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

Maternal and Child Health Bureau
Division of MCH Workforce Development

Maternal and Child Health (MCH) Nutrition Training Program

Announcement Type: New, Competing Continuation
Announcement Number: HRSA-13-180

Catalog of Federal Domestic Assistance (CFDA) No. 93.110

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2013

Application Due Date: March 22, 2013

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

Release Date: February 5, 2013

Issuance Date: February 6, 2013

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

EXECUTIVE SUMMARY

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

Purpose: Maternal and Child Health Bureau (MCHB) grant funds are awarded to establish and enhance nutrition centers of excellence to improve MCH by promoting the healthy nutrition of the mother, child, and family. The Maternal and Child Health (MCH) Nutrition Training Program improves access to quality health care by providing graduate education to nutritionists designed to: 1) foster leadership in administration, systems integration, continuous quality improvement, education, and nutrition services with a public health focus, for populations of women and children (infants through adolescents) and families; (2) the development and dissemination of curricula, teaching models, and other educational resources to enhance MCH nutrition programs; and (3) the continuing education, consultation and technical assistance in nutrition which address the needs of the MCH community with a special focus on Title V programs, community-based programs, and other Federal programs, such as the US Department of Agriculture's WIC and Summer Feeding Programs.

Unlike other master's level nutrition training programs, MCH Nutrition students receive specialized training in core MCH public health principles, epidemiology, environmental approaches to population intervention, leadership skills, and the development and evaluation of nutrition-related, cost-effective interventions for specific populations. Training is also provided in identifying and designing outcome evaluations and in evaluating the potential physiological and biochemical mechanisms linking diet and nutritional status with risk or disease status. Training is designed to provide both clinical and public health approaches to working with the MCH population. Nutrition as a discipline focuses on life course for the population, and is a critical link between public health and chronic disease prevention. The program closely supports HRSA Strategic Goals: Goal 1, improve access to quality care and services, Goal 2 strengthen the health workforce, and Goal 4 improve health equity.

Nutrition as a field is recognized as a critical factor in health promotion and disease prevention and a vital contributor to reducing the alarming rates of pediatric obesity in the US. The increase in prevalence of childhood overweight and obesity in the US since the 1960s has been well documented. Overweight and obese children are more likely to develop risk factors that can lead to respiratory, metabolic and cardiovascular illness over their life course. The MCH Training programs have addressed the obesity epidemic in numerous ways. Some examples are: working with the American Medical Association (AMA) and American Academy of Pediatrics (AAP) on the development of national obesity guidelines; developing the credentialing test for the pediatric nutrition specialty of the American Academy of Nutrition and Dietetics; developing competencies for graduate nutrition programs; serving on the national AAP Bright Futures Steering Committee and serving on various Institute of Medicine (IOM) Committees on Obesity

and Prevention. This MCH Nutrition investment is training the Nutrition leaders of the future for the country.

Eligible Applicants: Public and nonprofit private institutions of higher learning may apply for training grants.

Number of Grants and Funds Available per Year: Up to $1,060,763 may be available to fund up to six (6) MCH Nutrition Training grants. It is anticipated that the **maximum** grant award will be approximately $176,800 per budget period for up to five (5) years.

Project Period: Approved projects will have a budget period start date of July 1, 2013. Applicants responding to this announcement may request funding for a project period of up to five (5) years.

Application Due Date: March 22, 2013

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

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Division of MCH Workforce Development
Maternal and Child Health Bureau
5600 Fishers Lane, Room 18A-55
Rockville, MD 20857
E-Mail: dsofka@hrsa.gov
Telephone: (301) 443-0344
Fax: (301) 443-4842

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

John Gazdik, Grants Management Specialist
HRSA, Division of Grants Management Operations
5600 Fishers Lane, Room 11A-02
Rockville, MD 20857
E-mail: jgazdik@hrsa.gov
Telephone: (301) 443-6962
Fax: (301) 443-6343

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I. Funding Opportunity Description

1. Purpose

Maternal and Child Health Bureau (MCHB) grant funds are awarded to establish and enhance nutrition centers of excellence to improve MCH by promoting the healthy nutrition of the mother, child, and family. The Maternal and Child Health (MCH) Nutrition Training Program improves access to quality health care by providing graduate education to nutritionists designed to: 1) foster leadership in administration, systems integration, continuous quality improvement, education, and nutrition services with a public health focus, for populations of women and children (infants through adolescents) and families; (2) the development and dissemination of curricula, teaching models, and other educational resources to enhance MCH nutrition programs; and (3) the continuing education, consultation and technical assistance in nutrition which address the needs of the MCH community with a special focus on Title V programs, community-based programs, and other Federal programs, such as the US Department of Agriculture's WIC and Summer Feeding Programs.

Unlike other master's level nutrition training programs, MCH Nutrition students receive specialized training in core MCH public health principles, epidemiology, environmental approaches to population intervention, leadership skills, and the development and evaluation of nutrition-related, cost-effective interventions for specific populations. Training is also provided in identifying and designing outcome evaluations and in evaluating the potential physiological and biochemical mechanisms linking diet and nutritional status with risk or disease status. Training is designed to provide both clinical and public health approaches to working with the MCH population. Nutrition as a discipline focuses on life course for the population, and is a critical link between public health and chronic disease prevention. The program closely supports HRSA Strategic Goals: Goal 1, improve access to quality care and services, Goal 2 strengthen the health workforce, and Goal 4 improve health equity.

Nutrition as a field is recognized as a critical factor in health promotion and disease prevention and a vital contributor to reducing the alarming rates of pediatric obesity in the US. The increase in prevalence of childhood overweight and obesity in the US since the 1960s has been well documented. Overweight and obese children are more likely to develop risk factors that can lead to respiratory, metabolic and cardiovascular illness over their life course. The MCH Training programs have addressed the obesity epidemic in numerous ways. Some examples are: working with the American Medical Association (AMA) and American Academy of Pediatrics (AAP) on the development of national obesity guidelines; developing the credentialing test for the pediatric nutrition specialty of the American Academy of Nutrition and Dietetics; developing competencies for graduate nutrition programs; serving on the national AAP Bright Futures Steering Committee and serving on various Institute of Medicine (IOM) Committees on Obesity and Prevention. This MCH Nutrition investment is training the Nutrition leaders of the future for the country.

2. Background

This program is authorized by the Social Security Act, Title V, § 501(a) (2), (42 U.S.C. 701(a) (2)).

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

DMCHWD Training Program Goals
DMCHWD's vision for the 21st century is that all children, youth, and families will live and thrive in healthy communities served by a quality workforce that helps assure their health and well-being. To achieve this vision, the Division is revising its strategic plan for 2012/2020. The goals drafted for this strategic plan to date are:

- Goal 1. MCH Workforce and Leadership Development: Address current and emerging MCH workforce needs by engaging, and providing training for and support to MCH leaders in practice, academics and policy.
- Goal 2: Diversity and Health Equity: Prepare and empower MCH leaders to promote health equity, wellness, and reduce disparities in health and healthcare.
- Goal 3: Interdisciplinary/Interprofessional Training and Practice: Promote interdisciplinary training and practice and inter-organizational collaboration to enhance systems of care for MCH populations.
- Goal 4: Science, Innovation and Quality Improvement: Generate and translate new knowledge for the MCH field in order to advance science-based practice, innovation, and quality improvement in MCH training, policies, and programs.

The Division achieves these goals by supporting:

- *Trainees* who show promise to become leaders in the MCH field in the areas of teaching, research, clinical practice, and/or administration and policymaking.
- *Faculty* in public and private nonprofit institutions of higher learning who teach and mentor trainees and students in exemplary MCH public health practice, advance the field through research and dissemination of findings, develop curricula particular to MCH and public health, and provide technical assistance to the field.
- *Continuing education and technical assistance* to those already practicing in the MCH field to keep them abreast of the latest research and emerging better practices.

History and Current Status of Public Health Nutrition

Graduate training programs in public health nutrition were first funded by Title V in 1943, as the critical need for nutritionists trained in public health was identified. Many of the improvements in MCH throughout the century can be attributed to better nutrition. As the knowledge base about the science of nutrition expanded, professionals were needed to provide nutritional services, to conduct further research, and to educate other providers and families about the benefits of improved nutrition.

The vital role of nutritionists, and the need to provide special training for them in public health concepts and philosophy, continues as the nation addresses current areas of concern, including the dramatic increasing rates of childhood and adult obesity; and low intake of fruits and vegetables, calcium-rich foods and folic acid. In low socioeconomic populations, food insecurity, lower rates of breastfeeding, and iron deficiency in young children is also of concern.

Important Links:

The Maternal and Child Health Bureau About Us Web Page:
http://www.mchb.hrsa.gov/about/index.html

The MCH Life Course Resource Guide: http://mchb.hrsa.gov/lifecourse/

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2013-2017. Approximately $1,060,763 is expected to be available annually to fund six (6) grantees. Applicants may apply for a ceiling amount of up to $176,800 per year. The project period is five (5) years. In addition to the grant fund base, in one year of the five year period, the applicant should include an additional $20,000 to support the MCH Nutrition Training Program meeting.

Funding beyond the first year is dependent on the availability of appropriated funds for the MCH Nutrition Training Program in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

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

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

Eligibility Qualifications of Trainees/Fellows:

1. A **trainee** must have at least a baccalaureate degree and be enrolled in a graduate program.
2. A **fellow** must have achieved the academic degree and completed requisite training which constitutes the basic professional level training for his/her field.
3. A **postdoctoral** fellow must have an earned doctorate and must have completed any required internship.
4. A **special fellow** may be approved, upon request to the MCHB, only in those unusual circumstances where particular needs cannot be met within the categories described above.
5. **Citizenship** – A fellow or trainee must be a United States citizen, or, as an alien, must have been admitted to the United States with a permanent resident visa.
6. **Licensure** – For any profession for which licensure is a prerequisite, the applicant must also be licensed by one of the states, or, in the case of foreign graduates, meet other requirements which legally qualify him/her to practice his/her profession in the United States.

IV. Application and Submission Information

1. Address to Request Application Package

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

IMPORTANT NOTICE: CCR moved to SAM
Effective July 30, 2012

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

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

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

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

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

Items to consider are:

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

To learn more about SAM, please visit https://www.sam.gov.

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

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

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

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

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

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

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

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

2. Content and Form of Application Submission

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

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

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

SF-424 R&R – Table of Contents

- **It is mandatory to follow the instructions provided in this section to ensure that the application can be printed efficiently and consistently for review.**
- **Failure to follow the instructions may make the application non-responsive. Non-responsive applications will not be considered under this funding opportunity announcement.**

- For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.
- For electronic submissions, no Table of Contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
SF-424 R&R Cover Page	Form	Pages 1 & 2.	Not counted in the page limit.
Pre-application	Attachment	Can be uploaded on page 2 of SF-424 R&R - Box 20.	Not Applicable to HRSA. Do not use.
SF-424 R&R Senior/Key Person Profile	Form	Supports 8 structured profiles (PD + 7 additional)	Not counted in the page limit.
Senior Key Personnel Biographical Sketches	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form. One per each senior/key person. The PD/PI biographical sketch should be the first biographical sketch. Up to 8 allowed.	Counted in the page limit.
Senior Key Personnel Current and Pending Support	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form.	Not Applicable to HRSA. Do not use.
Additional Senior/Key Person Profiles	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form. Single document with all additional profiles.	Counted in the page limit.
Additional Senior Key Personnel Biographical Sketches	Attachment	Can be uploaded in the Senior/Key Person Profile form. Single document with all additional sketches.	Counted in the page limit.
Additional Senior Key Personnel Current and Pending Support	Attachment	Can be uploaded in the Senior/Key Person Profile form.	Not Applicable to HRSA. Do not use.
Project/Performance Site Location(s)	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.
Additional Performance Site Location(s)	Attachment	Can be uploaded in SF-424 R&R Performance Site Location(s) form. Single document with all additional site location(s).	Counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Other Project Information	Form	Allows additional information and attachments.	Not counted in the page limit.
Project Summary/Abstract	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 6.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions.
Project Narrative	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 7.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. If necessary, provide table of contents specific to this document only as the first page. Table of contents is not counted in the page limit.
Bibliography & References	Attachment	Can be uploaded in Other Project Information form, Box 9.	Required. Counted in the page limit.
Facilities & Other Resources	Attachment	Can be uploaded in Other Project Information form, Box 10.	Optional. Counted in the page limit.
Equipment	Attachment	Can be uploaded in Other Project Information form, Box 11.	Optional. Counted in the page limit.
Other Attachments	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 12. Supports multiple.	Not Applicable to HRSA. Do not use.
SF-424 R&R Budget Period (1-5) - Section A – B	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
Additional Senior Key Persons	Attachment	SF-424 R&R Budget Period (1-5) - Section A - B, End of Section A. One for each budget period.	Counted in the page limit.
SF-424 R&R Budget Period (1-5) - Section C – E	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
Additional Equipment	Attachment	SF-424 R&R Budget Period (1-5) - Section C – E, End of Section C. One for each budget period.	Counted in the page limit.
SF-424 R&R Budget Period (1-5) - Section F – K	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
SF-424 R&R Cumulative Budget	Form	Total cumulative budget.	Not counted in the page limit.
Budget Justification	Attachment	Can be uploaded in SF-424 R&R Budget Period (1-5) - Section F - K form, Box K. Only one consolidated budget justification for the project period.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this

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

- **To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.**
- Evidence of Non-Profit status and invention related documents, if applicable, must be provided in the other attachment form.
- Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.
- Merge similar documents into a single document. Where several documents are expected in one attachment, ensure that a table of contents cover page is included specific to the attachment. Table of Contents page will not be counted in the page limit.
- Please use only the following characters when naming attachments: A-Z, a-z, 0-9, underscore (_), hyphen (-), space, period, and limit the file name to 50 or fewer characters. Attachments that do not follow this rule may cause the entire application to be rejected or cause issues during processing fewer than 50 characters. (_) c.

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Chart/Table of Partners and Collaboration. All items specified in Section IV.2.xi. must be identified in this section.
Attachment 2	Map(s)
Attachment 3	Organizational Chart
Attachment 4	Curriculum

Attachment Number	Attachment Description (Program Guidelines)
Attachment 5	Position Descriptions of Key Personnel
Attachment 6	Summary Progress Report – for COMPETING CONTINUATIONS ONLY (Limit to 20 pages). These pages in the progress report WILL be counted in the 80 page limit.
Attachment 7	Logic Model
Attachments 8-15	Other relevant documents, such as budgets and budget justifications for subcontracts, etc.

Application Format

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

DUNS Number
All applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at http://fedgov.dnb.com/webform or call 1-866-705-5711. Please include the DUNS number in form SF-424 R&R – item 5 on the application face page. Applications ***will not*** be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being "Rejected for Errors" by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS number. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with System for Award Management (SAM) in order to conduct electronic business with the Federal Government. SAM registration must be maintained with current, accurate information at all times during which an entity has an active award or an application or plan under consideration by HRSA. It is extremely important to verify that the applicant organization SAM registration is active and the Marketing Partner ID Number (MPIN) is current. Information about registering with SAM can be found at https://www.sam.gov. Please see Section IV of this funding opportunity announcement for SAM registration requirements.

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

iii. *Budget*
Please complete the Research & Related Budget form included with the application kit (Sections A – J and the Cumulative Budget) for each budget period. Upload the Budget Justification Narrative for the entire project period (all budget periods) in Section K of the Research & Related Budget Form. Following completion of Budget Period 1, click on the "NEXT PERIOD" button on the final page to allow for completion of Budget Period 2, etc. Repeat this instruction to complete Budget Periods 3 through 5.

The Cumulative Budget is automatically generated and provides the total budget information for the five-year grant request. Errors found in the Cumulative Budget must be corrected within

the incorrect field(s) in Budget Period 1, 2, 3, etc., corrections cannot be made to the Cumulative Budget itself.

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

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

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

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

Budget for Multi-Year Award
This announcement is inviting applications for project periods up to five (5) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be for up to five (5) years. Submission and HRSA approval of the Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the five-year project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.

Include the following in the Budget Justification narrative:

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

Sample:

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

*Actual annual salary = $350,000

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

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

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

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

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

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

Applicants may include the cost of access accommodations as part of their project's budget, including sign interpreters, plain language and health literate print materials in alternate formats (including Braille, large print, etc.); and cultural/linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings, clinical encounters, and conferences, etc. Discussion of costs associated with annual grantee meeting for the year in which the grantee provides oversight for the meeting should be in this section.

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

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

v. ***Staffing Plan and Personnel Requirements***
Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in Attachment 5. When applicable, biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs.

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

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

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

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

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

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

Lobbying

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

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

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

Any organization or individual that is indebted to the United States, and has a judgment lien filed against it for a debt to the United States, is ineligible to receive a Federal grant. By signing the SF-424 R&R, the applicant is certifying that they are not delinquent on Federal debt in accordance with OMB Circular A-129. (Examples of relevant debt include delinquent payroll or other taxes, audit disallowances, guaranteed and direct student loans, benefits that were overpaid, etc.). If an applicant is delinquent on Federal debt, they should attach an explanation that includes proof that satisfactory arrangements have been made with the Agency to which the debt is owed. This explanation should be uploaded as Attachment 8.

viii. *Project Abstract*

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

Please place the following at the top of the abstract:

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

Abstract content:

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

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

METHODOLOGY: Describe the programs and activities used to attain the objectives and comment on innovation, cost, and other characteristics of the methodology. This section is usually several paragraphs long and describes the activities which have been proposed or are being implemented to achieve the stated objectives. Lists with numbered items are sometimes used in this section as well.

HP 2020 OBJECTIVES: List the primary Healthy People 2020 goal(s) that the project will address. Healthy People 2020 goals can be found online at http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx

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

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

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

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

ix. *Project Narrative*

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, and organized by the following sections in order for reviewers to understand the proposed project. The applicant should use the following section headers for the Project Narrative:

A. PURPOSE/NEED

In this section, the applicant should briefly describe the background of the proposal, critically evaluating the national, regional and local need/demand for the training and specifically identifying problem(s) to be addressed and gaps which the project is intended to fill. The applicant should also state concisely the importance of the project by documenting the potential of the project to meet the purposes of the grant program described in the program announcement and demonstrate strong knowledge of health and related issues for the target population.

B. METHODOLOGY/RESPONSE

1) Goals and Objectives

The applicant should state the overall goal(s) of the project and list the specific objectives that respond to the stated need/purpose for this project. The objectives must be **observable** and **measurable** with specific **outcomes** for each project year which are attainable in the stated **time frame**. These outcomes are the criteria for evaluation of the program.

2) Curriculum

The curriculum must clearly define how the training program incorporates the following content to assure an adequate base of knowledge and experience. Content and philosophy must be geared toward the purposes specified in section I.1. Purpose on page 3 of this funding opportunity announcement. Programs must develop clear, measurable educational objectives for an interdisciplinary core curriculum, clinical and didactic, which incorporate the acquisition of knowledge of:

- all aspects of nutrition science, policy development, assessment, assurance, environmental change, educational programs and services;
- workforce development—assuring the public has access to nutrition services delivered by qualified practitioners;
- the social environment—the family, community, school as well as cultural competency and family-centered services;
- life course and social determinants of health;
- interdisciplinary team skills;
- leadership skills;
- communication skills (e.g. verbal, written, team-building, conflict resolution);
- continuous quality improvement; and
- public health perspectives.

Content and philosophy must be geared to preparation of graduates to assume leadership roles in the development, improvement and integration of systems of care, especially in nutrition programs providing maternal and child health services, including those for children with special health care needs, and preterm and/or low birth weight infants. Attention to the needs of children living in underserved communities is strongly encouraged.

Programs must develop a core curriculum which includes significant clinical and other practical experiences as outlined below, and didactic content on a broad array of topics relevant to all aspects of maternal and child health nutrition, including mental health, oral health, and social/behavioral issues. Educational objectives must incorporate the acquisition of knowledge of biological, psychological and social adaptation; growth and development; primary, secondary and tertiary aspects of disease prevention; and health promotion, including those with special health care needs. The curriculum should address the prevention, assessment and treatment of childhood and adult obesity.

a. Leadership

The MCH Training Program places a particular emphasis on leadership education. The curriculum must include content and experiences to foster development of leadership attributes. Leadership training prepares MCH health care professionals to move beyond excellent clinical or health administration practice to leadership, through practice, research, teaching, administration, academia and advocacy.

Maternal and Child Health Leadership Competencies, Version 3.0 was published in November 2009. The definition developed by the MCH Leadership Competencies Workgroup is "An MCH leader inspires and brings people together to achieve sustainable results to improve the lives of the MCH population."[1] A more extensive definition was also provided in the document. "An MCH leader is one who understands and supports MCH values, mission, and goals[2] with a sense of purpose and moral commitment. He or she values interdisciplinary collaboration and diversity and brings the capacity to think critically about MCH issues at both the population and individual levels, as well as to communicate and work with others and use self-reflection. The MCH leader possesses core knowledge of MCH populations and their needs and demonstrates professionalism in attitudes and working habits. He or she continually seeks new knowledge and improvement of abilities and skills central to effective, evidence-based leadership. The MCH leader is also committed to sustaining an infrastructure to recruit, train and mentor future MCH leaders to ensure the health and well-being of tomorrow's children and families. Finally, the MCH leader is responsive to the changing political, social, scientific, and demographic context and demonstrates the capability to change quickly and adapt in the face of emerging challenges and opportunities."

Graduates of MCH Leadership training programs improve the system of care for women (including women of reproductive age), mothers, children, youth and adolescents. The goal of leadership training is to prepare trainees who have shown evidence of leadership attributes and who have the potential for further growth and development as public health leaders. In order to accomplish this goal, trainees must achieve and excel in a variety of competencies. A complete description of the competencies, including definitions, knowledge areas, and basic and advanced skills for that competence is included at http://leadership.mchtraining.net. The applicant should clearly describe how these MCH Leadership Competencies will be directly cultivated by the training curriculum.

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[1] Adapted from: George, B. (2006, October 30). Truly authentic leadership. *U.S. News & World Report*, 52.

[2] Maternal and Child Health Bureau (MCHB). *Strategic Plan, FY 2003–2007*. http://www.mchb.hrsa.gov/about/stratplan03-07.htm#1.

The applicant should identify the competencies expected of the graduates and the required curriculum, including didactic and experiential components. A brief syllabus, including descriptions of courses, workshops, seminars, and experiences should be included in the Attachment 4 of the application.

b. Interdisciplinary Training and Practice

While the primary purpose of the MCH Nutrition Training program is to support nutrition trainees, the training curriculum must use an interdisciplinary approach as leaders in nutrition will work with other health professionals. Knowledge of interdisciplinary practice will enhance the individual skills needed to be a more successful team member. Interdisciplinary training and practice should include professionals such as nurses, psychologists, physicians, social workers, exercise physiologists, speech and language pathologists, educators, physical therapists, occupational therapists, and public health professionals. The applicant must define the content and process which will assure that the interdisciplinary training and practice requirement is satisfied in the content of the program.

c. Cultural Competence

Cultural competence is defined as the knowledge, interpersonal skills and behaviors that enable a system, organization, program, or individual to work effectively cross culturally by understanding, appreciating, honoring, and respecting cultural differences and similarities within and between cultures. Cultural competence is a dynamic, ongoing, developmental process that requires a long-term commitment and is achieved over time.

The applicant must demonstrate how the training program will address issues of cultural competence, such as including cultural competence training in the curriculum, administrative procedures, faculty and staff development, and recruiting culturally, racially and ethnically diverse faculty and students. Training must be structured on a broad range of exemplary, interdisciplinary, comprehensive services which provide family-centered, coordinated care that is responsive to the cultural, social, linguistic, and ethnic diversity of the community. For additional resources and information, applicants are encouraged to refer to the National Center for Cultural Competence at http://gucchd.georgetown.edu/67212.html.

For more information about cultural competence, please visit http://www.mchb.hrsa.gov/training/goal_workforce_diversity.asp.

For more information about the Curricula Enhancement Module Series created by the National Center for Cultural Competence, please visit http://www.nccccurricula.info/.

Besides teaching concepts of cultural and linguistic competence, the Bureau's intent is to ensure that project interventions are responsive to the cultural and linguistic needs of special populations, that services are accessible to consumers, and that the broadest possible representation of culturally distinct and historically under-represented groups is supported through programs and projects sponsored by MCHB. In order to assure access and cultural competence, it is expected that projects will involve individuals from populations to be served in the planning and implementation of the project.

d. Family/Youth-Centered Care

The curriculum must also include content about family/youth-centered care, as appropriate, that assures the health and well-being of clients and their families through a respectful family-professional partnership. It should honor the strengths, cultures, traditions and expertise that everyone brings to this relationship. Family-Centered Care is the standard of practice which results in high quality services.

For more information about family/youth-centered care, please visit http://www.mchb.hrsa.gov/training/goal_workforce_diversity.asp.

e. Public Health, Title V and Related Legislation

The curriculum must address public health issues. It should emphasize, either as discrete topics or as topics integrated in other components, appropriate didactic and experiential content relative to MCH/Title V and related legislation, as well as the development, implementation and evaluation of systems of care. At a minimum, the curriculum should include analysis of core public health functions applied to nutrition issues, program planning and evaluation; community needs assessment, public policy, financing, budgeting, consultation, and advocacy. The curriculum should also address emerging public health issues relevant to nutrition. The curriculum must include content about various service provision models and approaches, the differing social, cultural and health practices of various ethnic and nationality groups, and the implications of these relative to health status and provision of health care.

The curriculum must emphasize appropriate content relative to MCH/Title V and related legislation, as well as content relating to: science-based judgment, evidenced-based practice and documentation of quality outcomes and performance within an established plan of care; expansion of the direct service roles to include consultation, and collaboration and supervision; and, various service delivery models and approaches. The curriculum must provide opportunities for trainees to interact with MCH personnel, the Association of State and Territorial Public Health Nutrition Directors (ASTPHND), Academy of Nutrition and Dietetics (A.N.D.), and other public health professionals. Program faculty should provide consultation and technical assistance to develop and/or improve community-based services, and such technical assistance should be utilized to enhance trainee exposure to and understanding of such services.

f. Research

Applicants must document research and other scholarly activities of faculty and students relating to nutrition and must define the relevance of these activities to the training program. Each student is expected to engage in one or more active research projects during his/her tenure, and to seek to disseminate findings at scientific symposia, through published articles in peer reviewed journals and to practitioners and policymakers. Master's level students are expected to gain knowledge and skills in research methodology and dissemination of research findings into practice. Doctoral and post-doctoral students are to prepare and present findings in peer reviewed journals and meetings. Programs must provide for the conduct of collaborative research by the faculty and by trainees under their supervision, e.g., contributing new knowledge,

validating effective intervention strategies, assessing quality, or linking intervention to functional outcomes and quality of life.

g. Technology

The curriculum shall incorporate the use of web-based technology for communication and information acquisition and processing, including distance learning modalities for lifelong learning, and continuing education. Programs should use principles of adult learning and effective education models utilizing available technologies such as e-learning systems, course management software, web-based conferencing, social media and social networking tools.

h. Innovation

MCH Training programs should include training content and experiences, as well as trainee and faculty practice that contribute to the accomplishment of the objectives listed above. MCH-funded training programs play a vital role in the development of new knowledge and the promotion of innovation in practice, research and policy. The applicant must clearly describe how the curricula and trainee experiences within the program assure trainees are equipped to practice, respond and lead utilizing multiple sources of information and can synthesize, recognize and contribute to the MCH science and related practice. Program experiences should be designed to implement new and emerging technologies in clinical practice and assure trainees have access to and can practice utilizing these technologies in their respective fields.

i. Emerging Issues

The curriculum must reflect emerging health problems and practice issues, such as infant mortality and obesity. The curriculum should also reflect the Healthy People 2020 National Health Promotion and Disease Prevention Objectives. Please visit http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx to identify objectives that should be infused into didactic curriculum and other training components of a developmental-behavioral pediatrics program. Programs must include the implementation of the health promotion/disease prevention initiative, *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents* and *Bright Futures in Practice: Nutrition: Third Edition* and the *Blueprint for Nutrition and Physical Activity: Cornerstones for a Healthy Lifestyle* in their curriculum. Links to these documents are included in section VIII. Other Information.

j. Life Course Framework

In alignment with MCHB's concept paper and plans to focus on life course, the curriculum should address health promotion issues for nutrition by implementing a curriculum that emphasizes the life course development and the socio-ecological framework. This framework emphasizes the cumulative impact of children with nutrition challenges developing within families, families existing within a community, and the community embedding within the larger society. The curriculum should prepare trainees to understand how systems interact with and influence each other to either decrease or increase risk factors or protective factors that affect a range of health and social outcomes for these children. DMCHWD is cultivating this comprehensive, evidence-based framework into curricula, programs, and policies, assuring that health professionals are trained in this framework.

3) Training

Training should not be limited to didactic strategies to achieve educational objectives and leadership competencies. The MCH Nutrition Training Program should offer long-term trainees a balance of learning experiences which are interdisciplinary in nature, including didactic, skills-based, seminar, mentoring, community service projects, research skills, and peer leadership in addition to required oral and written presentation experiences. All long-term trainees are expected to work on the development of clinical communication and teaching skills. Long-term doctoral and postdoctoral trainees are expected to achieve communication and teaching skills appropriate for a variety of professional and community audiences. In addition, long-term doctoral and postdoctoral trainees are expected to advance administrative skills through assigned administrative responsibility for at least one focused service or teaching activity.

a. Clinical Preparation

Programs must provide clinical service training experiences that are interdisciplinary and involve families and youth, as appropriate. Services should include health promotion, disease prevention and care coordination, as well as diagnosis and treatment of conditions that range from simple to highly complex. Training must be structured on exemplary, comprehensive, interdisciplinary service models in a variety of institutional and community-based settings with a client population representative of the cultural, linguistic, social and ethnic diversity of the community. Programs must identify a mechanism to receive input from families who utilize health services, plus involve them in the decision-making processes.

b. Community-Based Preparation

Practicum sites must provide exemplary, comprehensive, community-based service training experiences in a variety of institutional and rural/urban community based settings with a MCH client population representative of the cultural, social and ethnic diversity of the community. Sites should include out-patient and in-patient programs in tertiary care centers, as well as community-based sites that are off-campus from the academic medical center. Examples include community and migrant health centers (Federally Qualified Health Centers) supported by the Bureau of Primary Health Care, free clinics, school-based health centers, etc. Working in an interdisciplinary program site is recommended.

4) Trainees

Trainees must be a Baccalaureate educated Registered Dietitian and/or Nutritionist from an accredited program, and must be enrolled in and making satisfactory progress toward a masters and/or doctoral degree in nutrition with a focus on the MCH population. Programs must provide evidence of the productivity of the training program in terms of the number of trainees and graduates. Support for trainees is limited to those whose stated career goals include leadership in the field of MCH nutrition.

The Project Narrative should include criteria for and a **detailed** description of methods of recruitment and retention of qualified trainees, and selection of trainees whose career goals are consonant with program objectives, as well as special efforts directed toward recruitment and retention of qualified trainees that are culturally, racially and ethnically diverse. The MCH

Training Program focuses on recruiting culturally, racially and ethnically diverse trainees because studies have documented that diverse providers are more likely to serve underserved populations, thus increasing the likelihood that health care disparities will be addressed. This is a program priority and a performance measure for MCHB.

Conditions of Support
Trainees must be:

1. At least a master's candidate;
2. **long term (minimum of 300 hours)**; and
3. enrolled in programs providing a minimum of 50% of the total training experience for which support is requested as a part of the clinical program, or in programs directly under the control and supervision of training faculty.

Appendix A, Trainee/Fellow Guidelines defines trainees and fellows and provides guidelines for support.

Diversity in MCH Training: MCHB strives to develop an MCH workforce that is more reflective of the diversity of the nation. This strategy requires that we focus on increasing the diversity of MCH faculty and students. By addressing faculty and trainee diversity, and incorporating cultural competence and family centered care into training programs, the MCH Training Program aims to improve the quality of care for the MCH population. Over time, the Program must evaluate whether the emphases on diversity, cultural competence and family centered care might also help to reduce health disparities.

Increasing diversity is a priority for all MCHB supported training programs. The applicant should describe the plan for encouraging recruitment of trainees from culturally, racially, and ethnically diverse backgrounds and for evaluating the success of the recruitment efforts. Performance Measure #9 requires annual reporting on the percentage of trainees from underrepresented racial and ethnic groups. See Section F.x. Program Specific Forms.

There should also be a plan for tracking and reporting on the field leadership of former trainees. This plan should include longitudinal follow-up data about graduates' employment, research, advocacy efforts, programs initiated, publications submitted, etc. These data will be reported on Performance Measure #8.

Other Trainees
Faculty time not required for meeting the primary training mission, as described above, may be applied to other types of training which are related to the basic goals of the MCH Nutrition Training Program. An example may be to develop exemplary, innovative models of education and training that may include, for example, elective experiences for trainees not supported by the training grant, such as medical students, residents, nurses, exercise physiologists, psychologists, social workers, educators, and others.

Medium-term. Medium-term trainees are defined as trainees receiving equal to or more than 40 and less than 300 contact hours in a program. MCHB has further refined the definition of

Medium Term Trainees as those who have completed either 40-149 hours or 150-299 hours of training.

Short-term. Short term trainees are defined as trainees receiving less than 40 contact hours (as defined above) in a training program. Programs are expected to identify specific short-term training objectives and the training activities in which short-term trainees are engaged. Continuing Education students should not be included in this category.

5) Interchange with Other Programs

Interchange with other programs is required. The applicants should document all collaborative projects with the other grantees in this training category. Joint leadership projects are strongly recommended.

MCH Nutrition Training Program Meeting:
Programs awarded under this competition will be required to plan to develop and convene the MCH Nutrition Training Program national meeting during one of the years of the project period with funds in the amount of $20,000, pending availability of funds. Funds will be made available on a rotating basis to one grantee each year to host this meeting. Responsibilities of the host program include agenda development, arrangements and payment for the program, speakers, meeting logistics and lodging, plus meeting meals in lieu of one-half the per diem, for approximately 30 participants. The time of the meeting will be announced at a later date.

6) Continuing Education and Development

Although the primary purpose of MCHB support for training in the MCH Nutrition Training Program is the long-term training of nutritionists for leadership roles, as outlined above, each program should also conduct one continuing education activity per year for the provider community to enhance skills or disseminate new information. Such programs should target health and related care providers and should be based on specific needs identified interactively with the group(s) to be served. The plan for the conduct of such activities should be defined in the application. Special emphasis should be placed on the prevention, assessment, and treatment of maternal/pediatric obesity and preconception care. All continuing education content should be posted on the HRSA learning management system, HRSA TRAIN, so that it is accessible to public health providers across the country.

7) Technical Assistance/Consultation and Collaboration with State Title V/MCH Agencies and Other Related Programs

Applicants should document that they have active, functional relationships with State Title V MCH programs, and other federally funded programs. Such collaboration includes consultation, in-service education, and continuing education geared to the needs of one or several states. Collaboration with agencies or programs providing educational, legal, social, rehabilitative or similar services; or service on boards, commissions, advisory groups or similar entities which set standards, help define public policy or otherwise influence service on a State, regional or national basis should also be documented. The curriculum must provide opportunities for

trainees to interact with MCH personnel, and other public health professionals. Program faculty should provide consultation and technical assistance to develop or improve community-based services, and such technical assistance should be utilized to enhance trainee exposure to and understanding of such services. Collaboration must be documented in the application, i.e., descriptions of committees, copies of agreements/contracts, etc.

Linkages with other MCHB-supported training programs are strongly encouraged.

8) Addressing the MCH Training Strategic Plan

As outlined in Section I.2, Background of this funding opportunity announcement, the Division is in the process of revising its strategic plan for 2012-2020. Throughout the Methodology and Response section, applicants have addressed many of the goals and objectives of the strategic plan. In this section, the applicant should address any goals that have NOT been addressed in Sections 1-6. This provides the applicant the opportunity to highlight other unique activities or strategies used in the project that address the MCH Training Strategic Plan.

Below are outlined the MCH Training Strategic plan draft goals and instructions. This narrative should augment, not repeat, what has been described in Sections 1-6.

Goal 1: Address current and emerging MCH workforce needs by engaging, and providing training for and support to MCH leaders in practice, academics and policy.
Describe how the training program will ensure a workforce in clinical and public health practice, academia and policy arenas knowledgeable in the fundamentals of the field of maternal and child health, and possessing the skills and attitudes to meet the unique needs of MCH populations; support ongoing learning opportunities that engage the practicing MCH workforce and students in self-assessment and in mastering the MCH Leadership Competencies; implement structures for leadership development that provide mentoring and other learning opportunities for families, and for MCH professionals at all stages of their career; and support environments and practices that promote work-life balance and sustain MCH leaders throughout the span of their careers.

Goal 2: Prepare and empower MCH leaders to promote health equity, wellness, and reduce disparities in health and healthcare.
Describe how the training program will ensure racial and ethnic diversity of the MCH professional population consistent with state, regional and/or national demographics; integrate values, policies, structures, and practices of cultural and linguistic competence into program and practice environments, staff conduct and community engagement; provide professional development programs on an ongoing basis to strengthen the capacity of the existing public health workforce to serve the needs of a culturally and linguistically diverse nation; and address health disparities or inequities (and their underlying causes including racism and other forms of marginalization) in MCH programs' structure, practice environments, staff conduct and community engagement.

Goal 3: Promote interdisciplinary training and practice and inter-organizational collaboration to enhance systems of care for MCH populations.
Describe project plans that facilitate, develop and/or maintain mutually beneficial partnerships with state Title V programs and within HRSA and other agencies and organizations that support MCH populations, programs, services and workforce; extend opportunities for students and faculty in MCH academic training programs to engage in practice activities in community, state, and/or national agencies and partner organizations; and strengthen the role of nutritionists in inter-professional training and practice.

Goal 4: Generate and translate new knowledge for the MCH field in order to advance science-based practice, innovation, and quality improvement in MCH training, policies, and programs.
Describe project plans that demonstrate that MCH individuals, programs, and systems create and evaluate innovative training approaches that improve recruitment and engagement of trainees of diverse or non-traditional backgrounds to address emerging MCH workforce needs; create, implement, and evaluate innovative approaches to practice and policy to improve the delivery of clinical and public health services and health outcomes for MCH populations; facilitate timely translation of research findings into training, policy, and practice; and develop, monitor and improve measurement, data and reporting methods to effectively assess the impact of MCH professional development , including implementing quality improvement principles and processes.

C. RESOURCES/CAPABILITIES

Describe briefly the administrative and organizational structure within which the program will function, including relationships with other departments, institutions, organizations or agencies relevant to the program. Charts outlining these relationships must be included as an attachment or in the narrative.

Describe briefly the physical setting(s) in which the program will take place, including the planned location and time of MCH Nutrition training activities. Provide an explanation as to how the location and time were determined.

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

Faculty

The Project Director must be a Registered Dietitian with a Doctoral degree in Nutrition Science, Public Health Nutrition or other related Nutrition field. The Project Director must be the person having direct, functional responsibility for the program for which support is requested. S/he must spend at least 20% effort on the MCH Nutrition Training project which can be either grant-supported or in combination with in-kind support. S/he must be at the associate professor level or

higher and have demonstrated leadership in MCH Nutrition, expertise and experience in post-graduate level teaching and conduct of scholarly research.

Programs must have faculty with demonstrated leadership and appropriate education and experience in MCH Nutrition. Faculty must include members with experience in community-based service programs that provide population-based care and in integrating nutrition services into local and State systems of care. A joint appointment in both the Department of Nutrition and the respective clinical department, i.e. obstetrics and gynecology, pediatrics, or public health, is desirable.

The purpose of providing grant support for faculty salaries is to assure dedicated time for meeting the objectives of the training program. Appointment as Project Director or core faculty shall constitute a major professional appointment and role for such individuals. **The Project Director must commit 20% time/effort, either grant-supported or in combination with in-kind support.** Deans, department chairs, and others in similar positions may not serve as Project Director or core faculty, or receive payment from project funds, unless special permission from the MCHB Training program is obtained.

Faculty Qualifications
Core faculty must commit adequate time to participate fully in all components of the MCH Nutrition Training Program. MCH Nutrition Training Programs must have qualified faculty and clinical staff with demonstrated leadership, appropriate education and experience in nutrition, obstetrics, and/or pediatrics, and public health who meet eligibility requirements for certification of clinical competence in their professional specialty. Support cannot be provided for staff at an organizational level superior to that of the Project Director, or who are not subject to his/her administrative direction.

Faculty Responsibilities
Core faculty have primary responsibility for planning, designing, implementing, supervising, and evaluating all training and service elements of the overall MCH Nutrition Training Program. These responsibilities include definition of appropriate criteria for recruitment of trainees and joint selection of such trainees with the appropriate academic school/ department, and/or training director/committee. Administrative responsibility must in all cases be to the Project Director for the MCH Nutrition training grant. These requirements constitute the basis for development of the minimum qualifications section of the job description for each faculty position. Functional and program responsibilities should be specified in the narrative and position descriptions.

D. SUPPORT REQUESTED

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

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

- All budgets must provide satisfactory details to fully explain and justify the resources needed to accomplish the training objectives. This justification must provide explicit qualitative and quantitative documentation of required resources, productivity, and expected outcomes. Components to highlight include current strengths, number of trainees (specifying the number of masters, pre-doctoral and post-doctoral trainees), proposed program activities, Title V activities, and continuing education efforts.

- Budget justification must document support provided to long term trainees either through this grant or through other sources.

- Programs must fully justify their requests by describing and identifying goals, objectives, activities, and outcomes that will be achieved by the program during the project period. It must be documented that the program plays a significant role in regional and/or national matters, including the extent to which the graduates have played major leadership roles related to maternal and child health.

E. EVALUATIVE MEASURES

Evaluation and self-assessment are critically important for quality improvement and assessing the value-added contribution of Title V investments. Consequently, discretionary grant projects, including training projects, are expected to incorporate a carefully designed and well-planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the stated goals. The measurement of progress toward goals should focus on systems impacts and population health, rather than solely on process or interim output measures. The protocol should be based on a clear rationale relating the identified needs of the target population with project goals, grant activities, and evaluation measures. The evaluation should assess the extent the program process objectives have been met and the extent outcome objectives can be attributed to the project. A project lacking a complete and well-conceived evaluation protocol may not be funded.

In order to achieve the strategic goals of the Division of MCH Workforce Development, MCHB funds interdisciplinary graduate education programs to assure that universities:

1. Develop curricula and clinical experiences that support graduate MCH interdisciplinary leadership training;
2. Produce faculty and trainee leaders who are knowledgeable and practice in a population focused, family centered, culturally competent manner to enhance systems of care for MCH populations; and
3. Provide products, continuing education and technical assistance to those already practicing in the MCH field to keep them abreast of the latest research and emerging better practices.

The applicant should provide a detailed evaluation plan describing how they will measure the effectiveness of activities related to interdisciplinary graduate education, curricula development, leadership development, and impact on the practice community through technical assistance,

continuing education and product dissemination. The applicant must include a logic model as Attachment 7 that demonstrates the relationship among resources, activities, outputs, and short and long-term population and/or system outcomes. Specific impacts to be addressed include, but are not limited to the following impacts: the extent to which graduates of long-term training programs demonstrate field leadership; the extent to which graduates of long-term training programs engage in work related to MCH populations, including collaboration with State Title V agencies or other MCH or MCH-related programs; and the extent to which long-term training grantees are engaged in policy development, implementation, and evaluation.

Monitoring and evaluation activities must be ongoing and, to the extent feasible, must be structured to gain information that is quantifiable and that permits objective rather than subjective judgments. The applicant should describe what data will be collected, the methods for collection and the manner in which data will be analyzed and reported. The applicant should consider describing which data will be used as a component of formative (or process) evaluation for internal project improvement activities, and which will pertain more specifically to demonstrating outcomes/effectiveness/impact. The applicant also should identify who on the project will be responsible for refining and collecting, and analyzing data for the evaluation, and how the applicant will make changes to the program based on evaluation findings.

In addition, funded interdisciplinary long-term training programs will report annually on performance measures developed by MCHB related to the following:

- Demonstration of field leadership by graduates of long-term training programs and engagement of long-term training graduates in work related to MCH populations
- Diversity of participants in MCHB long-term training programs, including participants from underrepresented racial and ethnic groups
- Family, youth, and consumer participation in program and policy activities
- Incorporation of cultural and linguistic competence elements into policies, guidelines and training
- Collaboration with State Title V agencies, other MCH or MCH-related programs
- Engagement of long-term training grantees in policy development, implementation, and evaluation

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

The applicant will report annually on performance measures related to these outcomes.

F. IMPACT

The applicant must document the extent and effectiveness of plans for dissemination of project results and the extent to which project results may be national in scope, and the degree to which the project activities are shared with other stakeholders to strengthen the MCH network.

Development and Dissemination of Educational Resources
As programs revise and develop new curricular materials, teaching models, and other educational resources and references in nutrition in response to new research findings and developments in the field, they must disseminate these products to other nutrition, clinical and public health programs or other relevant programs in order to promote enhanced attention to this specialized area.

MCH Network Development
The applicant must articulate a plan for demonstrating and teaching others to promote enhanced access to MCH expertise, values, initiatives and products through increased visibility and outreach. Within this plan, emphasis must be placed on how MCH Trainees and alumni will be connected to one another, adding to the network of MCH professionals working together to improve maternal and child health. Efforts to assure trainee involvement in wider MCH related opportunities must be clearly described, along with other methods to develop the MCH identity amongst trainees.

x. *Program Specific Forms*

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

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

2) Performance Measures for the Maternal and Child Health Nutrition Program and Submission of Administrative Data

To prepare successful applicants of their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/T79_2.html.

NOTE: The performance measures and data collection information is for your PLANNING USE ONLY. These forms are not to be included as part of this application. However, this information would be due to HRSA within 120 days after the Notice of Award.

xi. ***Attachments***

Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. **Each attachment must be clearly labeled**. **Unless otherwise noted, all attachments count against the 80-page limit.**

Attachment 1: Chart/Table of Partners and Collaboration: Please provide a chart of letters of collaboration between the proposed program and collaborating departments, institutions, organizations or agencies. The chart should provide the following information: Institution, Person as appropriate, Responsibilities/Activities agreed to be provided, Date, Type of commitment (e.g., in kind, dollars, staff, equipment), and how HRSA can access a copy if requested.

Attachment 2: Map(s): Provide a map which indicates the location(s) and settings of primary training activities.

Attachment 3: Organizational Chart: Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators.

Attachment 4: Curriculum: Provide a syllabus or other curriculum description as appropriate for the MCH Nutrition Training program. The syllabus should include descriptions of courses, workshops, seminars, and experiences.

Attachment 5: Position Descriptions of Key Personnel: Position descriptions that include the roles, responsibilities, and qualifications of proposed staff can be limited to a paragraph in length, not to exceed one (1) page. Because of the 80 page limit of this application, only include key personnel.

Attachment 6: Summary Progress Report (FOR COMPETING CONTINUATIONS ONLY): The Detailed Description of Project may be less than, but must not exceed **20 pages, including the narrative and all attachments**. Applicants under this announcement have the option of submitting a report covering the preceding five (5) (July 1, 2008-June 30, 2013) years for activities that are related to the program for which support is being requested. Submit the progress report with the application, as an attachment.

For current MCHB Nutrition training projects, use the outline below to structure your summary progress report.

The statement should include:

i. **The period covered** in the report.

ii. **Specific Objectives:** Briefly summarize the specific objectives of the project as actually funded.

iii. **Results:** Describe the program activities conducted for each objective and the accomplishments. Include negative results or technical problems that may be important. Include summary performance measure data. Identify, by year, the length of training, numbers, disciplines, and levels of trainees in the program. Each MCH-supported trainee who completed training during the approved project period should be listed along with his/her racial/ethnic identity and current employment. Separate identification should be made of continuing education attendees; these attendees should not be counted as short-term trainees.

iv. **Evaluation:** Enumerate the quantitative and qualitative measures used to evaluate the activities and objectives. Specify project outcomes and the degree to which stated objectives were achieved. Include any important modifications to your original plans.

v. **Title V Program Relationship:** Describe the activities related to, or resulting from, established relationships of the program and faculty with state and local Title V agencies and programs in the community, state, and region.

vi. **Regional and National Significance:** Describe significant contributions of the program beyond the state in which it is located.

vii. **Value Added:** Explain how this training grant has made a difference in your program, department, university, and beyond. What accomplishments and benefits would not have been possible without this support?

Attachment 7: Logic Model: Provide a logic model that demonstrates the relationship among resources, activities, outputs, target population, short and long-term outcomes.

Attachments 8-15: Other relevant documents, such as budgets and budget justifications for subcontracts, etc.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *March 22, 2013 at 11:59 P.M. Eastern Time*. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically to the correct funding opportunity number, by the organization's Authorized Organization Representative (AOR) through Grants.gov and validated by Grants.gov on or before the deadline date and time.

Receipt acknowledgement: Upon receipt of an application, Grants.gov will send a series of email messages to document the progress of an application through the system.

1) The first will confirm receipt in the system;
2) The second will indicate whether the application has been successfully validated or has been rejected due to errors;
3) The third will be sent when the application has been successfully downloaded at HRSA; and
4) The fourth will notify the applicant of the Agency Tracking Number assigned to the application.

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

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

4. Intergovernmental Review

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

5. Funding Restrictions

1) **Concurrent Income**
   In most instances stipends may not be granted to persons receiving a concurrent salary, fellowship or traineeship stipend, or other financial support related to his/her training or employment.
2) **Non-related Duties**
   The training institution shall not require trainees or fellows to perform any duties which are not directly related to the purpose of the training for which the grant was awarded.
3) **Field Training**
   Training institutions may not utilize grant funds to support field training, except when such training is part of the specified requirements of a degree program, or is authorized in the approved application.
4) **Other**
   Grant funds may **not** be used: (a) for the support of any trainee who would not, in the judgment of the institution, be able to use the training or meet the minimum qualifications specified in the approved plan for the training; (b) to continue the support of a trainee who has failed to demonstrate satisfactory participation; or (c) for support of candidates for undergraduate or pre-professional degrees, or the basic professional degree.

Applicants responding to this announcement may request funding for a project period of up to five (5) years, at no more than $176,800 per year. Awards to support projects beyond the first

budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal government.

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

Per Division F, Title V, Section 503 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011 (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself. (b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government. (c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

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

6. Other Submission Requirements

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

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

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

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

Instructions on how to register, tutorials and FAQs are available on the Grants.gov web site at http://www.grants.gov. Assistance is also available 24 hours a day, 7 days a week (excluding Federal holidays) from the Grants.gov help desk at support@grants.gov or by phone at 1-800-518-4726 (International callers, please dial 606-545-5035). Applicants should ensure that all passwords and registration are current well in advance of the deadline.

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

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

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

V. Application Review Information

1. Review Criteria

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

Review Criteria are used to review and rank applications. All MCH Nutrition Training Program applications will be reviewed and ranked according to the following six (6) criteria:

Criterion 1.	Purpose/Need	10 points
Criterion 2.	Methodology/Response	40 points
Criterion 3.	Evaluative Measures	10 points
Criterion 4.	Impact	10 points
Criterion 5.	Resources/Capabilities	20 points
Criterion 6.	Support Requested	10 points
Total		100 points

CRITERION 1: PURPOSE/NEED (10 points)

This criterion corresponds to Section A. PURPOSE/NEED of the program narrative in this funding opportunity announcement. The extent to which:

- the project identifies critical national, regional, and local needs that it will address related to the stated purpose of the MCH Nutrition training grant program announcement;
- the applicant documents a strong knowledge of health and related issues for the target population.

CRITERION 2: METHODOLOGY/RESPONSE (40 points)

The extent to which the proposed project responds to *S*ection B. (METHODOLOGY/ RESPONSE) of the program narrative, as well as the clarity of the proposed goals and objectives. The extent to which the proposed activities (scientific or other) meet the goals of the MCH Nutrition training program, and address the goals and attain project objectives.

Goals and Objectives (5 points)

- *The degree to which the project objectives are time-framed and measurable.*

MCH Curriculum (10 points)

- *Evidence that there is in-depth knowledge of relevant nutritional sciences, growth and development, and disease prevention and health promotion as components of the MCH Nutrition Training Program.*
- *The extent to which the MCH Leadership competencies are taught.*
- *The extent to which interdisciplinary education about nutrition is a demonstrated method in training.*
- *Evidence that the curricula address issues of cultural and linguistic competence and diversity.*
- *The extent to which the project integrates a public health perspective in the planned curricula.*
- *The extent to which the curricula address research, technology, innovation, and emerging issues.*
- *The extent to which the MCH Life course framework is used in teaching.*

Trainee Recruitment and Retention (10 points)

- *Completeness, strength, and innovation of recruiting and retention plans and/or strategies, including those focused on racially, ethnically and culturally diverse trainees.*
- *Completeness of plans for tracking field leadership.*
- *Plans addressing continuing education, including medium-term and short-term trainee programs and activities.*

Training elements (Training program design, clinical and didactic training): (15 points)

- *The extent to which the approach to training is thoughtful, logical and innovative.*
- *The extent to which the project utilizes the MCH Leadership competencies framework and assessment of trainees and faculty on the leadership competencies.*
- *The extent to which the project addresses didactic and experiential (clinical and community-based) training, including the trainee role in provision of clinical services, extensive of clinical preparation, and clinical supervision, and clinical rotation in diverse service settings and regular interactions with interdisciplinary staff.*
- *The extent of continuing education, consultation and technical assistance to those practicing in the field.*
- *Evidence of planned collaboration within the university through shared courses, curriculum innovations, collaborative research, and with other universities in the MCH Nutrition Training cohort.*
- *Extent to which trainees interact with MCH public health professionals in various settings*
- *Coordination of the project's plan and objectives with the MCH Training Strategic Plan.*

CRITERION 3: EVALUATIVE MEASURES (10 points)

This section corresponds to the Section E. EVALUATIVE MEASURES of the program narrative. The effectiveness of the method proposed to monitor and evaluate the project results. Evaluative measures must be able to assess: 1) to what extent the program objectives have been met*;* and 2) to what extent these can be attributed to the project.

- *Extent to which the project will achieve the intended purpose of the program*
- *The strength and feasibility of the evaluation strategy to measure project objectives and proposed performance measures, including the logic model demonstrating the relationship among resources, activities, outputs, target population, short and long-term outcomes*
- *Strength of the proposed project's evaluation plan, including tracking and reporting on the accomplishments of former trainees to assess field leadership of graduates and whether they are serving the MCH population*
- *Extent to which data and evaluation informs changes to the project based on evaluation findings*
- *Articulates the credentials, training and program evaluation experiences of the selected evaluator(s)*
- *Extent to which graduates of long-term training programs demonstrate field leadership*
- *Extent to which graduates of long-term training programs engage in work related to MCH populations*
- *Extent to which graduates of long-term training programs collaborate with State Title V agencies, other MCH or MCH-related programs*
- *Extent to which long-term training grantees engage in policy development, implementation, and evaluation*

CRITERION 4: IMPACT (10 points)

This section corresponds to the Section F. IMPACT of the program narrative. The extent and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are shared with other stakeholders.

- *Effectiveness of the dissemination plan to share curricula, assessment and other tools, training approaches, research findings (if any), and successes.*
- *Effectiveness of the dissemination plan to share the above mentioned items with MCHB-funded entities and with the broader MCH network.*
- *Effectiveness of a plan for strengthening the MCH network through connections of program faculty, staff, trainees and alumni with the broader MCH network.*

CRITERION 5: RESOURCES/CAPABILITIES (20 points)

This criterion corresponds to Section C. RESOURCES/CAPABILITIES of the program narrative. This is an evaluation of the proposed administrative structure, governance, relationships of the participants, and resources to conduct the proposed project, including the extent to which the project's personnel are qualified by training and/or experience to implement and carry out the project, including the following:

Faculty

- *Strength of proposed project faculty and staff as evidenced by their qualifications and experience for teaching leadership education in nutrition.*

- *Extent to which faculty members are effective in recruiting, teaching, collaborating, mentoring students and serving as leaders in the field of nutrition.*
- *Effectiveness of the plan for recruiting racially, ethnically and culturally diverse faculty.*

Organizational:

- *Demonstrated project leadership as a qualified RD doctoral nutrition professional dedicating 20 percent time on the project.*
- *Evidence of administrative and organizational capacity to conduct the proposed project (e.g., the physical resources described are adequate to perform the training, existing resources to support the types of educational methods described).*
- *Adequacy of the project setting and training sites.*
- *Documentation of relevant affiliation/collaborative agreements with key partners.*
- *Planned collaboration with those outside of the university (i.e., families, youth, and/or consumers, MCH or other appropriate state agencies and resources, other MCHB investments, other Federal agencies, ASTPHND, and A.N.D.).*

CRITERION 6: SUPPORT REQUESTED (10 points)

This criterion corresponds to Section D. SUPPORT REQUESTED of the program narrative. The proposed budget for each year of the project period is reasonable and relational to the objectives, complexity of the activities and the anticipated results for the project.

Overall:

- *Extent to which the costs outlined in the budget and required resources sections reasonably map to the scope of work.*
- *Degree of completeness of the budget line items being well described and justified in the budget justification.*

Trainee, faculty, and staffing related costs:

- *Adequacy of the time planned for key personnel to the project to achieve project objectives.*
- *Program budget and documentation on innovative national efforts, with an emphasis on nutrition, as a part of the budget.*
- *Extent to which funds are allocated for applicants to attend an annual grantee meeting.*

2. Review and Selection Process

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

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in Section V. 1. Review Criteria of this funding opportunity announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

3. Anticipated Announcement and Award Dates

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

VI. Award Administration Information

1. Award Notices

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

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

2. Administrative and National Policy Requirements

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

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

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

Trafficking in Persons
Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.hrsa.gov/grants/trafficking.html.

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

Cultural and Linguistic Competence
HRSA programs serve culturally and linguistically diverse communities and multiple cultures. Although race and ethnicity are often thought to be dominant elements of culture, HRSA-funded programs embrace a broader definition to incorporate diversity within specific cultural groups including but not limited to cultural uniqueness within Native American populations, Native Hawaiian, Pacific Islanders, and other ethnic groups, language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities, clients and students served. HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15. Additional cultural competency and health literacy tools, resources and definitions are available online at

http://www.hrsa.gov/culturalcompetence and http://www.hrsa.gov/healthliteracy.

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

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

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

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

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

3. Reporting

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

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

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

c. **Status Reports**
1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required according to the following schedule: http://www.hrsa.gov/grants/manage/technicalassistance/federalfinancialreport/ffrschedule.pdf. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the NoA.

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

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

4) **Performance Report(s)**

The Health Resources and Services Administration (HRSA) has modified its reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by the Maternal and Child Health Bureau (MCHB) to include national performance measures that were developed in accordance with the requirements of the Government

Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for States have also been established under the Block Grant provisions of Title V of the Social Security Act, the MCHB's authorizing legislation. Performance measures for other MCHB-funded grant programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect.

1. Performance Measures and Program Data
To prepare successful applicants of their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/T79_2.html.

2. Performance Reporting
Successful applicants receiving grant funds will be required, within 120 days of the Notice of Award (NoA), to register in HRSA's Electronic Handbooks (EHBs) and electronically complete the program specific data forms that appear for this program at https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/T79_2.html. This requirement entails the provision of budget breakdowns in the financial forms based on the grant award amount, the project abstract and other grant summary data as well as providing objectives for the performance measures.

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

3. Project Period End Performance Reporting
Successful applicants receiving grant funding will be required, within 90 days from the end of the project period, to electronically complete the program specific data forms that appear for this program at https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/T79_2.html. The requirement includes providing expenditure data for the final year of the project period, the project abstract and grant summary data as well as final indicators/scores for the performance measures.

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

personal property reports must be submitted electronically through EHB. More specific information will be included in the NoA.

d. Transparency Act Reporting Requirements

New awards issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of $25,000 or more in Federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (FFATA details are available online at http://www.hrsa.gov/grants/ffata.html). Competing continuation awardees, etc. may be subject to this requirement and will be so notified in the NoA.

VII. Agency Contacts

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

John Gazdik, Grants Management Specialist
HRSA, Division of Grants Management Operations
5600 Fishers Lane, Room 11A-02
Rockville, MD 20857
E-mail: jgazdik@hrsa.gov
Telephone: (301) 443-6962
Fax: (301) 443-6343

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

Denise Sofka, RD, MPH
Division of MCH Workforce Development
Maternal and Child Health Bureau
5600 Fishers Lane, Room 18A-55
Rockville, MD 20857
E-Mail: dsofka@hrsa.gov
Telephone: (301) 443-0344
Fax: (301) 443-4842

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International callers, please dial 606-545-5035)
E-mail: support@grants.gov
iPortal: http://grants.gov/iportal

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

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

VIII. Other Information

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

Division of MCH Workforce Development 2012-2020 National Goals
http://www.mchb.hrsa.gov/training

The MCH Nutrition Training Program Web site
http://nutrition.mchtraining.net/

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

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

Healthy People 2020
http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx

Institute of Medicine (IOM)
"In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce"
http://www.iom.edu/Reports/2004/In-the-Nations-Compelling-Interest-Ensuring-Diversity-in-the-Health-Care-Workforce.aspx

Institute of Medicine (IOM)
Reports Related to Food and Nutrition:
http://www.iom.edu/Global/Topics/Food-Nutrition.aspx

Surgeon General's Health Reports
http://www.surgeongeneral.gov/library/

Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents and Bright Futures in Practice: Nutrition: Third Edition (American Academy of Pediatrics)
http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html
http://brightfutures.aap.org/Nutrition_3rd_Edition.html

Blueprint for Nutrition and Physical Activity: Cornerstones for a Healthy Lifestyle
http://www.astphnd.org/resource_files/42/42_resource_file1.pdf

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

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

Title V Information System (TVIS) website:
http://mchdata.hrsa.gov/TVISReports

IX. Tips for Writing a Strong Application

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

In addition, a concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at: http://dhhs.gov/asfr/ogapa/grantinformation/apptips.html.

Appendix A: Trainee/Fellow Guidelines

A. Definitions

1. A **trainee** is an individual whose activities within the training program are directed primarily toward achieving an advanced degree.

2. A **fellow** is an individual who has met at least the minimum standards of education and experience accepted by his/her respective profession and whose activities within the training program are for the primary purpose of obtaining or enhancing particular skills or knowledge.

B. Qualifications

7. A **trainee** must have at least a baccalaureate degree and be enrolled in a graduate program.
8. A **fellow** must have achieved the academic degree and completed requisite training which constitutes the basic professional level training for his/her field.
9. A **postdoctoral** fellow must have an earned doctorate and must have completed any required internship.
10. A **special fellow** may be approved, upon request to the MCHB, only in those unusual circumstances where particular needs cannot be met within the categories described above.
11. **Citizenship** – A fellow or trainee must be a United States citizen, or, as an alien, must have been admitted to the United States with a permanent resident visa.
12. **Licensure** – For any profession for which licensure is a prerequisite, the applicant must also be licensed by one of the states, or, in the case of foreign graduates, meet other requirements which legally qualify him/her to practice his/her profession in the United States.

C. Restrictions

1. **Concurrent Income**
   It is expected that most trainees/fellows will be full time. In most instances stipends may not be granted to persons receiving a concurrent salary, fellowship or traineeship stipend, or other financial support related to his/her training or employment. In the case of part-time trainees/fellows, exceptions may be requested and will be considered on an individual basis. Tuition support may be provided to full-time or part-time trainees.

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

3. Field Training

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

4. Other

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

A. Trainee Costs

1. Allowable Costs

a. Stipends
b. Tuition and fees, including medical insurance
c. Travel related to training and field placements
d. For a few institutions it is beneficial to support trainees through tuition remission and wages. Tuition remission and other forms of compensation paid as, or in lieu of, wages to students (including fellows and trainees) performing necessary work are allowable provided that there is a bona fide employer-employee relationship between the student and the institution for the work performed, the tuition or other payments are reasonable compensation for the work performed and are conditioned explicitly upon the performance of necessary work, and it is the institution's practice to similarly compensate students in non-sponsored as well as sponsored activities.

2. Non-Allowable Costs

a. Dependency allowances
b. Travel between home and training site, unless specifically authorized
c. Fringe benefits or deductions which normally apply only to persons with the status of an employee

3. Stipend Levels

All stipends indicated are for a full calendar year, and must be prorated for an academic year or other training period of less than twelve months. The stipend levels may, for the Maternal and Child Health Training Program, be treated as ceilings rather than mandatory amounts, i.e., **stipends may be less than but may not exceed the amounts indicated**. However, where lesser amounts are awarded the awarding institution must have established, written policy which identifies the basis or bases for such variation and which ensures equitable treatment for all eligible trainees/fellows. These stipend levels apply to the National Institutes of Health, the Agency for Healthcare Research and Quality, and the Health Resources and Services Administration training grantees and were updated on January 20, 2012, see http://grants.nih.gov/grants/guide/notice-files/NOT-OD-12-033.html.

The stipend levels are as follows:

Career Level		**Stipend for FY 2012**
Undergraduates in the MARC and COR Programs:		
Freshmen/Sophomores		$8,304
Juniors/Seniors		$11,628
Pre-doctoral		$22,032
Postdoctoral		
*Years of Experience:		
	0	$39,264
	1	$41,364
	2	$44,340
	3	$46,092
	4	$47,820
	5	$49,884
	6	$51,582
	7 or more	$54,180

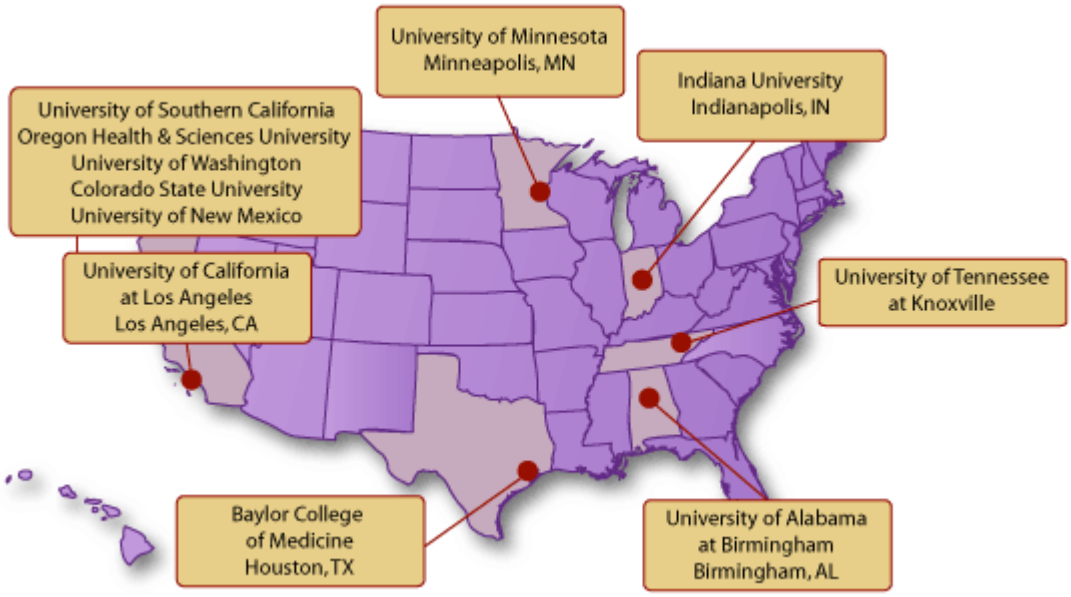
*Determination of the "years of relevant experience" shall be made in accordance with program guidelines and will give credit to experience gained prior to entry into the grant-supported program as well as to prior years of participation in the grant-supported program. The appropriate number of "years" (of relevant experience) at the time of entry into the program will be determined as of the date on which the individual trainee begins his/her training rather than on the budget period beginning date of the training grant. Stipends for subsequent years of support are at the next level on the stipend chart.

b. Supplements to Stipends

Stipends specified above may be supplemented by an institution from non-federal funds. No Federal funds may be used for stipend supplementation unless specifically authorized under the terms of the program from which the supplemental funds are derived.

APPENDIX B: MCH Nutrition Training Grants by State, 2011

Click the map for information about an individual program, or click the text links below.



- University of Tennessee at Knoxville
- University of Minnesota
- UCLA Partners – University of California, Los Angeles
- University of Alabama at Birmingham
- Indiana University & IUPUI
- Baylor College of Medicine