DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY: Office of the Secretary, Office of the Minority Health

FUNDING OPPORTUNITY TITLE: Partnerships to Achieve Health Equity ("Partnership")

ACTION: Notice

ANNOUNCEMENT TYPE: Initial Competitive Grant

FUNDING OPPORTUNITY NUMBER: MP-CPI-17-001

CFDA NUMBER: 93.137

CFDA PROGRAM: Community Partnerships to Improve Minority Health

DATES:

Technical Assistance: A technical assistance webinar for potential applicants will be held on February 22, 2017, 3:00pm – 4:00pm Eastern Time. In addition, a technical assistance webinar for potential applicants on “Evaluation – Review the Basics” will be held on February 23, 2017 from 3:00pm – 4:30pm Eastern Time. Please check the Office of Minority Health website, www.minorityhealth.hhs.gov, for more detailed information.

Applications: Your application is due March 31, 2017 by 5 p.m. Eastern Time. To receive consideration, your application must be received electronically via Grants.gov by the HHS Office of the Assistant Secretary for Health (HHS/OASH), Office of Grants Management (OGM) no later than this due date and time. If your application does not meet the specified deadline it will be returned to you unread. You must submit electronically via Grants.gov unless you obtain a written exemption from this requirement 2 business days in advance of the deadline from the Director, HHS/OASH Office of Grants Management. To obtain an exemption, you must request one via email from the HHS/OASH Office of Grants Management, and provide
details as to why you are technologically unable to submit electronically through Grants.gov. Your request should be submitted at least 4 business days prior to the application deadline to ensure your request can be considered prior to 2 business days in advance of the deadline. If you request an exemption, include the following in your e-mail request: the HHS/OASH announcement number; your organization's DUNS number; your organization’s name, address and telephone number; the name and telephone number of your Authorizing Official; the Grants.gov Tracking Number (for example, GRANT####) assigned to your submission; and a copy of the "Rejected with Errors" notification from Grants.gov. Send the request with supporting documentation to ogm.oash@hhs.gov. Note: failure to have an active System for Account Management (SAM) registration prior to the application due date will not be grounds for receiving an exemption to the electronic submission requirement.

The HHS/OASH Office of Grants Management will only accept applications via alternate methods (hardcopy paper via U.S. mail or other provider or PDF via email) from applicants obtaining prior written approval. You must still submit your application by the deadline. Only applications submitted through the Grants.gov portal or alternate format (hardcopy paper via U.S. mail or other service or PDF via email) with an approved written exemption will be accepted. See Section D.7 (“Other Submission Requirements”) for information on application submission mechanisms.

Executive Order 12372 comment due date: The State Single Point of Contact (SPOC) has 60 days from the application due date to submit any comments. For more information on the SPOC see section D.4 Intergovernmental Review.
To ensure adequate time to successfully submit your application, HHS/OASH recommends that you register as early as possible in Grants.gov since the registration process can take up to one month. For information on registering for Grants.gov, refer to http://www.grants.gov or contact the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at 1-800-518-4726 or support@grants.gov.

Your organization is strongly encouraged to register multiple authorized organization representatives in Grants.gov to ensure someone is available to submit your application.

EXECUTIVE SUMMARY: The Office of Minority Health (OMH), located within the Office of the Secretary of the United States Department of Health and Human Services (HHS or Department), announces the anticipated availability of funds for Fiscal Year (FY) 2017 for grant awards for the Partnerships to Achieve Health Equity (Partnership program) under the authority of 42 U.S.C. § 300u-6 (Public Health Service Act § 1707). This notice solicits applications for the Partnership program.

The Partnership program is intended to demonstrate that partnerships between Federal agencies and organizations with a nationwide or regional reach, focus or impact can efficiently and effectively do one of the following: (1) improve access to and utilization of care by racial and ethnic minority and/or disadvantaged populations; (2) develop innovative models for managing multiple chronic conditions including health promotion and disease prevention for individuals with multiple chronic conditions that disparately affect racial and ethnic minorities and affect morbidity; (3) increase the diversity of the health workforce including health professionals, health researchers and health scientists through programs at the high school or
undergraduate level that focus on racial and ethnic health disparities and health equity, and which include mentoring as a core component; or (4) increase data availability and utilization of data that increases the knowledge base regarding health disparities and facilitates the development, implementation and assessment of health equity activities, including but not limited to the creation of new linked datasets, using longitudinal and/or linked data sets, design and test innovative models that explore the independent and interactive influences of social determinants of health on a) health behaviors, b) utilization of health services, and c) health conditions, such that causal relationships are demonstrated, and training and technical support in data use for community-based and/or public health partners engaged in health equity efforts. Partnership projects’ strategies should include innovative multi-partner collaboration, address social determinants of health, and incorporate the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards).¹

OMH anticipates funding up to 14 grants for $325,000 to $400,000 each for approximately $4,700,000, for a one year period of performance, for a period of five years. Each application must address one of the four focus areas of the Partnership program described above. An applicant may but is not expected to include one additional category. We will consider only one application per organization. If you submit multiple applications, we will consider the last application submitted prior to the deadline.

The assistance or benefits of the Partnership program may not be denied to any person based on race, sex, color, or national origin.

A. PROGRAM DESCRIPTION:

¹ https://www.thinkculturalhealth.hhs.gov/Content/clas.asp
Project Requirements

The Partnership program seeks to support partnerships that involve an organization with a nationwide or regional reach, focus or impact, to achieve health equity for racial and ethnic minority and/or disadvantaged populations. Each proposed project must address one (although an applicant may choose to address no more than two) of the following four categories:

(1) **Improve access to and utilization of care** by racial and ethnic minority and/or disadvantaged populations.

Projects addressing this focus area may target efforts to racial and ethnic minority and/or disadvantaged populations, as well as health care delivery systems, public health and human services, other community-based organizations and institutions of higher education that have a demonstrated history of service to racial and ethnic minorities in health care settings and/or the community-at-large (e.g., media, local businesses and industries, community-based organizations, health care paraprofessionals such as community health workers and promotores de salud, faith-based organizations, and civic associations).

These projects must include strategies, practices, and interventions designed to address, develop and improve two or more of the following:

- Access to quality health care and appropriate utilization of health services;
- Health information technology to improve quality of health care;
- Health care needs of rural and isolated communities, such as immigrant and refugee communities;
- Health literacy and health insurance literacy;
- Improving linkages to care; and
- Patient-centered medical home model.
(2) Develop innovative models for managing multiple chronic conditions including health promotion, disease prevention, or disease management for individuals with multiple chronic conditions that disparately affect racial and ethnic minorities and affect morbidity.

These projects must include strategies, practices, and interventions designed to address, develop and improve, at minimum, one of the following:

- Patient self-management tools or systems such as the Positive Self-Management Program for HIV and Peer-led Self Management Model to improve adherence to ART, Diabetes Self-Management Program, or other chronic disease self-management programs, and/or models that incorporate peer or family support, and address complex issues such as medication adherence, symptom management, behavior modification, stigma and discrimination, psychological functioning, provider-patient interactions, and culture and diversity of needs to promote sustainable improved health outcomes;²,³,⁴,⁵

- Web-based multi-user systems that can enhance communication between health care providers and their clients;

- Telehealth and texting applications that remotely connect providers and patients in co-management of chronic diseases;⁶

- Remote patient management, patient education, and provider information-sharing;

---

and

- Patient-centered applications such as patient portals, personal health records (PHRs), and integrated voice response (IVR) systems designed to educate patients about their disease, their medications, and how they can self-manage chronic conditions such as diabetes, hypertension, or heart disease.

(3) Increase the diversity of the health workforce including health professionals, health researchers and health scientists through research and programs at the high school or undergraduate level that focus on racial and ethnic health disparities and health equity, and which include mentoring as a core component.

Projects addressing workforce development must include at least one of the following:

- National mentoring initiatives which bring together targeted minority and/or disadvantaged high school and/or undergraduate students to increase their knowledge regarding career opportunities in health care, health research and health science and to explore prospects for pursuing health careers;

- Pipeline activities to increase the pool of minority and/or disadvantaged students interested in and prepared for health professions, health science and health research careers. Such activities should include strengthening math and science skills to better prepare minority and/or disadvantaged students to undertake training for these fields.

- Mentoring and research support for undergraduates engaged in health services or health sciences research concerning health equity and the social determinants of health.
(4) **Increase data availability and utilization of data** and increase the knowledge base regarding health disparities and for health equity activities.

Projects must aim to increase the knowledge base and increase data availability and utilization of data for health disparities and health equity activities. Examples of activities that focus on increasing the knowledge base and enhancing data availability and utilization for health disparities and health equity activities including but not limited to:

- Creating new linked datasets to address health disparities and health equity.
- Using longitudinal and/or linked data sets, design and test innovative models that explore the independent and interactive influences of social determinants of health on a) health behaviors, b) utilization of health services, and c) health conditions, such that causal relationships are demonstrated.
- Providing training and technical support in data use for community-based and/or public health partners engaged in health disparities and equity efforts.
- Using a social determinants of health approach, facilitating the use of data (e.g. administrative, primary and secondary data) to design strategies, improve existing programs, educate policy and decision-makers, and build community collaboration to identify and eliminate health disparities.
- Developing or utilizing a framework\(^7\) that guides communities, through collaboration, to promote community data sharing and utilization to address health disparities and health equity at the local level.

---

\(^7\) Check resources such as the National Committee on Vital and Health Statistics website, particularly documents such as “Community Health Data, Data Stewardship and Data Access and Use: Tools and Resources” published on August 15, 2015 and a host of resources and lesson learned from communities who practice community-level
- Identifying data available to address key health disparities, analyzing data to set specific priorities, and using data to plan, track and evaluate public health efforts to address health issues.

Partnership projects’ strategies must include innovative multi-partner collaboration, address social determinants of health, and use the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards) to develop and/or implement culturally and linguistically tailored interventions to improve access to and utilization of care, develop innovative models for managing multiple chronic conditions, increase the diversity of the health workforce, or increase data availability and utilization of data.8 Applications for a Partnership project must also demonstrate that the project will have a nationwide or regional reach or focus or is designed to have a nationwide or regional impact. Projects with a regional reach, focus or impact should be designed and executed for reach, focus or impact in at least three states, territories and/or tribes.

*Improve Access to and Utilization of Care, Innovative Models for Managing Multiple Chronic Conditions, and Increase the Diversity of Health Work Force* projects must also provide a comparison group of individuals who match the characteristics of the intervention population but preferably are located at a different site than that of the cohort receiving the intervention, for the purpose of evaluating the effectiveness of the project’s interventions. See “Constructing engagement and methods of using data. Available at [http://www.ncvhs.hhs.gov/recommendations-reports-presentations/](http://www.ncvhs.hhs.gov/recommendations-reports-presentations/).

8 [https://www.thinkculturalhealth.hhs.gov/Content/clas.asp](https://www.thinkculturalhealth.hhs.gov/Content/clas.asp).

To ensure successful Partnership programs, applicants to the Partnership program must demonstrate a consistent, successful track record in conducting programs of nationwide or regional significance related to the category(ies) in this announcement which the applicant’s proposed project covers as evidenced by publications and evaluation reports showing the applicant has successfully implemented programs of nationwide or regional significance.

The applicant must submit with its application a Letter of Commitment (LOC) between the applicant organization and each partner organization and agency. Each LOC must clearly delineate the roles and responsibilities, summarize the activities to be carried out by each organization relative to the proposed project; identify the resources each partner organization will provide to the project and the source of resources if federally supported; indicate the amount of grant funds, if any, the partner organizations will receive from the project (if awarded); and indicates the specific dates of the agreement and the terms for termination of the agreement. A representative from the applicant organization and each partner organization must sign the LOC. The agreement must be signed by individuals with the authority to represent the organizations (e.g., president, chief executive officer, executive director, agency authorizing official). Signatures may be by facsimile transmission or other electronic means, and the LOC may be executed in any number of counterparts, all of which together shall constitute one signed LOC.

Applicants must demonstrate they will adhere to the provisions, as applicable, of the Privacy Rule and Security Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), in addition to best practices for safeguarding patient health data.
An applicant’s proposed project must fund testing modifications to or new innovative programs that are grounded in and build on successful evidence-based programs, and not fund ongoing program operations or replace existing or expiring funding.

The application must include a confidentiality plan for participants that covers the entire five year project period. The plan must include the signature of all partners and be signed by an authorized representative of each project partner. Signatures may be provided by facsimile transmission or other electronic means, and the confidentiality plan may be executed in any number of counterparts, all of which together shall constitute one signed confidentiality plan. Confidentiality plans must describe services provided, describe how data will be protected and provide the term of service over the four year grant project.

The applicant must submit with the application a signed letter by the applicant’s authorized official assuring that should the proposal be funded the applicant will submit an application for Institutional Review Board approval.

**OMH Expectations:**

For the category(ies) in the announcement which the applicant’s proposed project covers, OMH expects that each funded Partnership program project will demonstrate how strategic public/private partnerships can efficiently use resources to significantly:

- **Improve access to and utilization of health care services.** Improve access to and appropriate utilization of health care services by minority and/or disadvantaged populations.

- **Develop innovative models for managing multiple chronic conditions.** Improve management of multiple chronic conditions in disadvantaged and/or minority
populations living at home or in a private residence.

- **Increase diversity of the health workforce including health professionals, health researchers and health scientists.** Increase interest and improve preparation of disadvantaged and/or minority youth (high school and/or undergraduate) in pursuing careers in health.

- **Increase data availability and utilization of data.** Improve analysis, interpretation and dissemination of health data on the focal minority and/or disadvantaged populations as evidenced by the novel use of health data to develop, plan and/or implement health programs designed to promote health equity in collaboration with a health entity. A health entity may include a department of public health or assistance, health care provider, health care organization, and community-based organization. Efforts may also include creation of new, linked datasets to address health disparities and health equity, employ new statistical techniques or models on longitudinal data to clarify causal relationships leading to health disparities and reduction of health disparities, and provide training and technical support in data use for community-based and/or public health partners engaged in health disparities and health equity efforts.

**Performance Measures for Partnership Programs**

At the end of each funding year of this program, each grantee should be able to:

- Document the progress/benchmarks that have been achieved based on the original baseline indicators/measure. The baseline and benchmark measures should be compared to the expected outcome measures.
- For Access to and Utilization of Care, Innovative Models for Multiple Chronic Disease Management, or Workforce Development programs, and, as applicable, for Data Availability and Utilization, document the location of the peer comparison group, and the matching characteristics of the focal population.

- For Access to and Utilization of Care, Innovative Models for Multiple Chronic Disease Management, or Workforce Development programs, and, as applicable, for Data Availability and Utilization, describe culturally and linguistically appropriate interventions that are tailored to the focal minority and/or disadvantaged population(s) and that are designed to modify health status or otherwise affect the social determinants of health of the focal population.

- Describe collaborations with each partnering organization and their role in the project to promote a network of community-based, community-focused intervention programs and social support activities.

- Describe in detail all project activities that are aligned with the program’s desired outcomes.

- Describe the project’s progress in mobilizing communities and partnerships to support a comprehensive, effective and sustainable program to improve outcomes.

   OMH recommends use of the following performance measures at baseline and annually thereafter specific to the applicant’s proposed project:

   **Improve access to and utilization of health care services**

   - Emergency room visits in past 12 months
   - BMI
   - Glucose
• Blood pressure
• Use of any alcohol in past thirty days
• Use of illicit drugs in past thirty days
• Misuse of prescription drugs in past thirty days (i.e., taking prescription drugs prescribed for another person)
• Retention in HIV Care
• ART Among Persons in HIV Medical Care
• Viral Load
• Other indicators drawn from the Common Indicators for HHS-funded HIV Programs and Services\(^9\)

**Develop innovative models for managing multiple chronic conditions**

• Emergency room visits in past 12 months
• Summary score on relevant patient self-management tool
• BMI
• Glucose
• Blood pressure
• Use of any illicit drugs in past thirty days
• Misuse of prescription drugs in past thirty days (i.e., taking prescription drugs prescribed for another person)
• Use of any alcohol in past thirty days
• Retention in HIV Care
• ART Among Persons in HIV Medical Care

• Viral Load

• Other indicators drawn from the Common Indicators for HHS-funded HIV Programs and Services\(^\text{10}\)

**Increase diversity of the health workforce including health professionals, health researchers and health scientists**

• Number of students completing Advanced Placement Calculus

• Number of students completing Advanced Placement Statistics

• Number of students completing Algebra I by 8th grade

• Number of students completing Geometry by 9th grade

• Number of students completing Algebra II by 10th grade

• Number of students completing Calculus by 11th grade

• Number of students completing Advanced Placement Biology

• Number of students completing Advanced Placement Chemistry

• Number of students completing Biology by 9th grade

• Number of students completing Honors Biology by 9th grade

• Number of students completing Chemistry by 11th grade

• Number of students completing Honors Chemistry by 11th grade

• Number of students completing College Chemistry

• Number of students completing Organic Chemistry

• Number of students completing College Biology

• Number of students completing Advanced Biology

\(^{10}\) [https://www.aids.gov/pdf/hhs-common-hiv-indicators.pdf](https://www.aids.gov/pdf/hhs-common-hiv-indicators.pdf)
Increase data availability and utilization of data

- Number of manuscripts submitted to peer-review journals
- Number of national conference presentations

**AUTHORITY:** 42 U.S.C. § 300u-6 (Public Health Service Act § 1707).

**B. FEDERAL AWARD INFORMATION**

OMH intends to make available approximately $4,700,000 per budget period for the Partnership program competitive grants. The actual amount available will not be determined until enactment of the FY2017 federal budget.

Funding for all approved budget periods beyond the first year of the grant is generally level with the initial award amount and is contingent upon the availability of funds, satisfactory progress of the project, and adequate stewardship of Federal funds.

**Award Information**

Estimated Federal Funds Available: $4,700,000 per budget period

Anticipated Number of Awards: up to 14

Range of Awards (Federal Funds): $325,000 - $400,000 per budget period

Anticipated Start Date: July 1, 2017

Period of Performance: Not to exceed 5 years

Budget Period Length: 12 months

Type of Award: Competitive Grant
Type of Application Accepted: Electronic via Grants.gov **ONLY unless an exemption is granted**

C. ELIGIBILITY INFORMATION

1. Eligible Applicants.

Eligible applicants that can apply for this funding opportunity are listed below:

- Nonprofit with 501(c)(3) IRS status (other than institution of higher education)
- Nonprofit without 501(c)(3) IRS status (other than institution of higher education)
- For-profit organizations (other than small business)
- Small, minority, and women-owned business
- Universities
- Colleges
- Research institutions
- Hospitals
- Community-based organizations
- Faith-based organizations
- Federally recognized or state-recognized American Indian/Alaska Native tribal governments
- American Indian/Alaska native tribally designated organizations
- Alaska Native health organizations
- Urban Indian health organizations
- Tribal epidemiology centers
- State and local governments or their Bona Fide Agents (this includes the District of
Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau

- Political subdivisions of States (in consultation with States)

2. **Cost Sharing or Matching**

Cost sharing or matching is not a requirement of the “Partnership” Program.

3. **Other Eligibility Information**

**Application Responsiveness Criteria**

We will review your application to determine whether it meets the following responsiveness criteria. If your application does not meet the responsiveness criteria, we will eliminate it from the competition and it will not be reviewed.

The applicant appears to have demonstrated:

- That the project proposes to have a nationwide or regional (i.e., three or more states, territories and/or tribes) reach, focus or impact;

- That the proposed project will include multi-partner collaboration as evidenced by letters of commitment with partners (external entities and member agencies, institutions and schools). The applicant must submit with its application a Letter of Commitment (LOC) between the applicant organization and each partner organization and agency. Each LOC must clearly delineate the roles and responsibilities, summarize the activities to be carried out by each organization relative to the proposed project; identify the resources each partner organization will provide to the project and the source of resources if federally supported; indicate the amount of grant funds, if any, the partner organizations will
receive from the project (if awarded); and indicate the specific dates of the agreement and the terms for termination of the agreement. A representative from the applicant organization and each partner organization must sign the LOC. The agreement must be signed by individuals with the authority to represent the organizations (e.g., president, chief executive officer, executive director, agency authorizing official). Signatures may be by facsimile transmission or other electronic means, and the LOC may be executed in any number of counterparts, all of which together shall constitute one signed LOC;

- We will consider only one application per organization. If an applicant submits more than one application, then only the last application will be considered;

- The application must include a confidentiality plan for participants that covers the entire five year project period. The plan must include the signature of all partners and be signed by an authorized representative of each project partner. Signatures may be provided by facsimile transmission or other electronic means, and the confidentiality plan may be executed in any number of counterparts, all of which together shall constitute one signed confidentiality plan. Confidentiality plans must describe services provided, describe how data will be protected and provide the term of service over the four year grant project.

- The applicant must submit with the application a signed letter by the applicant’s authorized official assuring that if funding is secured the applicant will submit an application to an Institutional Review Board for approval.

**Application Disqualification Criteria**
If your application is appropriately submitted, it will be screened to assure a level playing field for all applicants. If your application fails to meet the criteria described below it will be disqualified, that is, **not** reviewed and will receive **no** further consideration.

a) Your application must be submitted electronically via [www.grants.gov](http://www.grants.gov) (unless an exemption was granted 2 business days prior to the deadline) by 5 p.m. ET on the date indicated in the DATES section on page 1 of this announcement.

b) If you successfully submit duplicate applications from the same organization for the same project, only the last application received by the deadline will be reviewed.

c) Your Project Narrative section of the application must be double-spaced, on the equivalent of 8 ½” x 11” inch page size, with 1” margins on all sides (top, bottom, left and right) and font size not less than 12 points.

d) Your Project Narrative must **not** exceed 50 pages. NOTE: The following items do not count toward the page limit: all required forms, including SF-424, SF-424A, SF-424B, SF-LLL, Project Abstract Summary, and Budget Narrative (including budget tables).

e) Your total application, including the Project Narrative plus Appendices, must **not** exceed 80 pages. NOTE: items listed in “d” immediately above do not count toward total page limit.

f) Your Federal funds request does **not** exceed the maximum indicated in Range of Awards.

g) Your application meets the **Application Responsiveness Criteria** outlined above.

### D. APPLICATION AND SUBMISSION INFORMATION

1. **Address to Request Application Package**

   You may obtain an application package electronically by accessing Grants.gov at [http://www.grants.gov/](http://www.grants.gov/). You can find it by searching on the CFDA number shown on page 1 of
this funding opportunity announcement. If you have problems accessing the application or difficulty downloading, contact:

Office of Grants Management

Phone: 240-453-8822

Email: ogm.oash@hhs.gov

2. Content and Form of Application Submission

   i. Letter of Intent - Not required.

   ii. Application Format

   Your application must be prepared using the forms and information provided in the online grant application package. The Project Narrative, and total application including appendices, must adhere to the page limit indicated in Application Disqualification Criteria listed in Section C. You must double-space the Project Narrative pages.

   You should use an easily readable typeface, such as Times New Roman or Arial. You must use 12-point font. You may single-space tables or use alternate fonts but you must ensure the tables are easily readable. The page limit does not include the Budget Narrative (including budget tables), required forms, assurances, and certifications as described in Application Disqualification Criteria. Please do not number pages or include a table of contents. Our grants management system will generate page numbers once your application is complete.

   If your application exceeds the specified page limits for the Project Narrative or Project Narrative plus Appendices when printed on 8.5” X 11” paper by HHS/OASH/OGM, it will not be considered. We recommend you print out your application before submitting electronically to ensure that it is within the page limits and is easily readable.

Appendices
Your Appendices should include any specific documents outlined in Section D.2.iii., under the heading “Appendices” in the Application Content section of this funding opportunity announcement. Your documents should be easy to read. You should use the same formatting specified for the Project Narrative. However, documents such as resumes/CVs, organizational charts, tables, letters of commitment may use formatting common to those documents, but the pages must be easily readable.

**Project Abstract Summary**

You must complete the Project Abstract Summary form provided in the application package. The abstract will be used to provide reviewers with an overview of the application and will form the basis for the application summary in grants management and program summary documents. If your project is funded, HHS may publish information from your form; therefore, do not include sensitive or proprietary information.

**Budget Narrative**

The Budget Narrative text should use the formatting required of the Project Narrative for the explanatory text. Budget tables may be single-spaced but should be laid out in an easily-readable format and within the printable margins of the page.

**iii. Application Content**

Successful applications will contain the following information:

**Project Narrative**
The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether or not your project meets the minimum requirements for a grant under this announcement. The Project Narrative must provide a clear and concise description of a five-year project addressing racial and ethnic minority and/or disadvantaged health related activities in the selected category (Improve access to and Utilization of Care; Develop Innovative Models for Managing Multiple Chronic Conditions; Increase the Diversity of the Health Workforce; or Increase Data Availability and Utilization of Data). The Section should include the following components:

Executive Summary

Problem Statement

Organizational Capability

Goals and Objectives

Outcomes

Program Plan
  • Proposed Intervention/Plan
  • Target Populations and Organizations
  • Project Management

Evaluation

Dissemination

**Executive Summary**: This section should include a brief description of the proposed project, including: target population, goal(s), objectives, outcomes, and evaluation plan.
**Problem Statement:** Identify and define the problem and contributing factors that will be addressed by the proposed project and activities. Describe and document (with data) the significance or prevalence of the problem or issues affecting the minority and/or disadvantaged group(s). Describe the minority and/or disadvantaged group(s) to be served by the project (e.g., race/ethnicity, age gender, educational level/income) including geographic area(s) targeted.

**Organizational Capability:** Your application should include an organizational capability statement and vitae or biographical sketches (as appendices) for key project personnel. The organizational capability statement should describe how the applicant agency (or the particular division of a larger agency which will have responsibility for this project) is organized, the nature and scope of its work, and the capabilities it possesses. This description should cover capabilities of the applicant agency not included in the program narrative, such as any current or previous relevant experience and/or the record of the project team in preparing cogent and useful reports, publications, and other products. The applicant should document significant experience working in the selected program area(s) (i.e., Access to and Utilization of Care, Innovative Models for Managing Multiple Chronic Conditions, Diversity of the Health Workforce, or Data Availability and Utilization).

For applicants that are state, local, tribal, or territorial public health departments: The Office of the Assistant Secretary for Health believes that accreditation is important. You should describe your current status in public health department accreditation through the Public Health Accreditation Board (PHAB). Examples of your status may include one of the seven steps in the PHAB process listed here: [http://www.phaboard.org/accreditation-process/seven-steps-of-public-healthaccreditation/](http://www.phaboard.org/accreditation-process/seven-steps-of-public-healthaccreditation/).
Include an organization chart showing the relationship of the project to the current organization; this chart may also include the contractual and/or supportive organizations that will become part of the network. Also include information about any contractual and/or supportive staff/organization(s) that will have a secondary role(s) in implementing the project and achieving project goals.

**Goals and Objectives:** Overall project goals, annual short-term and project long-term objectives must be provided. Identify impact outcomes and performance measures for the proposed activities. Tie outcomes/impacts and measures to long-term goals and objectives. All objectives should be related to one of the four categories of the Partnership program and must be stated in SMART (specific, measurable, accurate, realistic and timely) terms. SMART objectives should include baseline data and quantifiable timeframes for achievement. Objectives must focus on overall goals of the project rather than project activities. Goals must be ambitious and achievable in the project’s timeframe.

**Outcomes.** This section of the project narrative must clearly identify the measurable outcome(s) that will result from your project. OMH will not fund any project that does not include measurable outcomes. In addition to discussion in the narrative, applicants must describe how they envision the project will benefit the field at large.

A “measurable outcome” is an observable end-result that describes how a particular intervention benefits program participants. It demonstrates the “impact” of the intervention. For example, a change in a client’s health, and/or functional status; mental well-being; knowledge; skill; attitude; awareness; or behavior. It can also describe a
change in the degree to which participants exercise choice over the types of services they receive, or whether they are satisfied with the way a service is delivered. Additional examples include: a change in the responsiveness of a service delivery system; a new model of support or care that can be replicated; new knowledge; a measurable increase in community awareness; or a measurable increase in persons receiving services. A measurable outcome is not a measurable output, such as: the number of clients served; the number of training sessions held; or the number of service units provided.

You should keep the focus of this section on describing what outcome(s) will be produced by the project. You should use the Evaluation section noted below to describe how the outcome(s) will be measured and reported. Your application will be scored on the clarity, nature, and ambition of your proposed outcomes, not on the number of outcomes cited. In some cases, it is appropriate for a project to have only one outcome per goal that it is trying to achieve through the intervention reflected in the project’s design.

The application should demonstrate that the Partnership project will result in the improved outcomes. OMH recommends use of the following performance measures at baseline and annually thereafter specific to the applicants proposed projects:

**Improve access to and utilization of health care services**

- Emergency room visits in past 12 months
- BMI
- Glucose
- Blood pressure
- Use of any alcohol in past thirty days
• Use of illicit drugs in past thirty days
• Misuse of prescription drugs in past thirty days (i.e., taking prescription drugs prescribed for another person)
• Retention in HIV Care
• ART Among Persons in HIV Medical Care
• Viral Load
• Other indicators drawn from the Common Indicators for HHS-funded HIV Programs and Services\textsuperscript{11}

**Develop innovative models for managing multiple chronic conditions**

• Emergency room visits in past 12 months
• Summary score on relevant patient self-management tool
• BMI
• Glucose
• Blood pressure
• Use of any illicit drugs in past thirty days
• Misuse of prescription drugs in past thirty days (i.e., taking prescription drugs prescribed for another person)
• Use of any alcohol in past thirty days
• Retention in HIV Care
• ART Among Persons in HIV Medical Care
• Viral Load

\textsuperscript{11} [https://www.aids.gov/pdf/hhs-common-hiv-indicators.pdf](https://www.aids.gov/pdf/hhs-common-hiv-indicators.pdf)
• Other indicators drawn from the Common Indicators for HHS-funded HIV Programs and Services\textsuperscript{12}

\textbf{Increase diversity of the health workforce including health professionals, health researchers and health scientists}

• Number of students completing Advanced Placement Calculus
• Number of students completing Advanced Placement Statistics
• Number of students completing Algebra I by 8th grade
• Number of students completing Geometry by 9th grade
• Number of students completing Algebra II by 10th grade
• Number of students completing Calculus by 11th grade
• Number of students completing Advanced Placement Biology
• Number of students completing Advanced Placement Chemistry
• Number of students completing Biology by 9th grade
• Number of students completing Honors Biology by 9th grade
• Number of students completing Chemistry by 11th grade
• Number of students completing Honors Chemistry by 11th grade
• Number of students completing College Chemistry
• Number of students completing Organic Chemistry
• Number of students completing College Biology
• Number of students completing Advanced Biology

\textbf{Increase data availability and utilization of data}

\textsuperscript{12}https://www.aids.gov/pdf/hhs-common-hiv-indicators.pdf
• Number of manuscripts submitted to peer-review journals
• Number of national conference presentations

Program Plan

Proposed Intervention/Plan. Specify evidence-based strategies and practices to be used in proposed project activities in relation to the problem and factor(s) to be addressed. Clearly describe how the project will be carried out and the role(s) of collaborating organizations or subcontractors. Describe specific strategies, practices or interventions planned to achieve each objective. For each, describe how, when, where, by whom, and for whom it will be conducted. Describe any products to be developed by the project. A project chart must also be provided.

Partnership program projects should strive to demonstrate the effectiveness of a highly innovative and multi-partnership collaborative approach, incorporating the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards).

Specify the proposed interventions required for the focus area to be addressed, including the following interventions by focus area:

*Improve Access to and Utilization of Care* - Projects addressing this focus area may target efforts to racial and ethnic minority and/or disadvantaged populations, as well as health delivery systems, public health and human services, other community-based organizations and institutions of higher education who have a demonstrated history of service to racial and ethnic minorities in health care settings and/or the community-at-large (*e.g.*, media, local businesses and industries, community-based organizations, health
care paraprofessionals such as community health workers and promotores de salud, faith-based organizations, and civic associations). These projects must include strategies, practices, and interventions designed to address, develop and improve two or more of the following:

- Access to quality health care and appropriate utilization of health services;
- Health information technology to improve quality of health care;
- Health care needs of rural and isolated communities such as immigrant and refugee communities;
- Health literacy and health insurance literacy;
- Improving linkages to care; and
- Patient-centered medical home model.

**Innovative Models for Managing Multiple Chronic Conditions** – Projects that test new models or adapt proven models of disease prevention or disease management for minority and/or disadvantaged individuals/groups with multiple chronic conditions that affect morbidity. These projects must include strategies, practices, and interventions designed to address, develop and/or improve, at minimum, one of the following:

- Patient self-management tools or systems such as the Positive Self-Management Program for HIV, Diabetes Self-Management Program, or other chronic disease self-management programs, and/or models that incorporate peer or family support;¹³,¹⁴,¹⁵

- Web-based multi-user systems that can enhance communication between health

---

care providers and their clients;

- Telehealth and texting applications that remotely connect providers and patients in co-management of chronic diseases;

- Remote patient management, patient education, and provider information-sharing; and

- Patient-centered applications such as patient portals, personal health records (PHRs), and integrated voice response (IVR) systems designed to educate patients about their disease, their medications, and how they can self-manage chronic conditions such as diabetes, hypertension, or heart disease.

*Increase the Diversity of the Health Workforce* - Projects addressing workforce development must include at least one of the following:

- National mentoring initiatives which bring together targeted minority and/or disadvantaged high school and/or undergraduate students to increase their knowledge regarding career opportunities in health care, health research and health science and to explore prospects for pursuing health careers;

- Pipeline activities to increase the pool of minority and/or disadvantaged students interested in and prepared for health science and research careers. Such activities should include strengthening math and science skills to better prepare minority and/or disadvantaged students to undertake training for these fields.

- Mentoring and research support for undergraduates engaged in health care and health research or health sciences research concerning health equity and the social determinants of health.

*Increase Data Availability and Utilization of Data* – Projects must aim to increase the
knowledge base and increase data availability and utilization of data for health disparities and health equity activities.

Examples of activities that focus on increasing the knowledge base and enhancing data availability and utilization for health disparities and health equity activities:

- Using a social determinants of health approach, facilitating the use of local data (e.g. administrative, primary and secondary data) to design strategies, improve existing programs, educate policy and decision-makers, and build community collaboration to identify and eliminate health disparities.

- Using longitudinal and/or linked data sets, design and test innovative models that explore the independent and interactive influences of social determinants of health on a) health behaviors, b) utilization of health services, and c) health conditions, such that causal relationships are demonstrated.

- Developing or utilizing a framework\textsuperscript{16} that guides communities, through collaboration, to promote community data sharing and utilization at the local level.

- Identifying data available to address key health disparities, analyzing data to set specific priorities, and using data to plan, track and evaluate public health efforts to address issues.

- Providing training and technical support in data use for community-based and/or public health partners engaged in health disparities and health equity efforts that

\textsuperscript{16} Check resources such as the National Committee on Vital and Health Statistics website, particularly documents such as “Community Health Data, Data Stewardship and Data Access and Use: Tools and Resources” published on August 15, 2015 and a host of resources and lesson learned from communities who practice community-level engagement and methods of using data. Available at http://www.ncvhs.hhs.gov/recommendations-reports-presentations/.
results in peer-reviewed publications or application of research results in supporting public health program planning, monitoring and evaluation; AND/OR
  o the creation and/or novel use of health data to develop, plan and/or implement health programs designed to promote health equity in collaboration with a health entity. A health entity may include: a department of public health or assistance, health care provider, health care organization, and community-based organization; AND/OR
  o creation of new, linked datasets to address health disparities to address health disparities and health equity; AND/OR
  o augmentation of current data collection efforts involving oversamples of racial and ethnic minorities to enhance data reliability to allow for subgroup analyses.

**Populations and Organizations.** This section should also describe how your proposed intervention will target the focal population to be served by your Partnership program, including those who are limited English speaking. This section should also identify the languages spoken by the populations to be served. Describe and document with data the magnitude of the health inequities burdening the population to be served. Describe the population (e.g., race/ethnicity, age, gender, educational level, income, and specific subpopulations) including geographic areas to be served (e.g., national, regional and/or local). In describing the problem or the need for the Partnership project, the applicant should clearly describe the risk factors faced by the population(s) to be served. The description of the risk factors must be supported with data regarding the local area
(national, regional, state and tribal data may be used to put the local problem in context).

This section should also describe how you plan to involve community-based organizations, network partners, and stakeholders in a meaningful way in the planning and implementation of the proposed project. Additionally, this section should outline who you consider vested stakeholders in the successful operation, how they were/will be identified, and how they will be meaningfully incorporated into the project. Identify partner organizations and provide the rationale for including each of them in the project.

**Project Management:** Provide a description of proposed program staff, including job descriptions for key staff (including the Project Director), qualifications and responsibilities of each staff member and percentage time each will commit to the project. Provide a description of duties for proposed consultants and volunteers, if applicable. Include an organization chart that illustrates the project reporting structure and timeline. Include charts of the required partnership organizations’ structure. Discuss how these organizations will interface with the applicant organization and each other. Also describe the approach that will be used to monitor and track progress on the project’s tasks and objectives. OMH expects that, throughout the grant period, the Project Director will have involvement in, and substantial knowledge about, all aspects of the project.

**Evaluation Plan:** The evaluation plan must clearly articulate how the applicant will evaluate project components. The applicant is expected to implement the evaluation plan at the beginning of the project in order to capture and document actions contributing to relevant project impact and outcomes.
For three program areas, *Improve Access to and Utilization of Care, Innovative Models for Managing Multiple Chronic Conditions, and Increase the Diversity of Health Workforce*, the evaluation plan must:

- Clearly describe (narrative and logic model) existing or current evidence-based models/programs and the associated outcomes achieved in or for minority and/or disadvantaged populations. If no data for minority and/or disadvantaged populations exist, outcomes achieved in peer general populations should be provided. The theoretical basis of the model/program should be specified.

- Clearly describe (narrative and revised logic model) the innovative, novel components or execution of the revised logic model associated with an expected significant improvement of outcomes for target minority/disadvantaged populations. Theoretical basis for the innovation should be specified.

- Clearly describe the research design (i.e., experimental or quasi-experimental) that will be used to test the proposed intervention against a control group or data. Preference will be given to proposals employing an experimental design.

- Specify planned outcome measures that are specific, achievable, reliable, and valid.

- If applicable, include a description of procedures to ensure compliance with 45 CFR Part 46 (Human Subjects Protection).

- If applicable, provide a power analysis on the key outcome measures that demonstrate that the proposed test will be able to detect a significant difference between the intervention group and control or comparison group at the alpha = .05 level.
For the fourth program area, *Increase Data Availability and Utilization of Data*, the evaluation plan must:

- Clearly describe the current data and data analysis needs and proposed indicators for documenting the satisfaction of the data needs;
- Specify the plan for assuring access to new data resources and proposed indicator that demonstrate data sharing can be achieved during program period and potentially, beyond;
- Describe outcome measures associated with any training programs and strategic partnerships for building capacity.
- Description of any data tools or publications that are expected to result from improved data access and utilization.

**Dissemination Plan:** This section should describe the method that will be used to disseminate the project’s results and findings in a timely manner and in easily understandable formats to the target audience, the general public, and other parties who might be interested in using the results of the project. All appropriate findings and products may be posted on a HHS/OMH sponsored website as determined by HHS/OMH. Therefore, you should propose other innovative approaches to informing parties who might be interested in using the results of your project to inform practice, service delivery, program development, and/or policy-making, especially to those parties who would be interested in replicating the project. HHS/OMH expects that nationwide dissemination of products and knowledge will occur.

**Budget Narrative**
You must complete the required budgetary forms and submit a budget narrative with detailed justification as part of your application. You must enter the project budget on the Budget Information Non-construction Programs standard form (SF 424A) according to the directions provided with this standard form. The budget narrative consists of a detailed line-item budget that includes calculations for all costs and activities by "object class categories" identified on the SF-424A and justification of the costs. You must indicate the method you are selecting for your indirect cost rate. See Indirect Charges below for further information.

Project budget calculations must include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient to verify the calculations. If matching or cost sharing is required, you must include a detailed listing of any funding sources identified in box 18 of the SF-424 (Application for Federal Assistance).

Please be sure to carefully review section D.6 Funding Restrictions for specific information regarding allowable, unallowable, and restricted costs.

You must provide an object class category budget using Section B, box 6 of the SF 424A for the first year of the proposed project. Provide a budget justification, which includes a budget narrative and a line-item detail, for the first year of the proposed project. The budget narrative should describe how the categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs.

For subsequent budget years, provide a summary narrative and line item budget. For categories or items that differ significantly from the first budget year, provide a detailed justification explaining these changes. Note, do not include costs beyond the first budget year in
the object class budget in box 6 of the SF-424A or box 18 of the SF-424; the amounts entered in these sections should only reflect the first budget year.

Your budget narrative should justify the overall cost of the project as well as the proposed cost per activity, service delivered, and/or product. For example, the budget narrative should define the amount of work you have planned and expect to perform, what it will cost, and an explanation of how the result is cost effective. For example, if you are proposing to provide services to clients, you should describe how many clients are you expecting to serve, the unit cost of serving each client, and how this is cost effective.

Use the following guidelines for preparing the detailed object class budget required by box 6 of the SF-424A. The object class budget organizes your proposed costs into a set of defined categories outlined below. Both federal and non-federal resources (when required) must be detailed and justified in the budget narrative. "Federal resources" refers only to the HHS/OMH grant funds for which you are applying. "Non-federal resources" are all other non-HHS/OMH federal and non-federal resources. We recommend you present budget amounts and computations in a columnar format: first column, object class categories; second column, federal funds requested; third column, non-federal resources; and last column, total budget. Note, subrecipient/contract and consultant detailed costs should all be included in those specific line items, not in the overall project object class line items, i.e., subrecipient travel should be included in the Contractual line item not in Travel.

Object Class Descriptions and Required Justifications

Personnel Description: Costs of staff salaries and wages, excluding benefits.
Personnel Justification: Identify the project director or principal investigator, if known at the time of application. Provide a separate table for personnel costs detailing for each proposed staff person: the title; full name (if known at time of application), time commitment to the project as a percentage or full-time equivalent: annual salary and/or annual wage rate; federally funded grant salary; non-federal grant salary, if applicable; and total salary. No salary rate may exceed the statutory limitation in effect at the time you submit your application (see D.6 Funding Restrictions, Salary Limitation for details). Do not include the costs of consultants, personnel costs of delegate agencies, or of specific project(s) and/or businesses to be financed by the applicant. Contractors and consultants should not be placed under this category.

Fringe Benefits Description: Costs of employee fringe benefits unless treated as part of an approved indirect cost rate.

Fringe Benefits Justification: Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, Federal Insurance Contributions Act (FICA) taxes, retirement insurance, and taxes.

Travel Description: Costs of travel by staff of the applicant organization.

Travel Justification: For each trip, show the date of the proposed travel, total number of traveler(s); travel destination; duration of trip; per diem; mileage allowances, if privately owned vehicles will be used; and other transportation costs and subsistence allowances. Equipment Description: "Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year per unit and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) $5,000. (Note: Acquisition cost means the net invoice unit price of an item of
equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with your organization's regular written accounting practices.)

Equipment Justification: For each type of equipment requested applicants must provide a description of the equipment; the cost per unit; the number of units; the total cost; and a plan for use of the equipment in the project; as well as a plan for the use, and/or disposal of, the equipment after the project ends. An applicant organization that uses its own definition for equipment should provide a copy of its policy, or section of its policy, that includes the equipment definition; include this with your Budget Narrative file. Reference the policy in this justification and include the policy copy in your Budget Narrative file (not your appendices).

Supplies Description: Costs of all tangible personal property other than those included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than $5,000.

Supplies Justification: Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested.

Contractual Description: Costs of all contracts or subawards for services and goods except for those that belong under other categories such as equipment, supplies, construction, etc. Include third-party evaluation contracts, if applicable, and contracts or subawards with subrecipient organizations (with budget detail), including delegate agencies and specific
project(s) and/or businesses to be financed by the applicant. This line item is not for individual consultants.

Contractual Justification: Demonstrate that all procurement transactions will be conducted in a manner to provide, to the maximum extent practical, open, and free competition. Recipients and subrecipients are required to use 45 CFR § 75.328 procedures and must justify any anticipated procurement action that is expected to be awarded without competition and exceeds the simplified acquisition threshold fixed by 41 U.S.C. § 134, as amended by 2 CFR § 200.88, and currently set at $150,000. Recipients may be required to make pre-award review and procurement documents, such as requests for proposals or invitations for bids, independent cost estimates, etc., available to HHS/OASH.

Note: Whenever you intend to delegate part of the project to another agency, the applicant must provide a detailed budget and budget narrative for each subrecipient/contractor, by agency title, along with the same supporting information referred to in these instructions. If you plan to select the subrecipients/contractors post-award and a detailed budget is not available at the time of application, the applicant must provide information on the nature of the work to be delegated, the estimated costs, and the process for selecting the delegate agency.

Other Description: Enter the total of all other costs. Such costs, where applicable and appropriate, may include but are not limited to: consultants; insurance; food (when allowable); professional services (including audit charges); space and equipment rent; printing and publication; training, such as tuition and stipends; staff development costs; and any other costs not addressed elsewhere in the budget.
Other Justification: Provide computations, a narrative description, and a justification for each cost under this category.

Indirect Charges Description: Total amount of indirect costs. This category has one of two methods that an applicant may select. You may only select one.

1) Your organization currently has an indirect cost rate approved by the Department of Health and Human Services (HHS) or another cognizant federal agency. You should enclose a copy of the current approved rate agreement. If you request a rate that is less than allowed, your authorized representative must submit a signed acknowledgement that the organization is accepting a lower rate than allowed.

2) Per 45 CFR § 75.414(f) Indirect (F&A) costs, “any non-Federal entity [i.e., applicant] that has never received a negotiated indirect cost rate, … may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. As described in § 75.403, costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate for a rate, which the non-Federal entity may apply to do at any time.”

This method only applies to applicants that have never received an approved negotiated indirect cost rate from HHS or another cognizant federal agency. Applicants awaiting approval of an indirect cost rate may request the 10 percent de minimis. When the applicant chooses this method, costs included in the indirect cost pool must not be charged as direct costs to the grant.
Program Income Description: Program income means gross income earned by your organization that is directly generated by this project if funded except as provided in 45 CFR § 75.307(f). Program income includes but is not limited to income from fees for services performed or the use or rental of real or personal property acquired under the award. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them. See also 45 CFR §§ 75.307, 75.407 and 35 U.S.C. §§ 200-212 (applies to inventions made under Federal awards).

Program Income Justification: Describe and estimate the sources and amounts of Program Income that this project may generate if funded. Unless being used for cost sharing, if applicable, these funds should not be added to your budget. This amount should be reflected in box 7 of the SF-424A.

Non-Federal Resources Description: Amounts of non-federal resources that will be used to support the project as identified in box 18 of the SF-424. For all federal awards, any shared costs or matching funds and all contributions, including cash and third-party in-kind contributions, must be accepted as part of the recipient’s cost sharing or matching when such contributions meet all of the criteria listed in 45 CFR § 75.306. For awards that require matching by statute, recipients will be held accountable for projected commitments of non-federal resources in their application budgets and budget justifications by budget period or by project period for fully-funded awards, even if the justification by budget period, or by project period for fully-funded awards, exceeds the amount required. A recipient’s failure to provide the required matching amount may result in the disallowance of federal funds. If you are funded, you will be required to report these funds on your Federal Financial Reports. For awards that do not require
matching or cost sharing by statute, where “cost sharing” refers to any situation in which the recipient voluntarily shares in the costs of a project other than as statutorily required matching and are accepted by HHS/OASH, we will include this non-federal cost sharing in the approved project budget and the recipient will be held accountable for the non-federal cost-sharing funds as shown in the Notice of Award (NOA). A recipient’s failure to provide voluntary cost sharing of non-federal resources that have been accepted by HHS/OASH as part of the approved project costs and that are shown as part of the approved project budget in the NOA may result in the disallowance of federal funds. If you are funded, you will be required to report these funds on your Federal Financial Reports.

Non-federal Resources Justification: You must provide detailed budget information for every funding source identified in box 18. "Estimated Funding ($)" on the SF-424. Provide this documentation as part of your Budget Narrative file, not your Appendices.

You must fully identify and document in your application the specific costs or contributions you propose in order to meet a matching requirement. You must provide documentation in your application on the sources of funding or contribution(s). In-kind contributions must be accompanied by a justification of how the stated valuation was determined. Matching or cost sharing must be documented by budget period (or by project period for fully-funded awards).

Applications that lack the required supporting documentation will not be disqualified from competitive review; however, it may impact an application’s scoring under the evaluation criteria in Section V.1 of this announcement.

Plan for Oversight of Federal Award Funds
You must include a plan for oversight of federal award funds which:

- Describes how your organization will provide oversight of federal funds and how grant activities and partner(s) will adhere to applicable federal grant and programmatic regulations.

- Describes the organizational systems that demonstrate effective control over and accountability for federal funds and program income, compare outlays with budget amounts, and provide accounting records supported by source documentation.

- Describes organizational controls that will ensure timely and accurate submission of Federal Financial Reports to the OASH Office of Grants Management and Payment Management Services as well as timely and appropriate withdrawal of cash from the Payment Management System.

Appendices

All items described in this section will count toward the total page limit of your application.

Work Plan.

Your Work Plan should reflect, and be consistent with, the Project Narrative and Budget Narrative, and must cover all five years of the project period. However, each year’s activities should be fully attainable in one budget year. You may propose multi-year activities, as well as activities that build upon each other, but each phase of the project must be discreet and attainable within a single budget year. Your Work Plan should include a statement of the project’s overall goal, anticipated outcome(s), key SMART objectives, and the major tasks, action steps, or products that will be pursued or
developed to achieve the goal and outcome(s). For each major task of each year, action step, or product, your work plan should identify the timeframes involved (including start- and end-dates), and the lead person responsible for completing the task.

**A Letter of Commitment from all Participating Organizations and Agencies.**

The applicant must submit with its application a Letter of Commitment (LOC) between the applicant organization and each partner organization. Each LOC must clearly delineate the roles and resources (including in-kind) that each entity will bring to the project; state the duration and terms of the agreement and cover the entire project period. Each LOC must include all partners and be signed by the authorized representatives of each Partnership program partner. Signatures may be by facsimile transmission or other electronic means, and the LOC may be executed in any number of counterparts, all of which together shall constitute one signed LOC.

Letters of commitment are not the same as letters of support. Letters of support are letters that are general in nature that speak to the writer’s belief in the capability of an applicant to accomplish a goal/task. Letters of support also may indicate an intent or interest to work together in the future, but they lack specificity. You should NOT provide letters of support, and letters of support such as this will not be considered during the review.

**Logic Model**

The applicant must submit with its application a Logic Model that specifies the program theory to be employed in the intervention.
Institutional Review Board Approval Agreement.

If applicable to the proposed project’s area of focus, the applicant must submit with the application a signed letter by the authorized official assuring that, if funded, the applicant will submit an application to an Institutional Review Board for approval.

Confidentiality Plan.

If applicable to the proposed project’s focus area, the applicant must submit with its application a confidentiality plan for participants/clients that covers the entire five year period of the project. The plan must include the signature of all partners and be signed by an authorized representative of each Partnership partner. Signatures may be provided by facsimile transmission or other electronic means, and the confidentiality plan may be executed in any number of counterparts, all of which together shall constitute one signed confidentiality plan. Confidentiality plans must describe services provided, describe how data will be protected and provide the term of service over the four year grant project.

Curriculum Vitae/Resume for Key Project Personnel.

The applicant must submit with its application curriculum vitae and/or resumes of all key personnel.

Organizational Chart.

The applicant must submit with its application an organizational chart that shows the relationship of the project to the current organization.
Project Chart.

The applicant must submit with the application a project chart that shows the relationship of the project to the applicant, contractual partners, and/or supportive organizations that will become part of the network.

3. Unique Entity Identifier and System for Award Management (SAM)

- You are required to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements through Grants.gov. It is a unique, nine-digit identification number, which provides unique identifiers of single business entities. The DUNS number is free and easy to obtain.


- Your organization must register online in the System for Award Management (SAM). Grants.gov will reject submissions from applicants with nonexistent or expired SAM Registrations.


You should allow a minimum of five days to complete an initial SAM registration.
Allow up to 10 business days after you submit your registration for it to be active in SAM.

- If your organization is already registered in SAM, you must renew your SAM registration each year. Organizations registered to apply for Federal grants through http://www.grants.gov will need to renew their registration in SAM.

- It may take 24 hours or more for SAM updates to take effect in Grants.gov, so if you plan to apply for this funding opportunity or think you might apply, you should ensure your organization’s registration is active in SAM well before the application deadline and will be active through the competitive review period.

- If you are successful and receive a grant award, you must maintain an active SAM registration with current information at all times during which your organization has an active award or an application or plan under consideration by an HHS agency.

HHS/OASH cannot make an award until you have complied with these requirements. In accordance with 2 CFR § 25.205, at the time an award is ready to be made, if you have not complied with these requirements, HHS/OASH:

- May determine that you are not qualified to receive an award; and

- May use that determination as a basis for making an award to another applicant.

Should you successfully compete and receive an award, all first-tier sub-award recipients must have a DUNS number at the time you, the recipient, make a sub-award.

4. Submission Dates and Times
You must submit your application for this funding opportunity by **5:00 p.m. Eastern Time** on the date indicated in the DATES section on page 1 of this announcement. Your submission time will be determined by the date and time stamp provided by Grants.gov when you **complete** your submission.

**If you fail to submit your application by the due date and time, we will not review it, and it will receive no further consideration.** You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or with [http://www.grants.gov](http://www.grants.gov). Grants.gov can take up to 48 hours to notify you of a successful or rejected submission. You are better off having a less-than-perfect application successfully submitted and under consideration than no application.

If your submission fails due to a system problem with Grants.gov, we may consider your application if you provide verification from Grants.gov indicating system problems existed at the time of your submission **and that time was before the submission deadline**. A “system problem” does not include known issues for which Grants.gov has posted instructions regarding how to successfully submit an application such as compatible Adobe versions or file naming conventions. As the applicant, it is your responsibility to review all instructions available on Grants.gov regarding successfully submitting an application.

5. **Intergovernmental Review**

Applications under this announcement are subject to the requirements of Executive Order 12372, “Intergovernmental Review of Federal Programs,” as implemented by 45 CFR part 100, “Intergovernmental Review of Department of Health and Human Services Programs and Activities.” As soon as possible, you should discuss the project with the State
Single Point of Contact (SPOC) for the State in which your organization is located. The current listing of the SPOCs is available at http://www.whitehouse.gov/omb/grants_sposc. For those states not represented on the listing, further inquiries should be made by the applicant regarding submission to the relevant SPOC.

The SPOC should forward any comments to the Department of Health and Human Services 1101 Wootton Parkway, Suite 550, Rockville, MD 20852. The SPOC has 60 days from the due date listed in this announcement to submit any comments. For further information, contact the HHS/OASH Office of Grants Management at 240–453–8822.

6. Funding Restrictions

The allowability, allocability, reasonableness, and necessity of direct and indirect costs that may be charged to HHS/OASH grants must be in accordance with Department regulations and policy effective at the time of the award. Current requirements are outlined at 45 CFR part 75 “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.” These requirements apply to you, the applicant, and any subrecipients.

Indirect costs may be included per 45 CFR § 75.414. Applicants should indicate which method and/or rate is used for this application. See the Budget Narrative section of this announcement for more information. To obtain a negotiated indirect cost rate with the Federal Government you may contact the U.S. Department of Health and Human Services Cost Allocation Services (CAS) regional office that is applicable to your State. CAS regional contact information is available at https://rates.psc.gov/fms/dca/map1.html.

Pre-Award Costs:
Pre-award costs not allowed.
**Salary Limitation:**

Each year’s appropriations act limits the salary amount that you may be awarded and charge to HHS/OASH grants and cooperative agreements. Award funds should not be budgeted to pay the salary of an individual at a rate in excess of Executive Level II. Currently, the Executive Level II salary of the Federal Executive Pay scale is $185,100. 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 an HHS/OASH grant or cooperative agreement.

The breakdown below provides an example of the application of this limitation to an individual with a base salary of $350,000 per year and fringe benefits of 25% who works on the project 50% of a full-time equivalent, and how you must adjust the salary to comply with the limitation.

<table>
<thead>
<tr>
<th>Individual’s actual base full time salary: $350,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>50% of time will be devoted to project</td>
</tr>
<tr>
<td>Direct salary</td>
</tr>
<tr>
<td>Fringe (25% of salary)</td>
</tr>
<tr>
<td>Total</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: $185,100

50% of time will be devoted to the project

<p>| Direct salary (50% of salary) | $92,550.00 |</p>
<table>
<thead>
<tr>
<th>Fringe (25% of salary)</th>
<th>$23,137.50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total amount</td>
<td>$115,687.50</td>
</tr>
</tbody>
</table>

Appropriate salary limits will apply as required by law.

7. Other Submission Requirements

Electronic Submission

HHS/OASH requires that all applications be submitted electronically via the Grants.gov portal unless an exemption has been granted. If you submit an application via any other means of electronic communication, including facsimile or electronic mail, it will not be accepted for review.

You may access the Grants.gov website portal at [http://www.grants.gov](http://www.grants.gov). All HHS/OASH funding opportunities and grant application packages are made available on Grants.gov.

Your application will not be considered valid until all application components are received via Grants.gov by the HHS/OASH Office of Grants Management according to the deadlines specified in the DATES section on page 1 of this announcement. If your application does not adhere to the due date and time requirements, it will be deemed ineligible and receive no further consideration.

If you choose to apply, you are encouraged to initiate electronic applications early in the application development process. Applying in advance of the deadline will allow you to address any problems with submissions prior to the application deadline.

Applications, excluding required standard forms, must be submitted as three (3) files (see acceptable file types below). One file must contain the entire Project Narrative, another the entire
Budget Narrative including supporting documentation described in the Budget Narrative content section; and the third file must contain all documents in the Appendices. Any additional files submitted as part of the Grants.gov application will not be accepted for processing and will be excluded from the application during the review process.

Any files uploaded or attached to the Grants.gov application must be Adobe PDF, Microsoft Word, or image formats (JPG, GIF, TIFF, or BMP only) and must contain a valid file format extension in the filename. HHS/OASH strongly recommends that electronic applications be uploaded as Adobe PDF. If you convert to PDF prior to submission you may prevent any unintentional formatting that might occur with submission of an editable document. Please note, even though Grants.gov allows you to attach any file format as part of your application, HHS/OASH restricts this practice and only accepts the file formats identified above. Any file submitted as part of the Grants.gov application that is not in a file format listed above will not be accepted for processing and will be excluded from the application during the review process.

Any file submitted as part of the Grants.gov application that contains password protection will not be accepted for processing and will be excluded from the application during the review process. We will not contact you for passwords or resubmission of unprotected files. Unprotected information in the application will be forwarded for consideration but password protected portions will not. You should avoid submitting personally identifiable information such as on résumés.

In addition, the use of compressed file formats such as ZIP, RAR, or Adobe Portfolio will not be accepted. We will not contact you for resubmission of uncompressed versions of files. Compressed information in the application will not be forwarded for consideration.
You must submit your application in a format that can easily be copied and read by reviewers. We do not recommend that you submit scanned copies through Grants.gov unless you confirm the clarity of the documents. Pages cannot be reduced resulting in multiple pages on a single sheet to avoid exceeding the page limitation. If you submit documents that do not conform to the above, we will exclude them from your application during the review process.

**Important Grants.gov Information**

You may access the electronic application for this program on http://www.grants.gov. You must search the downloadable application page by the Funding Opportunity Number or CFDA number, both of which can be found on page 1 of this funding opportunity announcement.

To ensure successful submission of your application, you should carefully follow the step-by-step instructions provided at [http://www.grants.gov/web/grants/applicants/apply-for-grants.html](http://www.grants.gov/web/grants/applicants/apply-for-grants.html). These instructions are kept up-to-date and also provide links to Frequently Asked Questions and other troubleshooting information. You are responsible for reviewing all Grants.gov submission requirements on the Grants.gov site.

You should contact Grants.gov with any questions or concerns regarding the electronic application process conducted through Grants.gov. See Section D.3 for requirements related to DUNS numbers and SAM registration.

**E. APPLICATION REVIEW INFORMATION**

1. **Criteria:** Eligible applications will be assessed according to the following criteria:

   Factor 1: Executive Summary and Problem Statement (10 points)
   - Quality and soundness of the Executive Summary and the description in Problem
Statement of the proposed project and the nature and scope of the specific problem and/or issue(s) and proposed intervention.

- The depth and breadth of knowledge of the problem demonstrated by the application.

Factor 2: Organizational Capability (10 points)

- Appropriateness of the applicant’s organizational structure and organizational chart provided to implement the project as proposed
- Evidence of the organization’s (and any partners’) ability to address the targeted minority and/or disadvantaged population relative to the Partnership program category(ies).
- Extent and documented outcomes of past efforts and activities with the target population.
- Demonstrated ability of the organization to effectively implement national or regional initiatives and manage multiple projects.
- Demonstrated ability to collaborate with other non-affiliated organizations.
- Appropriateness of defined roles and responsibilities of project staff including any proposed consultants.
- Demonstrated ability and history providing culturally and linguistically appropriate services and programs to racial and ethnic minority and/or disadvantaged populations.
- Extent to which the organization demonstrates its ability to collect, analyze and disseminate data on the health of minority and/or disadvantaged populations.

Factor 3: Goals and Objectives (5 points)
• Merit of the stated goals and objectives.

• The extent to which the stated problem to be addressed by the proposed project and the proposed project itself appear to meet the Partnership program purpose and expectations.

• Degree to which the objectives are SMART.

• Degree to which the objectives focus on the overall goal of the program rather than program activities.

Factor 4: Outcomes (10 points)

• The quality and nature of the proposed measureable outcomes.

• The extent of the expected impact on the target population of the proposal’s measurable outcomes.

Factor 5: Program Plan including Proposed Interventions/Plan, Target Populations and Organizations, and Project Management (30 points total)

5.1: Program Interventions/Plan and Project Management (25 of 30 points)

• Extent to which proposed strategies and overall project is designed to improve upon an evidence-based model.

• Appropriateness and merit of proposed approach, strategies, and specific activities for each objective.

• Extent to which the project demonstrates that the intervention is culturally and linguistically appropriate.

• Logic and sequencing of the planned approaches as they relate to the specified
targeted health areas to be addressed and the needs of the target population.

- Logic and sequencing of the planned approaches as they relate to the problem statement.
- Logic and sequencing of the planned approaches as they relate to SMART objectives.
- Appropriateness of defined roles including staff reporting channels and that of any proposed consultants;
  - The soundness of applicant’s organizational structure, inclusive of clearly defined roles and responsibilities and lines of authority among the proposed staff within and between partnering organizations.
  - The strength of commitment of the applicant organization in terms of managerial and leadership support and staffing necessary to carry out proposed plan.
  - Soundness of the established community network and the detail provided relative to the experience, roles, resources/and or services each entity will provide for the project (must cover the entire project period).
- The experience and knowledge of applicant and proposed partner organizations with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards) (https://www.thinkculturalhealth.hhs.gov/Content/clas.asp) and the quality of the proposed project and ability of the applicant to implement the project in a culturally and linguistically appropriate manner tailored to the target population(s), including Limited English Proficiency populations.
• The quality and completeness of the signed Letter of Commitment between the applicant and its subrecipients/partners.

5.2 Populations and Organizations (5 of 30 points)

• The quality of applicant’s description and documentation with data demographic information on the targeted geographic area and the group(s) to be served by the project (e.g., race/ethnicity, age, gender, geographic area).

Factor 6: Evaluation, Innovation and Dissemination Plan (30 points total)

6.1: Clarity and appropriateness of methodology for evaluation. (15 of 30 points)

• The degree to which expected results are appropriate for the proposed objectives and activities.

• Appropriateness of the proposed methods for data collection (including demographic data to be collected on project participants), analysis and reporting.

• The quality and suitability of the applicant’s outcome measures.

• The quality and soundness of a clearly articulated and detailed plan for tracking, assessing, and documenting progress toward achieving objectives, planned activities, and intended outcomes.

• The quality, soundness and clarity of the applicant’s plan for measuring project outcomes and accomplishments.

• The potential for the proposed project to impact the health status of the target population(s).

• The soundness of applicant’s plan to document the project for replicability in similar communities or with other minority and/or disadvantaged populations.
• The quality and appropriateness of the applicant’s logic model.

6.2: Innovation (10 of 30 points)

• The extent to which the proposed intervention represents an innovative or new approach that is expected to result in a substantial and significant improvement over current practices. Improvements may be increased efficiencies (e.g., greater number of participants trained or served at lower cost with same significant outcomes) and/or an increased magnitude of change in knowledge, attitudes or practices.

6.3: Dissemination (5 of 30 points)

• The detail, specificity and quality of applicant’s plan for disseminating project model(s), outcomes and findings in a timely manner and in easily understandable format, including at the local community level, to other parties who might be interested in using the results of the project, and to the general public.

Factor 7: Budget (5 points)

• The quality and completeness of the applicant’s Budget Narrative.

• The degree to which the proposal demonstrates a clear and strong relationship between the stated objectives, project activities, and the budget.

• The degree to which the Budget Narrative defines the amount of work that is planned and expected to be performed and what it will cost with an explanation of how it will be cost effective.

2. Review and Selection Process
Each HHS/OASH Program's office is responsible for facilitating the process of evaluating applications and setting funding levels according to the criteria set above.

An independent review panel will evaluate applications that pass the screening and meet the responsiveness criteria if applicable. These reviewers are experts in their fields, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined under Section E.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria. In addition to the independent review panel, Federal staff will review each application for programmatic, budgetary, and grants management compliance. In making these decisions, the Deputy Assistant Secretary for Minority Health may take into consideration the following additional criterion:

a) distribution among the four Partnership program categories; and

b) geographical distribution.

All award decisions, including level of funding if an award is made, are final and you may not appeal.

3. Review of Risk Posed by Applicant

The HHS/OASH will evaluate each application in the fundable range for risks posed by an applicant before issuing an award in accordance with 45 CFR § 75.205. This evaluation may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If we determine that a Federal award will be made, special conditions that correspond to the degree of risk assessed by the applicant will be applied to the Federal award. OASH will use a risk-based approach and may consider any items such as the following:
(a) Applicant’s financial stability;

(b) Quality of management systems and ability to meet the management standards prescribed in 45 CFR part 75;

(c) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(d) Reports and findings from audits performed; and

(e) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

Prior to making a Federal award with a total Federal share greater than the simplified acquisition threshold (currently $150,000), we are required to review and consider any information about you that is in the designated integrity and performance system accessible through the System for Award Management (SAM) (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). You may, at your option, review information in SAM and comment on any information about yourself that a Federal awarding agency previously entered and is currently available through SAM. We will consider any comments by you, in addition to the other information in the designated system, in making a judgment about your integrity, business ethics, and record of performance under Federal awards when completing the review of risk posed by applicants.
4. Anticipated Announcement and Federal Award Dates

HHS/OASH seeks to award funds as much in advance of the anticipated project start date shown in Section B “Federal Award Information,” as practicable, with a goal of 10-15 days.

F. FEDERAL AWARD ADMINISTRATION INFORMATION

1. Federal Award Notices

The HHS Office of the Assistant Secretary for Health does not release information about individual applications during the review process. If you would like to track your application, please see instructions at http://www.grants.gov/web/grants/applicants/track-my-application.html. The official document notifying you that a project application has been approved for funding is the Notice of Award (NOA), approved by a Grants Management Officer of the HHS/OASH Office of Grants Management. If you are successful, you will receive this document via system notification from our grants management system (Grant Solutions) and/or via e-mail. This document notifies the successful recipient of the amount of money awarded, the purposes of the grant, the anticipated length of the project period, terms and conditions of the grant award, and the amount of funding to be contributed by the grantee to project costs, if applicable. You should pay specific attention to the terms and conditions of the award as indicated on the NOA, as some may require a time-limited response. The NOA will also identify the Grants Management Specialist and Program Project Officer assigned to the grant.

If you are unsuccessful, you will be notified by the program office by email and/or letter and will receive summary comments pertaining to the application resulting from the review process. On occasion, you may receive a letter indicating that an application was approved but
unfunded. These applications are kept active for one year and may be considered for award without re-competing should funds become available during the hold period.

2. **Administrative and National Policy Requirements**

If you are successful and receive a Notice of Award, in accepting the grant award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the grant or other Department regulations and policies effective at the time of the award.

In addition, your organization must comply with all terms and conditions outlined in the Notice of Award, the U.S. Department of Health and Human Services (HHS) Grants Policy Statement (GPS), requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable, as well as any requirements or limitations in any applicable appropriations acts. The current HHS GPS is available at [http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf](http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf) Please note HHS plans to revise the HHS GPS to reflect changes to the regulations; 45 CFR parts 74 and 92 have been superseded by 45 CFR part 75.

You may only use grant funds to support activities outlined in the approved project plan. If your application is funded, your organization will be responsible for the overall management of activities within the scope of the approved project plan. Please consult the HHS GPS Section II and 45 CFR §75.308 for aspects of your funded project that will require prior approval from the Grants Management Officer for any changes. Modifications to your approved project that will require prior approval, include but are not limited to, a change in the scope or the objective(s) of the project or program (even if there is no associated budget revision such as reduction in services, closing of service or program site(s)); significant budget revisions,
including changes in the approved cost-sharing or matching; a change in a key person specified in your application; reduction in time devoted to the project by the approved project director or principal investigator, either as percentage of full-time equivalent of 25% or more or absence for 3 months or more; or the subawarding, transferring or contracting out of any work that was not described in the approved proposal.

**Lobbying Prohibitions**

Pursuant to the each year’s appropriations act, you shall not use any funds from an award made under this announcement for other than normal and recognized executive legislative relationships. You shall not use funds 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.

You shall not use any funds from an award made under this announcement to pay the salary or expenses of any employee or subrecipient, or agent acting for you, 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.

The above prohibitions 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.

Non-Discrimination Requirements

Pursuant to Federal civil rights laws, if you receive an award under this announcement you must not discriminate on the basis of race, color, national origin, disability, age, and in some cases sex and religion. The HHS Office for Civil Rights provides guidance to grantees in complying with civil rights laws that prohibit discrimination.


The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards), 78 Fed. Reg. 58539, 58543 (HHS Office of Minority Health, 2013, www.gpo.gov/fdsys/pkg/FR-2013-09-24/pdf/2013-23164.pdf), provides a practical framework for grant applicants to provide quality health care and services to culturally and linguistically diverse communities, including persons with limited English proficiency. Compliance with the National CLAS Standards meets the legal obligation to take reasonable steps to provide meaningful access to persons with limited English proficiency.

Smoke- and Tobacco-free Workplace

The HHS/OASH strongly encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. This is consistent with the HHS/OASH mission to protect and advance the physical and mental health of the American people.

Acknowledgement of Funding and HHS Rights to Materials and Data

Federal grant support must be acknowledged in any publication you develop using funds awarded under this program, with language such as:

This publication (journal article, etc.) was supported by Award No. ____________ from the Office of the Assistant Secretary of Health (OASH). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of OASH.

All publications you develop or purchase with funds awarded under this announcement must be consistent with the requirements of the program. You own the copyright for materials that you develop under this grant, and pursuant to 45 CFR § 75.322(b), HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for Federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d),
the Federal government has the right to obtain, reproduce, publish, or otherwise use data produced under this grant and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for Federal purposes.

**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.hhs.gov/opa/grants/trafficking_in_persons_award_condition.html](http://www.hhs.gov/opa/grants/trafficking_in_persons_award_condition.html). If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity announcement to obtain a copy of the term.

**Efficient Spending**

This award may also be subject to the HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and Publications available at [http://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/](http://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/)

**Pilot Whistleblower Protection**

If you receive an award, you will be subject to a term and condition that applies the terms of 48 CFR § 3.908 to the award, and requires that grantees inform their employees in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce.
Same-sex Spouses, Marriages, and Households

A standard term and condition of award will be included in the final Notice of Award (NOA) that states: “In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By “same-sex spouses,” HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By “same-sex marriages,” HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By “marriage,” HHS does not mean registered domestic Partnership, civil unions, or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage.”

Human Subjects Protection

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

2. Reporting

Performance Reports

You must submit performance reports on a quarterly basis. Your performance reports must address content required by 45 CFR § 75.342(b)(2). You must submit your performance reports by upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

You will also be required to submit a final progress report covering the entire project period 90 days after the end of the project period. You must submit the final report by upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

Performance Measures

Performance Data System: Successful applicants may also be required to report project-related data in the Office of Minority Health’s Performance Data System (PDS) (OMB No. 0990-0275, Expiration date 08/31/16. However, the most recent approval remains in effect pending approval of the requested extension). PDS is a web-based management information system developed by the Office of Minority Health to enable collection of standardized performance data from OMH grants. It allows OMH to more clearly and systematically link grant activities to OMH-wide goals and objectives, and document programming impacts and
results. OMH grantees are required to report program information via the PDS on a quarterly basis (http://www.omh.norc.org). Training will be provided to all new grantees on the use of the PDS system during the annual grantee meeting.

**Financial Reports**

You will be required to submit quarterly Federal Financial Reports (FFR) (SF-425). Your specific reporting schedule will be issued as a condition of grant award. You will also be required to submit a final FFR covering the entire project period 90 days after the end of the project period. You must submit FFRs via our grants management system (GrantSolutions.gov) FFR module.

Quarterly cash reporting to the HHS Payment Management System on the FFR is also required. Please note, at this time, these FFR reports are separate submissions via the Payment Management System. At this time, data is not transferable between the two systems and you will report twice on certain data elements.

**Audits**

If your organization receives $750,000 or greater of Federal funds, it must undergo an independent audit in accordance with 45 CFR part 75, subpart F or regulations and policy effective at the time of the award.

**Non-competing Continuation Applications and Awards**

Each year of the approved project period, you will be required to submit a noncompeting application which includes a progress report for the current budget year, and work plan, budget
and budget justification for the upcoming year. Specific guidance will be provided via Grant Solutions well in advance of the application due date. HHS/OASH will award continuation funding based on availability of funds, satisfactory progress of the project, and grants management compliance, including timely reporting. Additionally, failure to provide final progress or financial reports on other grants with HHS may affect continuation funding.

FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (http://www.FSRS.gov) for all sub-awards and sub-contracts issued for $25,000 or more as well as addressing executive compensation for both grantee and sub-award organizations.

Reporting of Matters Relating to Recipient Integrity

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds $10,000,000 for any period of time during the period of performance of this Federal award, then you must maintain the currency of information reported to the System for Award Management (SAM) that is made available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) about civil, criminal, or administrative proceedings described in paragraph A.2 of Appendix XII to 45 CFR part 75—Award Term and Condition for Recipient Integrity and Performance Matters. This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. § 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or
after April 15, 2011, except past performance reviews required for Federal procurement contracts, will be publicly available. For more information about this reporting requirement related to recipient integrity and performance matters, see Appendix XII to 45 CFR part 75.

Other Required Notifications

Before you enter into a covered transaction at the primary tier, in accordance with 2 CFR § 180.335, you as the participant must notify HHS/OASH, if you know that you or any of the principals for that covered transaction:

(a) Are presently excluded or disqualified;

(b) Have been convicted within the preceding three years of any of the offenses listed in 2 CFR § 180.800(a) or had a civil judgment rendered against you for one of those offenses within that time period;

(c) Are presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses listed in 2 CFR § 180.800(a); or

(d) Have had one or more public transactions (Federal, State, or local) terminated within the preceding three years for cause or default.

At any time after you enter into a covered transaction, in accordance with 2 CFR § 180.350, you must give immediate written notice to HHS/OASH if you learn either that—

(a) You failed to disclose information earlier, as required by 2 CFR § 180.335; or

(b) Due to changed circumstances, you or any of the principals for the transaction now meet any of the criteria in 2 CFR § 180.335.
G. HHS AGENCY CONTACTS

Administrative and Budgetary Requirements and Program Requirements:

For information related to administrative and budgetary requirements, contact the HHS/OASH grants management specialist listed below.

DeWayne Wynn
Office of Grants Management
1101 Wootton Parkway, Suite 550
Rockville, MD
Phone: 240-453-8822
Email: Dewayne.Wynn@hhs.gov

For information on program requirements, please contact the program office representative listed below:

Makeda Harris
Office of Minority Health
1101 Wootton Parkway, Suite 600
Rockville, MD 20852
Phone: 240-453-8444
Email: Makeda.Harris@hhs.gov

H. OTHER INFORMATION

Awards under this Announcement
We are not obligated to make any Federal award as a result of this announcement. Only the grants officer can bind the Federal government to the expenditure of funds. If you receive communications to negotiate an award or request additional or clarifying information, this does not mean you will receive an award; it only means that your application is still under consideration.

**Application Elements**

The below is a summary listing of all the application elements required for this funding opportunity.

- Application for Federal Assistance (SF-424)
- Budget Information for Non-construction Programs (SF-424A)
- Assurances for Non-construction Programs (SF-424B)
- Disclosure of Lobbying Activities (SF-LLL)
- Project Abstract Summary
- Project Narrative – Submit all Project Narrative content as a single acceptable file, specified above.
- Budget Narrative – Submit all Budget Narrative content as a single acceptable file, specified above.
- Appendices – Submit all appendix content as a single acceptable file, specified above.

1. Work Plan
2. Letters of Commitment between applicant and ALL subrecipient organizations and agencies (including in-kind)
3. Logic Model
4. Curriculum Vitae/Resume for Key Project Personnel

5. Organizational Chart

6. Project Chart

J. Nadine Gracia, MD, MSCE
Deputy Assistant Secretary for Minority Health
U.S. Department of Health and Human Services

December 28, 2016
APPENDIX A

Definitions

For purposes of this announcement, the following definitions apply:

**Cohort**: In order to track baseline indicators/measures in comparison to outcome indicators/measures, a cohort selected in the 01 year of the grant must be maintained throughout the period of the grant. Because of the nature of cohorts (numbers of participants in closed cohorts may be reduced due to attrition) over the life of a project, a larger number of participants may be selected when the grant commences in order to maintain the original cohort at the end of the five year grant project period.

**Comparison group**: The applicant must provide a comparison group of participants who match characteristics of the target population, but preferably are located at a different site than that of the cohort. See “Constructing Meaningful Comparison Groups”, http://www.acf.hhs.gov/cb/capacity/program-evaluation/virtual-summit/comparison-groups.

**Disadvantaged** refers to individuals or populations who are either *economically disadvantaged* or *environmentally disadvantaged*.

**Economically Disadvantaged** refers to an individual who comes from a family with an annual income below a level based on low-income thresholds according to family size published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price index, and adjusted by the Secretary, HHS, for use in health professions and nursing programs.
Environmentally Disadvantaged refers to an individual who comes from an environment that has inhibited him/her from obtaining the knowledge, skill, and abilities to perform successfully in high school or undergraduate school based on factors including, but not limited to, the following:

- Graduated from (or last attended) a high school from which a low percentage of seniors received a high school diploma;
- Graduated from (or last attended) a high school at which, many of the enrolled students are eligible for free or reduced price lunches;
- Comes from a family that receives public assistance (e.g., Temporary Assistance to Needy Families (TANF), food stamps, Medicaid, public housing);
- Comes from a school district where 50 percent or less of graduates go to college or where college education is not encouraged;
- Is the first generation to attend college or is on public assistance;
- English is not his/her primary language; or
- Was accepted to the program after academic reassessment at the completion of remedial courses.

Limited English Proficiency (LEP) refers to individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English. These individuals may be entitled language assistance with respect to a particular type or service, benefit, or encounter.

Logic Model is a tool for planning, implementing, and evaluating programmatic efforts, by mapping out the theory or rationale that supports what is being done. Logic models typically tie
together: long-term problem(s) to be addressed; factors that must be addressed that contribute to the problem(s); strategies, practices and supporting resources that can be mobilized to address the factors and the problems; and measurable impacts and outcomes that can be expected to result from implementing the strategies and practices-as these relate to the long-term problems(s).


**Minority or Minorities** refers to American Indians (including Alaska Natives, Eskimos, and Aleuts), Asian American, Native Hawaiians and other Pacific Islanders, Blacks and Hispanics. Hispanic means individuals whose origin is Mexican, Puerto Rican, Cuban, Central or South American, or any other Spanish-speaking country.¹⁷

**Multiple Chronic Conditions (MCC).** Chronic conditions are conditions that last a year or more and require ongoing medical attention and/or limit activities of daily living. They include both physical conditions such as arthritis, cancer, and HIV infection. Also included are mental and cognitive disorders, such as ongoing depression, substance addiction, and dementia. MCC are concurrent chronic conditions, i.e. two or more chronic conditions that affect a person at the same time. For example, either a person with arthritis and hypertension or a person with heart disease and depression, both have multiple chronic conditions. http://www.hhs.gov/ash/about-ash/multiple-chronic-conditions/about-mcc/index.html#.

¹⁷ 42 U.S.C. § 300u-6(g) (Public Health Service Act § 1707(g)).