

The Cumulative Budget is automatically generated and provides the total budget information for the three-year grant request. Errors found in the Cumulative Budget must be corrected within the incorrect field(s) in Budget Period 1, 2, or 3; corrections cannot be made to the Cumulative Budget itself.
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:

<table>
<thead>
<tr>
<th>Individual’s actual base full time salary: $350,000</th>
<th>50% of time will be devoted to project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct salary</td>
<td>$175,000</td>
</tr>
<tr>
<td>Fringe (25% of salary)</td>
<td>$43,750</td>
</tr>
<tr>
<td>Total</td>
<td>$218,750</td>
</tr>
</tbody>
</table>

Amount that may be claimed on the application budget due to the legislative salary limitation:
Individual’s base full time salary adjusted to Executive Level II: $179,700
50% of time will be devoted to the project

| Direct salary                                     | $89,850                               |
| Fringe (25% of salary)                            | $22,462.50                            |
| Total amount                                      | $112,312.50                           |

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

Budget for Multi-Year Award
This announcement is inviting applications for project periods up to three (3) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be up to three (3) years. Submission and HRSA approval of the Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the three-year
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:

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

*Actual annual salary = $350,000

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

**Travel:** List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops.

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

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

**Contractual:** Applicants are responsible for ensuring that their organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and
the specific contract deliverables. Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in SAM 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. The indirect cost rate agreement will not count toward the page limit.

Indirect costs under training grants to organizations other than State, local or Indian tribal governments will be budgeted and reimbursed at 8% of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment and capital expenditures, tuition and fees, and subgrants and contracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation. Training grant applications from State, local, or Indian tribal governmental agencies may request full indirect cost reimbursement. State universities and hospitals are subject to the 8% cap.

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 1. When applicable, biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs.

Biographical Sketch Instructions

Provide a biographical sketch for senior key professionals contributing to the project. The information must be current, indicating the position which the individual fills and including sufficient detail to assess the individual’s qualifications for the position as specified in the program announcement and position description. Each biographical sketch must be limited to one (1) page or less, including recent selected publications. Include all degrees and certificates. When listing publications under Professional Experience, list authors in the same
order as they appear on the paper, the full title of the article, and the complete reference as it is usually cited in a journal. The sketches should be arranged in alphabetical order, after the project director's sketch and attached to SF 424 Senior/Key Person profile form. The biographical sketch must include:

- **Name** (Last, first, middle initial),
- **Title on Training Grant**, 
- **Education**, and, 
- **Professional Experience**, beginning with the current position, then in reverse chronological order, a list of relevant previous employment and experience. Also, a list, in reverse chronological order, of relevant publications, or most representative, must be provided. Please provide information on one (1) page or less.

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

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

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

The signature of the AOR on the application serves as the required certification of compliance for the applicant organization for the following:

**Lobbying**
1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the applicant must complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

3. Recipients of HRSA awards shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact
upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Any organization or individual that is indebted to the United States, and has a judgment lien filed against it for a debt to the United States, is ineligible to receive a Federal grant. By signing the SF-424 R&R, the applicant is certifying that they are not delinquent on Federal debt in accordance with OMB Circular A-129. (Examples of relevant debt include delinquent payroll or other taxes, audit disallowances, guaranteed and direct student loans, benefits that were overpaid, etc.). If an applicant is delinquent on Federal debt, they should attach an explanation that includes proof that satisfactory arrangements have been made with the Agency to which the debt is owed. This explanation should be uploaded as Attachment 6.

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

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 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.

HP 2020 OBJECTIVES: List the primary Healthy People 2020 goal(s) that the project will address. Healthy People 2020 goals can be found online at http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx
COORDINATION: Describe the coordination planned with appropriate national, regional, State and/or local health agencies 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.

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

ix. Project Narrative
This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

A. PURPOSE/NEED
The purpose of the MCH Workforce Development Centers Program is to support workforce development for current and future State Title V program leaders and staff to meet contemporary public health MCH policy and programmatic imperatives in four key topic areas around implementation of the Affordable Care Act: (1) access to care; (2) quality improvement; (3) systems integration; and (4) population health management. Up to four (4) national training hubs, or one (1) consolidated hub, based in institutions of higher education, will coordinate training efforts around the key topic areas and work together to enhance the capacity of the MCH workforce to lead and/or engage in ongoing ACA implementation and public health transformation. Formal and informal academic-practice partnerships between the national training hubs and state Title V programs and, as appropriate, other national partners with specific expertise will be required to accomplish the goals of this program.

Applicants must explicitly state which key topic area is the focus of their proposal if applying as a topic-specific center or indicate that they are responding as a consolidated center if choosing that option. Each MCH workforce development center, or one consolidated center, will be responsible for coordinating and implementing a national training strategy to address the key issue within the center’s purview and work together to enhance a substantial impact on workforce development for State Title V leaders and staff. National strategies must focus on building capacity of Title V leaders and staff in the 59 states and jurisdictions.

In the Purpose/Need section, MCH Workforce Development Center applicants should briefly describe:

a. The background of the proposal, critically evaluating the national need/demand for workforce development in the selected focus area in the context of implementation of the Affordable Care Act (access to care, quality improvement, systems integration, or population health management).
b. Applicants must specifically identify problem(s) to be addressed and gaps which the proposed project is intended to fill.

c. If available, a summary needs assessment findings should be included.

d. How their proposed program addresses a critical unmet MCH Title V workforce training need.

**B. METHODOLOGY/RESPONSE**

Describe, by year, the activities, methods, and techniques to be used to accomplish the objectives of the project. Projects must address **one** of the four (4) critical Title V MCH workforce development training needs as outlined in Background section of this announcement (access to care, quality improvement, systems integration, population health management). If applying as a consolidated center, all **four** of the critical Title V MCH workforce development training needs must be addressed.

**Goals and Objectives**

State the overall goals(s) and specific objectives for the project. The objectives must be observable and measurable with specific outcomes for each project year which are attainable in the stated time frame. These outcomes are the criteria for evaluation of the program.

Applicants will need to identify strategies and/or activities for each objective and are expected to explain the rationale for proposing specific activities and to present a clear connection between identified system gaps and needs and the proposed activities. Proposals should detail the nature of the activities to be undertaken, how they address system gaps and identified issues, and how they will assist in achieving the overall project goals and objectives. Clarification as to why these specific activities were selected is appropriate (i.e. has this approach been successful in other settings? Does the research suggest this direction?). Also note any major barriers you anticipate encountering and how your project will be able to overcome those barriers. At a minimum, applicants should:

1) Indicate a plan for addressing the problems or issues nationally. Provide detailed descriptions of specific products proposed for development or modification.

2) Demonstrate how technology will be incorporated to advertise and advance programs and services, provide training and/or technical assistance, and disseminate information and products.

3) Describe the expertise, role(s), and makeup of any partners or potential sub-recipients who are intended to be involved in completing specific tasks, specifically the interplay between applicant academic leadership and faculty and the sub-recipient practice professionals, and identify the percentage of level of effort sub-recipients are anticipated to provide in completing programmatic activities.

4) Provide specifics about the intervention activities/strategies, expected outcomes, and potential barriers for all anticipated years of the grant.

**Topic-Specific Instructions**

In addition to the cross-cutting instructions provided for all MCH Workforce Development Center applicants, further guidance for applicants within each key topic areas is provided below. Please review and respond to the additional guidance provided for the key topic area selected by your applicant organization.
Access to Care
The applicants for the Access to Care Workforce Development Center must address access to care in the context of increased coverage but also consider other factors that impact access, including outreach, case management and care coordination. Workforce development activities should address the role that State Title V (MCH) programs have in supporting systems that help families identify services and particularly in providing community-based care coordination resources. For example, some states already support development of patient navigator roles for MCH populations. Care coordination (also known as case management) is particularly important for those with complex or special health care needs and for those who face barriers in access to care such as geography, health literacy, transportation. The awardee will build on MCHB’s Affordable Care Act technical report series and toolkit for State Title V programs (currently in development).

Quality Improvement
The applicants for the QI Workforce Development Center must demonstrate expertise in multiple QI frameworks, such as those referenced in the MCH Navigator spotlight on Quality Improvement: http://navigator.mchtraining.net/?page_id=2526. Capacity in this area may be demonstrated through partnerships. Trainings should provide participants with familiarity with the tenets of various QI frameworks and the practical application to MCH programming at the individual, organizational and policy levels, including monitoring systems and population health status.

Systems Integration
The applicants for the Systems Integration Workforce Development Center are encouraged to think broadly about systems integration. Systems integration for state Title V (MCH) programs can occur at many points, including across divisions and bureaus within health agencies, (such as between chronic disease and maternal and child health), and across sectors (such as between public health and health care, education, social services, housing, and economic development.) Activities must support Title V programs to effectively lead and/or contribute to systems integration for MCH programs. The applicants for the Systems Integration Workforce Development Center should demonstrate expertise in common principles of systems integration frameworks, for example collective impact7 (common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, backbone support organizations) or other models with similar principles (organizing entity, statewide expansion, continuous quality improvement).

Population health management
The applicants for the Population Health Management Workforce Development Center are encouraged to draw upon existing competency frameworks that have been developed by the maternal and child health field. Such competencies may include MCH Knowledge Base, Self-reflection, Ethics and Professionalism, Critical Thinking, Communication, Negotiation and Conflict Resolution, Cultural Competency, Family-centered Care, Developing Others through Teaching and Mentoring, Interdisciplinary Team Building, Working with Communities and Systems, and Policy and Advocacy. Applicants may focus on a subset of these competencies or can supplement and expand

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on existing competency frameworks over the three (3) year project period, in partnership with other awardees under the MCH Workforce Development Centers Program.

**Training Curriculum/Content**
A workforce development curriculum or detailed plan of training activities should be included in **Attachment 3** of the application. This curriculum or plan must include a training implementation strategy over the course of the three-year project period, to affect the greatest national impact.

Applicants must propose a training strategy whereby Title V leaders and staff from all 59 states and jurisdictions have access to and are exposed to basic principles in the key area selected by the applicant. Additionally, the applicant organization must propose a strategy for intensive support of a smaller cohort of Title V leaders and staff in the selected focus area that emphasizes the practical “hands-on” application of these skills in an MCH context.

By the end of the three-year project period, each MCH Workforce Development Center must provide intensive support to Title V leaders and staff in at least 15 states and jurisdictions, or 40 states and jurisdictions for a consolidated center, with a focus on application of skills in an MCH context.

The MCH Workforce Development Centers should offer participants a variety of learning experiences which are interdisciplinary in nature and use multiple modalities, for example including didactic, skills-based, consultation, mentoring, and peer exchange. MCH workforce development curricula should be grounded in evidence-based training methods/approaches and adult learning principles and should incorporate participation of state Title V practice professionals as curriculum advisors and as faculty, as applicable and feasible.

MCH Workforce Development Centers may utilize existing training materials and curriculum that are evidence-based or may develop new materials within their focus area. Applicants must ensure that project content developed under the MCH Workforce Development Centers Program does not duplicate existing public health content, such as that developed by DMCHWD, MCHB’s Affordable Care Act technical report series and Toolkit (currently in development), Public Health Training Centers, and other public health content providers. In addition, training materials developed should be readily adaptable/functional for use in MCHB-funded graduate education programs.

**Competencies**
For the applicant’s selected focus area, identify the competencies expected of the learners upon completion of training curriculum.

**Training Modalities**
Workforce development trainings must incorporate distance learning and blended methods (some in-person meeting time with distance follow-up) to provide effective and efficient means by which MCH professionals in practice can enhance and advance skills in the applicant’s key topic area. Use of multiple training modalities will be encouraged, based
on needs of the target audience of adult learners (distance learning, blended learning (combining distance with in-person learning), in-person, peer-to-peer learning, intensive trainings, etc.) and in order to increase the likelihood that the enhanced public health agency capacity is sustained. Applicants may also consider using one-on-one consultations and technical assistance with Title V agencies to accomplish the workforce development activities outlined in their proposals.

Programs should utilize principles of adult learning and effective education methods and utilize available technologies such as e-learning systems, course management software, web-based conferencing, social media and social networking tools. In times of severely limited resources, a distance learning component is required in order to reach a broad audience and achieve national impact and in order to assure availability of the training content beyond the life of the project.

**Continuing Education Credits and Certificates**
Continuing education units/credits and/or certificates may be awarded, as appropriate. If offered, the applicant should document how CE credits or certificates will be conferred. There can be a charge/cost for CE credits or certificates, but the learning opportunity itself is required to be free of charge.

**Open Source Content**
All content created through this program must also be posted, free of charge, to the HRSA Learning Management System (LMS), currently under development through the Public Health Foundation’s TRAIN (https://www.train.org/).

**Compliance with Section 508**
If the project proposes developing a website, describe how it will comply with Section 508 of the Rehabilitation Act, which requires Federal agencies and their grantees to make electronic and information technology accessible to people with disabilities (http://www.section508.gov).

Section 508 was enacted to eliminate barriers in information technology, to make available new opportunities for people with disabilities, and to encourage development of technologies that will help achieve these goals. Under Section 508 (29 U.S.C. 794d), agencies must give disabled employees and members of the public access to information that is comparable to the access available to others. It is recommended that applicants review the laws and regulations to further understand about Section 508 and how to support implementation.

**Outreach and Recruitment Strategy**
The applicant should provide a detailed description of how appropriate learners will be recruited and selected, and estimate the numbers and types of learners who will benefit from the MCH Workforce Development Centers program. The applicant must target both Title V leadership and mid-level staff as part of their workforce development efforts and demonstrate how students currently training for professional roles in MCH programs and faculty will also benefit from the workforce development activities.

Additionally, applicants must submit a plan for ongoing recruitment and engagement with the target audience to ensure the active participation of Title V staff in training and
workforce development activities over the three (3) year project period. The applicant must also describe its rationale for the selected methods and demonstrate sufficiency of scope to make a national impact.

The applicant must submit a strategy for prioritizing the delivery of training and workforce development activities in the event that demand for activities under the cooperative agreement exceeds the capacity of the awardee. The applicant must also describe the process for selecting states to participate in intensive activities that support the practical “hands-on” application of skills in an MCH context.

**Strategic and Collaborative Assessment and Planning**
MCH Workforce Development Center awardees under this announcement will be required to work collaboratively on an annual review of Title V workforce needs. The applicant should detail a plan and sources for regularly monitoring Title V workforce needs, assuring that project content does not duplicate existing public health content such as that developed by DMCHWD, MCHB’s Affordable Care Act technical report series and toolkit (currently in development), Public Health Training Centers, and other public health content providers. The MCH Workforce Development Centers should link to existing efforts as appropriate.

The applicant must also document a plan to involve the target population (e.g., Title V staff) and other relevant stakeholders in the planning and implementation of the training strategy.

**Document Collaborative Partnerships with MCH Agencies and other MCH Workforce Development Centers**
Applicants must document active, functioning, collaborative academic-practice partnerships between the applicant organization and Title V (MCH) programs and other relevant state and local public and private sector programs. Applicants may consider an advisory committee comprised in part of the target audience to assure activities are relevant and appropriate for Title V (MCH) program staff.

Applicants must also document coordination of proposed training efforts as appropriate with existing public health workforce investments, including those funded by HRSA, organizations that represent state and local health officials, and maternal and child academic organizations.

Applicants for topic-specific centers are required to work closely with other MCH Workforce Development Centers awarded through this competitive announcement to coordinate efforts and achieve overall program goals.

**C. RESOURCES/CAPABILITIES**

Describe briefly the administrative and organizational structure within which the project will function, including relationships with other relevant departments, institutions, organizations or agencies. Overall organizational capacity may be demonstrated through partnerships with other institutions and organizations. A Project Organizational Chart must be included as **Attachment 2**.
Applicants must demonstrate expertise in the selected content area of the center (access, quality improvement, systems integration, population health management) if applying for a topic-specific center, and in all four content areas if applying as a consolidated center. Applicant organizations should describe expertise and experience in the design, development, implementation, and evaluation of training activities. Applicants should also describe their experience with successfully managing training resources, and working with other training entities, consultants, service providers, and federal officials. Applicant organizations should also describe expertise and familiarity with Title V programs, MCH issues and systems, and the ACA, as well as direct experience providing technical assistance and training to State Title V programs. Where appropriate, the training plan should reflect an understanding of the training needs relevant to various roles and previous training of Title V personnel. Applicants should describe their previous successful academic-practice partnerships with state Title V programs.

Include a brief, specific description of the available resources (faculty, staff, space, equipment, etc.), and any other related services that are available and will be used to carry out the program. Include biographical sketches of faculty/staff on SF 424 R&R Senior Key Personnel form.

Applicants must provide letters of support that demonstrate academic-practice partnerships in Attachment 5. These letters should document working relationships between the applicant organization(s) and state Title V (MCH) Programs.

Applicants should indicate the ability to provide continuing education credits, as appropriate.

Faculty/Staff—Staffing Plan and Personnel Requirements
Projects must be led by academic faculty and staff with demonstrated leadership, expertise and experience in the specific project content and methods. Key personnel should have adequate time devoted to the project to achieve project objectives. Biographical sketches of faculty and staff should indicate this expertise. Project staff should also have expertise in successful academic-practice partnerships, experience working with state Title V (MCH) programs, deep knowledge of MCH issues, workforce development, as well as adult learning and evidence based education models, particularly distance learning and those which utilize available and emerging technologies.

D. SUPPORT REQUESTED

Describe briefly what resources are needed to accomplish the stated goals and objectives, i.e., what is requested through project support and why. See also IV.2 iv & v for assistance in preparing the budget and budget justification.

The following principles are vital when describing the need for additional resources:

- All budgets must provide satisfactory details to fully explain and justify the resources needed to accomplish the training objectives. This justification must provide explicit qualitative and quantitative documentation of required resources, productivity, and expected outcomes. Components to highlight include current strengths, proposed program activities, academic-practice partnerships, and scope of reach.
• Programs must fully justify their requests by describing and identifying goals, objectives, activities, and outcomes that will be achieved by the program during the project period. It must be documented that the program plays a significant role in national MCH workforce development.

Program Meeting
Applicants for a topic-specific center are required to include a plan to develop and convene the annual Program Meeting for MCH Workforce Development Centers during one of the years of the project period in the amount of $10,000, pending availability of funds. The purpose of this meeting is to promote interchange, disseminate new information, coordinate and present new strategies for MCH workforce development, and share best practices. Responsibilities of the host program include arrangements and payment for the program, speakers, meeting logistics and lodging, plus meeting meals in lieu of one-half the per-diem.

Funding for the program meeting must be included within the ceiling budget request amount of $460,000 per budget period for an individual center.

E. EVALUATIVE MEASURES

Evaluation and self-assessment are critically important for quality improvement and assessing the value-added contribution of Title V investments. Consequently, discretionary grant projects, including training projects, are expected to incorporate a carefully designed and well-planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the stated goals. The measurement of progress toward goals should focus on systems, health and performance outcome indicators, rather than solely on intermediate process measures. The protocol should be based on a clear rationale relating to the identified needs of the target population with project goals, grant activities, and evaluation measures. A project lacking a complete and well-conceived evaluation protocol may not be funded. Each MCH Workforce Development Center must submit an evaluation plan to address how the major goals and objectives of the project will be achieved and that will assess the effectiveness of dissemination methods and impact of the program on the MCH workforce.

The evaluation plan must also include collaboration with other grantees funded under this announcement if applying as a topic-specific center, and with HRSA staff to develop program-specific performance measures to demonstrate the collective impact of this program.

Monitoring and evaluation activities must be ongoing and, to the extent feasible, must be structured to gain information which is quantifiable and which permits objective rather than subjective judgments. Explain how required performance data will be collected, the methods for collection and the manner in which data will be analyzed and reported. Data analysis and reporting must facilitate evaluation of the project outcomes.

The applicant should describe who on the project will be responsible for refining, collecting, and analyzing data for the evaluation and how the applicant will make changes to the project based on evaluation findings as part of a continuous quality improvement effort.
Applicants must include a logic model as Attachment 4, specific to the key topic area selected by the applicant, or for all four (4) areas if applying as a consolidated center, that demonstrates the relationship among resources, activities, outputs, target population, short- and long-term outcomes. See Section VIII. Other Information in this announcement for more information on developing logic models.

The applicant should provide a detailed plan describing the effectiveness of activities in developing the state Title V workforce to more effectively engage in implementation of the ACA. The plan should include both short and long-term impacts. Process measures such as ability to recruit and engage state Title V (MCH) program staff and partners may also be included.

Specific impacts to be addressed include those in the MCH Workforce Development Center Program logic model, which can be viewed in Appendix A.

Each MCH Workforce Development Center or one consolidated MCH Workforce Development Center should measure outcomes including, but not limited to, success in recruiting and engaging program participants; the extent to which state Title V leadership and staff demonstrate an increase in knowledge and skill in the specific focus area and the extent to which state Title V leadership and staff are applying training and skills to improve MCH programs.

Longer term impacts that each topic-specific center or one consolidated center will measure include, but are not limited to, the extent to which Title V leadership and staff have increased ability to impact organizational systems, and the extent to which Title V leaders and staff have enhanced ability to leverage impact in MCH systems. The MCH Workforce Development Centers should also consider how activities contribute to population-based outcomes, such as that MCH populations are served by a highly qualified workforce; and the extent to which MCH populations have access to comprehensive coordinated, family-centered care.

In addition, each MCH Workforce Development Center or one consolidated center should assess, where feasible, the impact of this program on enhancing academic-practice partnerships. Such measures may include, but are not limited to, participation of faculty and students in Workforce Development Center Program activities, improved collaboration through co-teaching courses, field placements and/or research; increased relevance of public health teaching to practice and new, innovative models of academic-practice knowledge development and transfer are established and/or strengthened.

If there is any possibility that an applicant’s evaluation may involve human subjects research as described in 45 CFR part 46, the applicant must comply with the regulations for the protection of human subjects as applicable.

F. IMPACT

The applicant should document the extent and effectiveness of the project, including plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are shared with other stakeholders.
The applicant should describe the sustained utility of training deliverables beyond the project period.

**Sustainability:**
The applicant should provide a plan that projects the sustainability of aspects of the projects beyond the Federal funding period.

**Dissemination:**
The applicant should provide a detailed plan describing how they will market the products developed by their MCH Workforce Development Centers grant to others interested in the topic area. The plan should address the extent and effectiveness of project results and products and/or the extent to which the project results and products are national in scope. Additionally, the plan should address the degree to which the project activities and products are replicable.

**G. CONSOLIDATED CENTER COORDINATION AND CAPACITY**

This section pertains only to applicants applying as a consolidated center. The applicant should provide summary information documenting capacity to provide expertise in all four (4) content areas of the center (access, quality improvement, systems integration and population health management) and demonstrate adequate resources and capabilities needed to accomplish project results across all four (4) topical areas. The applicant should also describe expertise and experience in the development and implementation of a multifaceted training and technical assistance project in multiple areas.

**x. Program Specific Forms**

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

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

2) *Performance Measures for the MCH Workforce Development Centers Program and Submission of Administrative Data*

The listing of MCHB administrative forms and performance measures for this program can be found at: [https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UE7_1.HTML](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UE7_1.HTML).
NOTE: The performance measures and data collection information is for your PLANNING USE ONLY. These forms are not to be included as part of this application. However, this information would be due to HRSA within 120 days after the Notice of Award.

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: Staffing Plan and Job Descriptions for 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 2: Project Organizational Chart
   Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators.

Attachment 3: Workforce Development Curriculum or Detailed Plan of Proposed Training

Attachment 4: Logic Model
   Provide a logic model that demonstrates the relationship among resources, activities, outputs, target population, short and long-term outcomes.

Attachment 5: Letters of Support that Demonstrate Academic-Practice Partnerships
   Provide letters of support that document working relationships between the applicant institution and Title V Programs.

Attachment 6: Explanation of Delinquency on Federal Debt, if applicable

Attachments 7 – 15: Other Relevant Documents
   Include here any other documents that are relevant to the application, including additional letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.)

3. Submission Dates and Times

Application Due Date
The due date for applications under this funding opportunity announcement is June 7, 2013 at 11:59 P.M. Eastern Time. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically to the correct funding opportunity number, by the organization’s Authorized Organization Representative (AOR) through Grants.gov and 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 to document the progress of an application through the system.
   1. The first will confirm receipt in the system;
2. The second will indicate whether the application has been successfully validated or has been rejected due to errors;
3. The third will be sent when the application has been successfully downloaded at HRSA; and
4. The fourth will notify the applicant of the Agency Tracking Number assigned to the application.

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

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

4. **Intergovernmental Review**

The MCH Workforce Development Centers Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. **Funding Restrictions**

1) **Concurrent Income**
   In most instances stipends may not be granted to persons receiving a concurrent salary, fellowship or traineeship stipend, or other financial support related to his/her training or employment.

2) **Non-related Duties**
   The training institution shall not require trainees or fellows to perform any duties which are not directly related to the purpose of the training for which the grant was awarded.

3) **Field Training**
   Training institutions may not utilize grant funds to support field training, except when such training is part of the specified requirements of a degree program, or is authorized in the approved application.

4) **Other**
   Grant funds may **not** be used: (a) for the support of any trainee who would not, in the judgment of the institution, be able to use the training or meet the minimum qualifications specified in the approved plan for the training; (b) to continue the support of a trainee who has failed to demonstrate satisfactory participation; or (c) for support of candidates for undergraduate or pre-professional degrees, or the basic professional degree.

Applicants responding to this announcement may request funding for a project period of up to three (3) years. Please include the maximum amount allowed 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.

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 applicants 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 organizations immediately register in Grants.gov and become familiar with the Grants.gov site application process. Applicants that do not complete the registration process 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 to complete all of the following required actions:

- Obtain an organizational Data Universal Numbering System (DUNS) number
- Register the organization with the System for Award Management (SAM)
- Identify the organization’s E-Business Point of Contact (E-Biz POC)
- Confirm the organization’s SAM “Marketing Partner ID Number (M-PIN)” password
- Register and approve an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials and FAQs are available on the Grants.gov web site at http://www.grants.gov. Assistance is also available 24 hours a day, 7 days a week (excluding Federal holidays) from the Grants.gov help desk at support@grants.gov or by phone at 1-800-518-4726 (International callers, please dial 606-545-5035). 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, an organization is urged to submit an application in advance of the deadline. If an application is rejected by Grants.gov due to errors, it must be corrected and resubmitted 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 Grants.gov application due date as the final and only acceptable application.

Tracking an 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 an application can be found at https://apply07.grants.gov/apply/checkApplStatus.faces. Be sure the 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. It is a priority for the government to fund the highest quality
application(s) in all four (4) content areas and this will be taken into consideration as part of the review and in making funding decisions.

Review Criteria are used to review and rank applications. The MCH Workforce Development Centers Program has six (6) review criteria for topic-specific centers and seven (7) review criteria for consolidated applications:

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criterion 1. Purpose/Need</td>
<td>10</td>
</tr>
<tr>
<td>Criterion 2. Methodology/Response</td>
<td>30</td>
</tr>
<tr>
<td>Criterion 3. Evaluative Measures</td>
<td>20</td>
</tr>
<tr>
<td>Criterion 4. Impact</td>
<td>10</td>
</tr>
<tr>
<td>Criterion 5. Resources/Capabilities</td>
<td>20</td>
</tr>
<tr>
<td>Criterion 6. Support Requested</td>
<td>10</td>
</tr>
<tr>
<td><strong>Criterion 7. Consolidated Center Coordination/Capacity (consolidated center only)</strong></td>
<td><strong>10</strong></td>
</tr>
<tr>
<td><strong>Total (for topic-specific center applications)</strong></td>
<td><strong>100</strong></td>
</tr>
<tr>
<td><strong>Total (for consolidated center applications)</strong></td>
<td><strong>110</strong></td>
</tr>
</tbody>
</table>

**Criterion 7 only applies to applicants applying as a consolidated center.**

**Criterion 1: PURPOSE/NEED (10 points) (Corresponds to Section IV – A. Purpose/Need)**
The quality and extent to which the application demonstrates the problem and associated contributing factors to the problem:

- Describes and documents the national need/demand for workforce development in the selected focus area, in the context of the implementation of the Affordable Care Act.
- Specifically identifies problem(s) to be addressed and gaps which the proposed project is intended to fill.
- If available, includes a summary of needs assessment findings.
- Describes and demonstrates how the proposed project will address a critical unmet MCH Title V workforce training need.

**Criterion 2: METHODOLOGY/RESPONSE (30 points) (Corresponds to Section IV – B. Methodology/Response)**
The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities described in the application are capable of addressing the problem and attainment of project objectives:

- States overall goals and specific objectives for the proposed project.
- Indicates a plan for addressing the identified problem nationally, including detailed descriptions of specific products proposed for development or modification.
- Demonstrates how technology will be incorporated to advertise and advance programs and services, provide training and/or technical assistance, and disseminate information and products.
- Provides specific information about the intervention activities/strategies, expected outcomes and potential barriers for all anticipated years of the grant.
- Responds to topic-specific instructions applicable to the selected focus area of the application.
• Presents a curriculum or detailed plan of training activities that includes an implementation strategy over the three-year project period to effect the greatest national impact.
• Describes a plan for training of Title V staff and leaders from all 59 states and jurisdictions that ensures exposure to basic principles in the key area selected by the applicant.
• Proposes a strategy for intensive support of a smaller cohort of Title V leaders and staff (from at least 15 states and jurisdictions over the 3-year project period for topic-specific centers and 40 states for a consolidated center) that emphasizes the practical “hands-on” application of these skills in an MCH context.
• Presents training curriculum/content that is interdisciplinary, grounded in evidence, and offers participants a variety of learning experiences.
• Describes the competencies expected of the learners upon completion of the training curriculum.
• Proposes trainings that incorporate distance-learning and blended methods, including how the program will utilize principles of adult learning and effective education methods and available technologies.
• Assures that the training developed is open-source and there is ongoing public access to materials (such as through HRSA TRAIN, or other).
• The extent to which the applicant demonstrates compliance with Section 508 requirements (if designing a website).
• Describes an outreach and recruitment strategy of how appropriate Title V leaders and staff will be targeted for inclusion in workforce development activities, including a strategy for prioritizing the delivery of practical, “hands-on” training and demonstration of sufficient scope for national impact.
• Describes a strategy for coordination and collaboration with other MCH Workforce Development Center awardees on assessment and evaluation activities if applying as a topic-specific center.
• Presents a plan for involving Title V leaders and staff and other relevant stakeholders in the planning and implementation of the proposal.
• Documents active, functioning, collaborative academic-practice partnerships between the applicant organization and MCH/CSHCN programs and other relevant state and local Title V and related public and private sector programs.

Criterion 3: EVALUATIVE MEASURES (20 points) (Corresponds to Section IV – E. Evaluative Measures)

The strength and effectiveness of the method proposed to monitor and evaluate the project results, including the quality and extent to which the applicant:

• Describes an evaluation plan that addresses how the major goals and objectives of the project will be achieved and that will assess the effectiveness of the dissemination methods and impact of the program on the MCH workforce.
• Describes a plan for collaboration with other MCH Workforce Development Center awardees, if applying as a topic-specific center, to develop program-specific performance measures to demonstrate the collective impact of the program.
• Describes the data to be collected, the methods for collection and the manner in which data will be analyzed and reported.
• Articulates who on the project will be responsible for refining, collecting and analyzing data for evaluation.
• Describes how feedback from evaluation findings will be incorporated into the program for continuous quality improvement.
• Includes a logic model (Attachment 4) that demonstrates the relationship among resources, activities, outputs, target population, short and long-term outcomes.
• Evaluates center objectives and activities, to include a plan to track required annual performance data and outcome measures.
• Assures data collection quality.
• Provides a detailed plan that describes the effectiveness of activities in development the state Title V workforce to engage in implementation of the ACA, including both short and long-term impacts.
• Describes a plan to assess, where feasible, the impact of the program on enhancing academic-practice partnerships.

Criterion 4: IMPACT (10 points)  (Corresponds to Section IV – F. Impact)

The overall impact of the project on the field, the feasibility and effectiveness of plans for dissemination of project results, and the extent to which project results may be national in scope, and the degree to which the project activities are replicable, and the sustainability of the project beyond the Federal funding.

• Describes a plan for the sustainability of aspects of the MCH Workforce Development Center beyond the Federal funding period.
• Presents a detailed and targeted plan to disseminate the project’s methodologies and outcomes, including the extent to which the project results and products are national in scope.
• Describes the degree to which the project activities and products are replicable.

Criterion 5: RESOURCES/CAPABILITIES (20 points)  (Corresponds to Section IV – C. Resources/Capabilities)

The quality and extent to which the applicant:

• Describes the administrative and organizational structure within which the project will function, including a project organizational chart (Attachment 2).
• Demonstrates expertise in the content area of the center (access, quality improvement, systems integration or population health management)
• Describes expertise and experience in the design, development and implementation of MCH workforce development training activities.
• Demonstrates experience with successfully managing training resources and working with other training entities, consultants, service providers, and federal officials.
• Demonstrates expertise in MCH issues, Title V programs, workforce development and the ACA.
• Demonstrates direct experience providing technical assistance and training to Title V programs and staff.
• Demonstrates experience and success in academic-practice partnerships with Title V programs, including letters of support that document such relationships (Attachment 5).
• Describes available resources – faculty, staff, space, equipment – used to carry out the project.
• Biographical sketches of faculty and staff indicate expertise required to carry out the program.
• Key personnel have adequate time devoted to the project to achieve project objectives.

Criterion 6: SUPPORT REQUESTED (10 points) (Corresponds to Section IV – D. Support Requested)

The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research activities, and the anticipated results. The quality and degree to which:
• The proposed budget and budget justification is reasonable according to the work to be accomplished, and links to the statement of activities, evaluation plan, and expected outcomes.
• The proposed budget justification provides explicit qualitative and quantitative documentation of required resources, productivity, and expected outcomes.
• The applicant includes a plan for the development and management of the annual Program Meeting for one year during the three-year project period if applying as a topic-specific center, or annually if applying as a consolidated center.

Criterion 7: CONSOLIDATED CENTER COORDINATION AND CAPACITY (10 points) (Corresponds to Section IV – G. Consolidated Center Coordination and Capacity)

The extent to which the application demonstrates capacity to attain the project objectives and efficiencies through consolidation across all four (4) topic-specific areas.
• Demonstrates expertise in all four content areas of the center (access, quality improvement, systems integration and population health management).
• Demonstrates resources and capabilities needed to accomplish project results across all four (4) content areas.
• Describes expertise and experience in the development and implementation of a multifaceted training and technical assistance project in multiple areas.

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.

Authorized Program Officials make final award decisions from among those applications receiving a favorable objective review.

Applicants for the consolidated center are required to respond to an addition Review Criteria, Criteria 7, and may earn up to 10 points for this criteria, for a total possible 110 points.

3. **Anticipated Announcement and Award Dates**

It is anticipated that awards will be announced prior to the start date of September 1, 2013.

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 (NoA) sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant’s Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the start date of September 1, 2013.

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 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/hhsgrantspolicy.pdf](http://www.hrsa.gov/grants/hhsgrantspolicy.pdf). 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 NoA).

**Non-Discrimination Requirements**
To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see [http://www.hhs.gov/ocr/civilrights/understanding/index.html](http://www.hhs.gov/ocr/civilrights/understanding/index.html). HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P.L. 88-352, as amended and 45 CFR Part 80). In some instances a recipient’s failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see [http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html](http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html) to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.

**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](http://www.hrsa.gov/grants/trafficking.html).

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

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

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

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

Related Health IT Resources:
- Health Information Technology (HHS)
- What is Health Care Quality and Who Decides? (AHRQ)

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

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

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

c. Status Reports
1) Federal Financial Report. The Federal Financial Report (SF-425) is required according to the following schedule: http://www.hrsa.gov/grants/manage/technicalassistance/federalfinancialreport/ffrschedule.pdf. 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 NoA.

2) Progress Report(s). The awardee must submit a progress report to HRSA on an annual basis. Submission and HRSA approval of grantees Progress Report(s) triggers the budget period renewal and release of subsequent year funds. This report demonstrates grantee progress on program-specific goals. Further information will be provided in the NoA.

3) Final Report(s). 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 grantees 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) Tangible Personal Property Report. If applicable, the awardee must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all federally-owned property and acquired equipment with an acquisition cost of $5,000 or more per unit. Tangible personal property means property of any kind, except real property, that has physical existence. It includes equipment and supplies. Property may be provided by HRSA or acquired by the recipient with award funds. Federally-owned property consists of items that were furnished by the Federal Government. Tangible personal property reports must be submitted electronically through EHB. More specific information will be included in the NoA.

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

i. Performance Measures and Program Data
To prepare successful applicants of their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UE7_1.HTML.

ii. Performance Reporting
Successful applicants receiving grant funds will be required, within 120 days of the NoA, to register in HRSA’s Electronic Handbooks (EHBs) and electronically complete the program specific data forms that appear for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UE7_1.HTML. 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. Grantees 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.

iii. 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 for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UE7_1.HTML. 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 NoA.

**VII. Agency Contacts**

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

Devon Cumberbatch, Grants Management Specialist  
HRSA, Division of Grants Management Operations  
Parklawn Building, Room 11-101  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-7532  
E-mail: dcumberbatch@hrsa.gov

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

Michelle Menser, MPH  
Public Health Analyst, Division of MCH Workforce Development  
Maternal and Child Health Bureau, HRSA  
Parklawn Building, Room 18A-55  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-6853  
Fax: (301) 443-4842  
E-mail: MMenser@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 (International callers, please dial 606-545-5035)  
E-mail: support@grants.gov  
iPortal: http://grants.gov/iportal

Successful applicants/awardees may need assistance when working online to submit information and reports electronically through HRSA’s Electronic Handbooks (EHBs). For assistance with submitting information in HRSA’s EHBs, contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Contact Center  
Telephone: (877) 464-4772  
TTY: (877) 897-9910  
E-mail: CallCenter@HRSA.GOV
VIII. Other Information

Technical Assistance Webinar

A technical assistance webinar has been scheduled to help applicants understand, prepare and submit the cooperative agreement application. The webinar is scheduled for Tuesday, May 7, 2013 from 3:00pm EST to 4:30pm EST. The webinar portion of the technical assistance session can be accessed at: https://hrsa.connectsolutions.com/mchwdcta/. Audio for the call can be accessed at: 1-888-810-6807; Passcode: 2994533. A recording of this technical assistance session will be available until June 7, 2013 at: 1-866-431-2792.
Helpful Resources

MCH Training Program Web Site
http://www.mchb.hrsa.gov/training

HRSA Strategic Plan, FY 2010 - 2015
http://www.hrsa.gov/about/strategicplan.html.

National Plan for Maternal and Child Health Training 2012-2020 - Draft
http://www.mchb.hrsa.gov/training/strategic_plan.asp

MCH Leadership Competencies
http://leadership.mchtraining.net/

MCH Navigator prototype site
http://navigator.mchtraining.net

2008 Assessment of State Title V MCH Workforce Needs
http://www.amchp.org/programsandtopics/WorkforceDevelopment/survey/Pages/default.aspx

2010 State Title V Needs Assessment
https://mchdata.hrsa.gov/tvisreports/

Institute of Medicine (IOM)
“Primary Care and Public Health: Exploring Integration to Improve Population Health”
http://www.iom.edu/Reports/2012/Primary-Care-and-Public-Health.aspx

MCH Navigator Spotlight on Quality Improvement
http://navigator.mchtraining.net/?page_id=2526

MCHB Administrative Forms and Performance Measures for the MCH Workforce Development Centers Program
https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UE7_1.HTML

Healthy People 2020

Surgeon General’s Health Reports and Publications
http://www.surgeongeneral.gov/library/

National Center for Cultural Compétence
http://www11.georgetown.edu/research/gucchd/nccc/

Making Websites Accessible: Section 508 of the Rehabilitation Act
http://www.section508.gov/

Title V Information System (TVIS) website:
Logic Models:

Additional information on developing logic models can be found at the following website: http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm.

Below are resources on logic models:

- Kellogg Foundation
- University of Wisconsin Cooperative Extension
  http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html
- CDC Program Evaluation Resources
- Innovation Network
  http://www.innonet.org/client_docs/File/logic_model_workbook.pdf

Although there are similarities, a logic model is not a work plan. A work plan is an ‘action’ guide with a timeline used during program implementation; the work plan provides the “how to” steps. Information on how to distinguish between a logic model and work plan can be found at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf.

IX. Tips for Writing a Strong Application

HRSA has designed a technical assistance webpage to assist applicants in preparing applications. Resources include help with system registration, finding and applying for funding opportunities, writing strong applications, understanding the review process, and many other topics which applicants will find relevant. The website can be accessed online at: http://www.hrsa.gov/grants/apply/index.html.

In addition, a concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at: http://dhhs.gov/asfr/ogapa/grantinformation/apptips.html.
## Appendix A: MCH Workforce Development Centers Program Logic Model

### MCH Workforce Development Centers Logic Model

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooperative agreement funding</td>
<td>Provide support for a national workforce development resource centers on key areas for ACA implementation</td>
<td>Within one year of initiating the workforce center program:</td>
<td>Title V agencies, including leadership and staff</td>
</tr>
<tr>
<td>Academic institution expertise and resources</td>
<td>Access to Care; Quality Improvement; Systems Integration, and Population Health Management</td>
<td>Title V staff are engaged in workforce centers as measured by participation in activities:</td>
<td>Faculty and students in academic institutions, Local MCH programs, Title V partners</td>
</tr>
<tr>
<td>Practice expertise from State Title V staff</td>
<td>Coordinate workforce development center activities</td>
<td>Title V program staff indicate improved knowledge and skills in each of the 4 areas</td>
<td></td>
</tr>
<tr>
<td>MCHB staff expertise</td>
<td>Assess impact through support for common measurement across centers</td>
<td>Title V staff is able to document how improved skills have enabled them to engage more actively in ACA implementation activities in their state</td>
<td></td>
</tr>
<tr>
<td>Technology</td>
<td>Coordinate activities with other MCHB supported ACA investments (TA, resource centers, ACA toolkit, etc.)</td>
<td>Faculty and students in MCH Training Programs participate in workforce development center activities and indicate improved knowledge in four key areas</td>
<td></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Assumptions</th>
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<tbody>
<tr>
<td>Title V programs have a significant role in assuring the health of MCH populations. Practicing and future MCH professionals need the knowledge and skills to transform public health under ACA implementation.</td>
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<thead>
<tr>
<th>External Factors</th>
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<tbody>
<tr>
<td>ACA implementation is advancing and MCH populations will be affected through ACA implementation. State approaches to implementation of the ACA vary, and Title V programs are engaged in variable ways. MCH funding, including the Title V MCH Block Grant continues to erode.</td>
</tr>
</tbody>
</table>

### Short

- Title V programs are actively engaged in state efforts to assure access to care for MCH populations, (i.e. can document partnerships with Medicaid, other key players in these efforts).
- Title V staff at multiple levels are applying quality improvement strategies to improve MCH programs.
- Title V programs are leading or engaged in systems integration efforts within their states.
- Title V programs are applying population health management strategies to public health transformation.
- There is an increase in Title V programs-academic partnerships.

### Medium

- Title V programs are served by a highly qualified Title V workforce that applies MCH core competencies, quality improvement strategies, and populations health management strategies to improve MCH practice.
- Title V programs and services are effectively integrated to promote a life course approach to health.
- MCH populations have access to comprehensive, community-based, family-centered, culturally competent, coordinated care.
- Academic-practice partnerships are enhanced as measured by co-teaching, field placements, research, and knowledge transfer.
- MCH program graduates are prepared for employment with Title V agencies.