

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

Maternal and Child Health Bureau  
Division of Services for Children with Special Health Needs

***Medical Home Implementation for Children with Special Health Care Needs***

**Announcement Type:** New, Competing Continuation

**Announcement Number:** HRSA-13-216

**Catalog of Federal Domestic Assistance (CFDA) No. 93.110**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2013

**Application Due Date: January 28, 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: November 28, 2012**

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Authority: Social Security Act, Title V, sections 501(a)(1)(D) and 501(a)(2), (42 U.S.C. 701)

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# I. Funding Opportunity Description

## 1. Purpose

This announcement solicits applications for a National Center for Medical Home Implementation.

The purpose of this activity is to: 1) support a national resource and technical assistance effort to implement and spread the medical home model to all children and youth, particularly children with special health care needs (CSHCN), children who are vulnerable and/or medically underserved, and pediatric populations served by state public health programs, MCHB and HRSA; and 2) support activities of the Healthy Tomorrows Partnership for Children Program (HTPCP) grantees to improve children's health through innovative community-based efforts, and community and statewide partnerships among professionals in health, education, social services, government, and business.

It is anticipated the national center will:

- Conduct activities to increase access and awareness of the medical home model and policy initiatives related to achieving medical homes for children and youth, particularly children and youth with special health care needs (CYSHCN) and children/youth who are vulnerable and/or medically underserved;
- Promote and support communities and states in their efforts to spread and sustain the medical home model for children, particularly for CYSHCN and children/youth who are vulnerable and/or medically underserved, by forming partnerships and utilizing quality improvement strategies such as learning collaboratives and improvement partnerships;
- Promote and support activities that encourage health care professionals, including safety net providers, to coordinate their efforts across and between professionals in a team-based integrated approach that seeks to coordinate the continuum of services including health, education, social service, public health to provide comprehensive and coordinated care for the children and youth they serve;
- Promote problem solving at the community level by encouraging pediatric clinicians' participation; and public-private partnership, such as the Early Childhood Comprehensive Systems Initiative, Project Launch, and private sector support for improved collaboration and coordination of and access to mental, oral, and physical health and non-clinical resources (e.g. home visiting, early care and education settings such as child care and Head Start, early intervention, child welfare, education) at the community level for children, youth, and their families;
- Identify and share tested strategies and models for facilitating family-professional partnerships and family-centered care at the practice, organization, and system levels;
- Provide pediatric clinicians with the tools, e.g. *Building Your Medical Home Toolkit*, and knowledge, particularly in areas related to communication, care coordination, cultural

competence, use of standardized guidelines, and performance reporting to improve care delivery utilizing the medical home model (for additional resources visit: <http://www.medicalhomeinfo.org/>;

- Support activities that expand and enhance pediatric clinicians' capacity to collect, analyze, and use quantitative and qualitative data to generate evidence for the continual support of the medical home model of care for CSHCN, and identify critical factors that result in sustainability and effectiveness of primary care and community-based projects;
- Monitor and evaluate the national center's activities and results.

In addition, the national center will:

- Provide consultation to HTPCP program participants, monitor and assess outcomes, and disseminate information on effective strategies to ensure successful implementation, evaluation, quality improvement, and sustainability of community-based initiatives, utilizing methods, including webinars, prospective topical communities of practice, and web site;
- Identify obstacles (issues and contributing factors) to provider participation in the delivery of maternal and child health services to medically underserved, socially and economically disadvantaged pregnant women, children and youth, as well as involvement in problem-solving at the community level; and
- Promote community training for pediatric residents, medical students and graduate-level students in clinical and public-health related MCH training programs with an interest in providing care, developing policy, or advancing advocacy within a medical home or community-based setting. Disseminate effective approaches to implement community training initiatives.

## **2. Background**

This program is authorized by the Social Security Act, Title V, sections 501(a)(1)(D) and 501(a)(2) of to “enable each state...to provide and to promote family-centered, community-based, coordinated care, (including care coordination services)..for children with special health care needs, and to facilitate the development of community-based systems of services for such children and their families.” §501(a)(1)(D).

In 1987, families, health professionals, financing experts, representatives from school, social service agencies, and local, state, and Federal Government came together to develop a *National Agenda for Children with Special Health Care Needs*. In 1989, a model based on the National Agenda was incorporated into authorizing language for the Title V Maternal and Child Health Services Block Grant. The Omnibus Budget and Reconciliation Act of 1989 (OBRA '89) amended the Social Security Act and mandated the Title V Maternal and Child Health programs for Children with Special Health Care Needs to “provide and promote family-centered, community-based care for children with special health care needs” and to “facilitate the

development of community-based systems of services for such children and their families.”<sup>1</sup> Since that time, the Maternal and Child Health Bureau (MCHB)’s Division of Services for Children with Special Health Needs (DSCSHN) has worked to operationalize, implement, and monitor this mandate. In 2000, in an effort to better define, implement, and monitor progress toward the “system of services” required by OBRA ’89, DSCSHN, together with its partners, established the six core indicators of a well-functioning system of services for CSHCN:

- Children and youth with special health care needs and their families will partner in decision-making at all levels and will be satisfied with the services they receive.
- Children and youth with special health care needs will receive coordinated, ongoing, comprehensive care within a medical home.
- Children and youth will be screened early and continuously for special health care needs
- Families of children and youth with special health care needs will have access to adequate private and/or public insurance and financing to pay for the services they need.
- Community-based service systems will be organized so families can use them easily.
- Youth with special health care needs will receive the services necessary to make transitions to all aspects of adult life, including health care, work, and independence.

These have become the goals for achieving the community-based system of services mandated for all CSHCN under Title V, *Healthy People 2000*, *Healthy People 2010*, and *Healthy People 2020*. With the shift in disease burden in children from acute diseases to predominantly chronic conditions, the need to define and implement a well integrated and comprehensive community-based system of services becomes increasingly important. It is anticipated that a “well-functioning system of services will coordinate and integrate the full range of needed child and family services, including health care, education, and social services, with the goal of optimizing outcomes for the children and families it serves.”<sup>2</sup> Although gains have been made in moving toward this system of services for CSHCN, data from the recent National Surveys of CSHCN (NS-CSHCN) reveal much still needs to be done to identify and specifically target national, state, and community strategies that have the greatest potential for achieving the six goals. Regarding the medical home, less than half of CSHCN nationwide are estimated to have a medical home, and even in the best performing states, only about half of CSHCN receive care that meets the standard of the medical home.<sup>3</sup>

Still, through collaboration with many partners, most notably Family Voices and the American Academy of Pediatrics (AAP), medical home has evolved from a visionary concept in pediatrics to the standard of care—acute, preventive, and chronic—for all children and adults in the U.S. The medical home is now the center piece of national health care reform through the provisions of the Affordable Care Act.

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<sup>1</sup> Omnibus Budget Reconciliation Act of 1989 (Public Law 101-239). Available at [http://www.ssa.gov/OP\\_Home/ssact/title05/0501.html](http://www.ssa.gov/OP_Home/ssact/title05/0501.html).

<sup>2</sup> Perrin JM, Romm D, Bloom SR, et al. A Family-Centered, Community-Based System of Services for Children and Youth With Special Health Care Needs. *Arch Pediatr Adolesc Med.* 2007; 161(10): 933-936. American Academy of Pediatrics Medical Home Initiatives for Children with Special Needs Project Advisory Committee. The Medical Home. *Pediatrics.* 2002;110:184–186.

<sup>3</sup> Mann M, Jones J, Strickland B, Ghandour R, Newacheck P. Access to the Medical Home: Findings from the 2009-2010 National Survey of children with Special Health Care Needs (submitted for publication).

An important element of the medical home articulated by the AAP is the “interaction with early intervention programs, schools, early childhood education and child care programs, and other public and private community agencies to be certain that the special needs of the child and family are addressed.”<sup>4</sup> In MCHB’s efforts over the past several years to promote and facilitate the adoption of the patient/family-centered medical home model, it has become apparent that significant efforts still are needed to address that important element with clinicians’ difficulties in identifying patient and family needs, connecting their patients and families to the community-based resources, and communicating effectively with community-based service providers.

By focusing upon the importance of health promotion, prevention, comprehensive pediatric care and contribution of non-medical factors (behavioral, social, environmental) to child development and initiation of diseases, health professionals, local and corporate leaders and governments, working as partners within their communities, will be able to develop creative approaches for realizing the full potential of the medical home model, improving the overall health of children, youth and families in their community, and helping children and youth to achieve their developmental potential. This partnership is designed to improve access to health care, particularly for medically underserved pregnant women, children, and youth while improving the quality and reducing the overall long-term costs of health care in the United States.

Recognizing the need to support community-based programs, MCHB initiated in 1989 the Healthy Tomorrow Partnership for Children Program (HTPCP) between the AAP and MCHB. The HTPCP has sought to support innovative community-based efforts and build community and state-wide partnerships among professionals in health, education, social services, government, business, and families to improve children’s health. To ensure successful implementation of the community-based efforts, MCHB also funded a national resource center to provide consultation to the HTPCP grantees; and to facilitate involvement of local partners such as pediatricians, state/local AAP chapters, state/local MCH agencies, private sector partners, families, and communities in HTPCP projects. Continuation of such a national center can facilitate the dissemination of the work of the HTPCP grantees to inform and support the implementation of the medical home model, including activities related to care coordination, linkages with community services, support for family health, and outreach to diverse and medically-underserved populations.

## **The Maternal & Child Health Bureau**

For background information about MCHB, visit <http://mchb.hrsa.gov/about/index.html>.

## **Division of Services for Children with Special Health Needs**

With the Omnibus Budget Reconciliation Act (OBRA) of 1989, Public Law 101-239 amended Title V of the Social Security Act to extend the authority and responsibility of MCHB, Division of Services for Children with Special Health Needs (DSCSHN) to address core elements of Community-Based Systems of Services for children with special health care needs and their families. With this amendment, State Programs for CSHCN, under the MCH Services Block Grant, were given the responsibility to provide and promote family-centered, community-based, coordinated care for CSHCN, and facilitate the development of Community-Based Systems of

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<sup>4</sup> American Academy of Pediatrics Medical Home Initiatives for Children with Special Needs Project Advisory Committee. The Medical Home. *Pediatrics*. 2002;110:184–186.

Services for such children and their families. CSHCN are defined as those children who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

## **II. Award Information**

### **1. Type of Award**

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

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

- Provision of services of experienced Federal personnel as participants in the planning and development of all phases of this activity;
- Participation, as appropriate, in meetings conducted during the period of the cooperative agreement;
- On-going review of all activities and procedures to be established and implemented for accomplishing the scope of work;
- Participation in the preparation of project information prior to dissemination; and
- Assistance and referral with the establishment of contacts with Federal and State agencies, MCHB grant projects, and other contacts that may be relevant to the project's mission.

**The cooperative agreement recipient's responsibilities shall include:**

- Completion of activities proposed in response to project requirements and scope of work;
- Maintaining a website; providing technical assistance and training opportunities; and producing and disseminating materials, including publishing articles;
- Provision of leadership, in collaboration with the Federal Office in data collection and analysis of evidence based data and State/grantee impact and quality improvement data, any relevant HP 2020 data, and data trends;
- Participation in face-to-face meetings and conference calls with the Federal Office conducted during the period of the cooperative agreement.
- Collaboration with the Federal Office on ongoing review of activities, budget items, procedures, information/publications prior to dissemination, contracts and interagency agreements through conference calls and face-to-face meetings.

### **2. Summary of Funding**

This program will provide funding during Federal fiscal years **2013 - 2017**. Approximately **\$800,031** is expected to be available annually to fund one (1) grantee. Applicants may apply for a ceiling amount of up to \$800,031 per year. The project period is **five (5) years**. Funding beyond the first year is dependent on the availability of appropriated funds for "Medical Home

Implementation for Children with Special Health Care Needs” in subsequent fiscal years, satisfactory awardee performance, and a decision that continued funding is in the best interest of the Federal Government.

### **III. Eligibility Information**

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

As cited in 42 CFR Part 51 a.3(a), any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450(b) is eligible to apply., Faith-based and community-based organizations are also eligible.

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

Cost Sharing/Matching is not required for this program.

#### **3. Other**

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

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

Multiple applications from an organization are not allowed.

### **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](mailto:DGPWaivers@hrsa.gov), and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. If requesting a waiver, include the following in the e-mail request: the HRSA announcement number for which the organization is seeking relief, the organization’s DUNS number, the name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to the submission along with a copy of the “Rejected with Errors” notification as received from Grants.gov. HRSA’s Division of Grants Policy is the only office authorized to grant waivers. **HRSA and its Digital Services Operation**

**(DSO) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. Suggestion: submit application to Grants.gov at least two days before the deadline to allow for any unforeseen circumstances.

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

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

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

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

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

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

Items to consider are:

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

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

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 CCR registrations. Do not wait until the last minute to register in SAM. According to the SAM Quick Guide for Grantees ([https://www.sam.gov/sam/transcript/SAM\\_Quick\\_Guide\\_Grants\\_Registrations-v1.6.pdf](https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf)), your entity registration will become active after 3-5 days. Therefore, ***check for active registration well before the application deadline.***

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

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

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

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

- 1) Downloading from <http://www.grants.gov>, or
- 2) Contacting the HRSA Digital Services Operation (DSO) at: [HRSADSO@hrsa.gov](mailto:HRSADSO@hrsa.gov)

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

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

### **Application Format Requirements**

The total size of all uploaded files may not exceed the equivalent of **80** pages when printed by HRSA. The total file size may not exceed 10 MB. The 80-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard forms are NOT included in the page limit. **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 Non-Construction – 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
Application for Federal Assistance (SF-424)	Form	Pages 1, 2 & 3 of the SF-424 face page.	Not counted in the page limit
Project Summary/Abstract	Attachment	Can be uploaded on page 2 of SF-424 - Box 15	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
Additional Congressional District	Attachment	Can be uploaded on page 3 of SF-424 - Box 16	As applicable to HRSA; Counted in the page limit.
Project Narrative Attachment Form	Form	Supports the upload of Project Narrative document	Not counted in the page limit.
Project Narrative	Attachment	Can be uploaded in Project Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424A Budget Information - Non-Construction Programs	Form	Pages 1–2 to support structured budget for the request of Non-construction related funds.	Not counted in the page limit.
Budget Narrative Attachment Form	Form	Supports the upload of Project Narrative document.	Not counted in the page limit.
Budget Narrative	Attachment	Can be uploaded in Budget Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
SF-424B Assurances - Non-Construction Programs	Form	Supports assurances for non-construction programs.	Not counted in the page limit.
Project/Performance Site Location(s)	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.
Additional Performance Site Location(s)	Attachment	Can be uploaded in the SF-424 Performance Site Location(s) form. Single document with	Counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		all additional site location(s)	
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit.
Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list.	Not counted in the page limit.
Attachment 1-15	Attachment	Can be uploaded in Other Attachments form 1-15.	Refer to the attachment table provided below for <b>specific</b> sequence. Counted in the page limit.

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

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Tables, Charts, etc.
Attachment 2	Staffing Plan and Job Descriptions for Key Personnel
Attachment 3	Biographical Sketches of Key Personnel
Attachment 4	Letters/Memoranda of Agreement and/or Description(s) of Proposed/Existing Contracts
Attachment 5	Project Organizational Chart
Attachment 6	Logic Model with Target, Content/Activities, and Intended Impact
Attachment 7	Fifth Year Budget: Year 5, Sections A and B of the SF-424A
Attachment 8	Summary Progress Report
Attachments 9-15	Other Relevant Documents, including Letters of Support

## **Application Format**

### **i. Application Face Page**

Complete Application Form SF-424 provided with the application package. Prepare according to instructions provided in the form itself. **Important note:** enter the name of the **Project Director** in 8. f. “Name and contact information of person to be contacted on matters involving this application.” If, for any reason, the Project Director will be out of the office, please ensure the email Out of Office Assistant is set so HRSA will be aware if any issues arise with the application and a timely response is required. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.110.

### **DUNS Number**

All applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://fedgov.dnb.com/webform> or call 1-866-705-5711. Please include the DUNS number in form SF-424 - item 8c on the application face page. Applications **will not** be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being “Rejected for Errors” by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS number. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with the 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 Sections A, B, E, and F, and then provide a line item budget for each year of the project period. In Section A use rows 1 - 4 to provide the budget amounts for the first four years of the project. Please enter the amounts in the “New or Revised Budget” column- not the “Estimated Unobligated Funds” column. In Section B Object Class Categories of the SF-424A, provide the object class category breakdown for the annual amounts specified in Section A. In Section B, use column (1) to provide category amounts for Year 1 and use

columns (2) through (4) for subsequent budget years. For year 5, please submit a copy of Sections A and B of the SF-424A as Attachment 7.

**Salary Limitation:**

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

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

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

**iv. Budget Justification**

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

**Budget for Multi-Year Award**

This announcement is inviting applications for project periods up to five (5) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be 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. 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.

*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.

**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. Job descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in Attachment 2. Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included in Attachment 3. When applicable, biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs.

**vi. *Assurances***

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

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

**vii. *Certifications***

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

**viii. *Project Abstract***

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

Please place the following at the top of the abstract:

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

**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.

**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, well organized, and aligned with the review criteria in Section V so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

- ***INTRODUCTION***  
This section should briefly describe the purpose of the proposed project.
- ***NEEDS ASSESSMENT***  
This section outlines the needs of the communities and populations to be served. The target populations and their unmet health needs must be described and documented in this section. Demographic data should be used and cited whenever possible to support the information provided. Please discuss any relevant barriers that the project hopes to overcome.
- ***METHODOLOGY***  
Propose methods that will be used to address the stated needs and meet each of the previously-described program requirements and review criteria outlined in Section V of this funding opportunity announcement. Include development of effective tools and strategies for ongoing training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families, health professionals, communities, and states with attention to culturally, linguistically, socio-economically and geographically diverse backgrounds.
- ***WORK PLAN***  
Describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology section. Use a time line that includes each activity and identifies responsible staff. Identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application.
- ***RESOLUTION OF CHALLENGES***  
Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.
- ***EVALUATION AND TECHNICAL SUPPORT CAPACITY***  
Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and improvement, and service delivery.
- ***ORGANIZATIONAL INFORMATION***  
Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the

ability of the organization to conduct the program requirements and meet program expectations. Provide information on the program's resources and capabilities to support proposed activities, provision of services, and evaluation.

**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 Medical Home Implementation for CSHCN initiative and Submission of Administrative Data*

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

- Form 1, MCHB Project Budget Details
- Form 2, Project Funding Profile
- Form 4, Project Budget and Expenditures by Types of Services (Note, funds should go under Infrastructure Building)
- Form 6, Abstract
- Form 7, Discretionary Grant Project Summary Data
- Performance Measure 3, Peer-Reviewed Journals
- Performance Measure 7, Family, Youth, and Consumer Participation
- Performance Measure 10, Incorporation of Cultural and Linguistic Competence Elements
- Performance Measure 24, MCH Infrastructure Development
- Performance Measure 26, Provision of Quality Training and Technical Assistance
- Performance Measure 27, Provision of Quality Information Resources
- Performance Measure 41, Medical Home B: Infrastructure Building
- Products and Publications Form

## **xi. Attachments**

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

### *Attachment 1: Tables, Charts, etc.*

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

### *Attachment 2: Staffing Plan and Job Descriptions for Key Personnel*

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

### *Attachment 3: Biographical Sketches of Key Personnel*

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

### *Attachment 4: Letters/Memoranda of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)*

Provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

### *Attachment 5: Project Organizational Chart*

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

### *Attachment 6: Logic Model with Target, Content/Activities, and Intended Impact*

### *Attachment 7: Fifth Year Budget*

Year 5, Sections A and B of the SF-424A

### *Attachment 8: Summary Progress Report*

## **ACCOMPLISHMENT SUMMARY (FOR COMPETING CONTINUATIONS ONLY)**

A well planned accomplishment summary can be of great value by providing a record of accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program specific accomplishments. The accomplishments of competing continuation applicants are carefully considered during the review process; therefore, applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. Because the Accomplishment Summary is considered when applications are reviewed and scored, **competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants**

**who do.** The Accomplishment Summary will be evaluated as part of Review Criterion 4: IMPACT.

The accomplishment summary should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current project period. The report should include:

- 1) The period covered (dates).
- 2) Specific Objectives - Briefly summarize the specific objectives of the project as actually funded. Because of peer review recommendations and/or budgetary modifications made by the awarding unit, these objectives may differ in scope from those stated in the competing application.
- (3) Results- Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

*Attachments 9-15: Other Relevant Documents, including Letters of Support*

Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) List all other support letters on one page.

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

#### **Application Due Date**

The due date for applications under this funding opportunity announcement is **January 28, 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

Medical Home Implementation for Children with Special Health Care Needs is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

#### 5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to five (5) years, at no more than \$800,031 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](mailto:support@grants.gov) or by phone at 1-800-518-4726. Applicants should ensure that all passwords and registration are current well in advance of the deadline.

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

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

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

## V. Application Review Information

### 1. Review Criteria

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

Review Criteria are used to review and rank applications. The *Medical Home Implementation for CSHCN Initiative* has six (6) review criteria:

*Criterion 1: NEED (5 points)*

The extent to which the applicant describes the problem and associated contributing factors; and the extent to which the demonstrated need(s) of the targeted populations to be served are adequately described and supported in the needs assessment.

*Criterion 2: RESPONSE (40 points)*

The extent to which the proposed project responds to the “Purpose” included in the program description, the clarity of the proposed goals and objectives and their relationship to the identified project, and the extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives.

The application will be reviewed on the extent to which the proposal: (a) included a clear, practical and viable work plan including timeframes and outcomes; and (b) clearly links project activities to the project objectives and outcomes.

The application will be reviewed on the extent to which it addresses:

- Promotion and education of the medical home concept and activities to relevant stakeholders, including families of a variety of backgrounds, health professionals, payers, employers, and policy makers;
- Identification and dissemination of promising and innovative practices, tools, and resources for addressing barriers to medical home implementation;
- Support for states and communities in implementation and spread of the medical home concept and their use of quality improvement strategies and/or partnerships in such efforts;
- Strategies to enhance interactive communication and collaboration between pediatric clinicians and other health and non-medical professionals, community and government leaders for problem solving at the community level to improve maternal and child health status and systems;
- Training/strategies and tools to improve the family-centeredness and cultural competence of pediatric clinicians, organizations, and the health care system;
- Ability to serve as a national resource center for medical home implementation and the Healthy Tomorrows program that facilitates development and dissemination of resource materials and tools; maintenance of a website, provision of technical assistance and

- consultation, linkage with MCHB funded national centers, professional and family support organizations, and relevant MCHB/HRSA programs;
- Promotion of community training for pediatric residents, medical students and graduate-level students in clinical and public-health related MCH training programs with an interest in providing care, developing policy, or advancing advocacy within a medical home or community-based setting;
  - methods of collaboration and coordination with other relevant agencies, organizations, key public and private providers, family members, consumer groups, insurers, professional membership organizations, and other partnerships relevant to the proposed project; and
  - Expansion of the current body of evidence on outcomes associated with the medical home, integrated health care delivery system, and community initiatives.

*Criterion 3: EVALUATIVE MEASURES (25 points)*

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

- The extent to which the application incorporates a well-designed and well-organized evaluation plan capable of demonstrating and documenting measurable progress toward achieving the stated goals and objectives; and
- The extent to which the application describes the strategy to collect, analyze, and track data to measure outcomes and explains how the data will be used to inform the work of the national center, including quality improvement, information sharing, and technical assistance delivery.

*Criterion 4: IMPACT (10 points)*

The feasibility and effectiveness of plans for dissemination of project results, maintenance of up-to-date resources, tools, and models for sharing and dissemination, and the extent to which project results are national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the Federal funding.

*Criterion 5: RESOURCES/CAPABILITIES (15 points)*

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project; the capabilities and past accomplishments of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project; and the extent to which the application describes the experiences and appropriateness of the listed personnel and clearly indicates where such personnel are utilized in the work plan and their specific tasks.

*Criterion 6: SUPPORT REQUESTED (5 points)*

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

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

- The extent the application addresses support for family involvement, collaboration with key partners, requisite travel, and the organizational structures and processes necessary for the applicant to serve as an effective national resource center.

## **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 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.

### **Human Subjects Protection**

Federal regulations (45 CFR 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, grantees 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](http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html).

### **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](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 has two parts. The first part demonstrates grantee progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project. Further information will be provided in the NoA.

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

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

## 5) Performance Report(s)

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

### 1. Performance Measures and Program Data

To prepare applicants for these reporting requirements, the designated performance measures for this program and other program data collection are presented in the appendices of this funding opportunity announcement.

### 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 in the appendices

of this funding opportunity announcement. This requirement entails the provision of budget breakdowns in the financial forms based on the grant award amount, the project abstract and other grant summary data as well as providing objectives for the performance measures.

Performance reporting is conducted for each grant year of the project period. 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 in the appendices of this funding opportunity announcement. The requirement includes providing expenditure data for the final year of the project period, the project abstract and grant summary data as well as final indicators/scores for the performance measures.

#### **d. Transparency Act Reporting Requirements**

New awards ("Type 1") issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109-282), as amended by section 6202 of Public Law 110-252, and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of \$25,000 or more in Federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (FFATA details are available online at <http://www.hrsa.gov/grants/ffata.html>). Competing continuation awardees, etc. may be subject to this requirement and will be so notified in the NoA.

## **VII. Agency Contacts**

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

Vanessa Fleming  
Attn.: Medical Home Implementation for CSHCN  
HRSA Division of Grants Management Operations, OFAM  
Parklawn Building, Room 11-03  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-8337  
Fax: (301) 443-6343  
E-mail: [vfleming@hrsa.gov](mailto:vfleming@hrsa.gov)

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

Marie Mann, MD, MPH  
HRSA/MCHB/DSCSHN  
Parklawn Building, Room 13-61  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-4925  
Fax: (301) 443-2960  
E-mail: [mmann@hrsa.gov](mailto:mmann@hrsa.gov)

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

Grants.gov Contact Center  
Telephone: 1-800-518-4726  
E-mail: [support@grants.gov](mailto:support@grants.gov)  
iPortal: <http://grants.gov/iportal>

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

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

## **VIII. 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: MCHB Administrative Forms and Performance Measures**

To prepare successful applicants for their future performance reporting requirements, the Administrative Forms and Performance Measures assigned to this MCHB program are presented below.

- Form 1, MCHB Project Budget Details
- Form 2, Project Funding Profile
- Form 4, Project Budget and Expenditures by Types of Service (Infrastructure building)
- Form 6, MCH Abstract
- Form 7, Discretionary Grant Project Summary Data
- Performance Measure 3: Peer-reviewed journal publications
- Performance Measure 7: Family, youth, and consumer participation
- Performance Measure 10: Cultural and linguistic competence elements incorporation
- Performance Measure 24: Infrastructure development
- Performance Measure 26: Provision of quality training and technical assistance
- Performance Measure 27: Quality information resources
- Performance Measure 41: Medical Home – Infrastructure building
- Products and Publications Form

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

<b>1. MCHB GRANT AWARD AMOUNT</b>	\$ _____
<b>2. UNOBLIGATED BALANCE</b>	\$ _____
<b>3. MATCHING FUNDS</b>	\$ _____
(Required: Yes [ ] No [ ] If yes, amount)	
A. Local funds	\$ _____
B. State funds	\$ _____
C. Program Income	\$ _____
D. Applicant/Grantee Funds	\$ _____
E. Other funds: _____	\$ _____
<b>4. OTHER PROJECT FUNDS (Not included in 3 above)</b>	\$ _____
A. Local funds	\$ _____
B. State funds	\$ _____
C. Program Income (Clinical or Other)	\$ _____
D. Applicant/Grantee Funds (includes in-kind)	\$ _____
E. Other funds (including private sector, e.g., Foundations)	\$ _____
<b>5. TOTAL PROJECT FUNDS (Total lines 1 through 4)</b>	\$ _____
<b>6. FEDERAL COLLABORATIVE FUNDS</b>	\$ _____
(Source(s) of additional Federal funds contributing to the project)	
A. Other MCHB Funds (Do not repeat grant funds from Line 1)	
1) Special Projects of Regional and National Significance (SPRANS)	\$ _____
2) Community Integrated Service Systems (CISS)	\$ _____
3) State Systems Development Initiative (SSDI)	\$ _____
4) Healthy Start	\$ _____
5) Emergency Medical Services for Children (EMSC)	\$ _____
6) Traumatic Brain Injury	\$ _____
7) State Title V Block Grant	\$ _____
8) Other: _____	\$ _____
9) Other: _____	\$ _____
10) Other: _____	\$ _____
B. Other HRSA Funds	
1) HIV/AIDS	\$ _____
2) Primary Care	\$ _____
3) Health Professions	\$ _____
4) Other: _____	\$ _____
5) Other: _____	\$ _____
6) Other: _____	\$ _____
C. Other Federal Funds	
1) Center for Medicare and Medicaid Services (CMS)	\$ _____
2) Supplemental Security Income (SSI)	\$ _____
3) Agriculture (WIC/other)	\$ _____
4) Administration for Children and Families (ACF)	\$ _____
5) Centers for Disease Control and Prevention (CDC)	\$ _____
6) Substance Abuse and Mental Health Services Administration (SAMHSA)	\$ _____
7) National Institutes of Health (NIH)	\$ _____
8) Education	\$ _____
9) Bioterrorism	\$ _____
10) Other: _____	\$ _____
11) Other: _____	\$ _____
12) Other: _____	\$ _____
<b>7. TOTAL COLLABORATIVE FEDERAL FUNDS</b>	\$ _____

**INSTRUCTIONS FOR COMPLETION OF FORM 1  
MCH BUDGET DETAILS FOR FY \_\_\_\_**

- Line 1. Enter the amount of the Federal MCHB grant award for this project.
- Line 2. Enter the amount of carryover (e.g, unobligated balance) from the previous year's award, if any. New awards do not enter data in this field, since new awards will not have a carryover balance.
- Line 3. If matching funds are required for this grant program list the amounts by source on lines 3A through 3E as appropriate. Where appropriate, include the dollar value of in-kind contributions.
- Line 4. Enter the amount of other funds received for the project, by source on Lines 4A through 4E, specifying amounts from each source. Also include the dollar value of in-kind contributions.
- Line 5. Displays the sum of lines 1 through 4.
- Line 6. Enter the amount of other Federal funds received on the appropriate lines (A.1 through C.12) **other** than the MCHB grant award for the project. Such funds would include those from other Departments, other components of the Department of Health and Human Services, or other MCHB grants or contracts.
- Line 6C.1. Enter only project funds from the Center for Medicare and Medicaid Services. Exclude Medicaid reimbursement, which is considered Program Income and should be included on Line 3C or 4C.
- If lines 6A.8-10, 6B .4-6, or 6C.10-12 are utilized, specify the source(s) of the funds in the order of the amount provided, starting with the source of the most funds. .
- Line 7. Displays the sum of lines in 6A.1 through 6C.12.

**FORM 2  
 PROJECT FUNDING PROFILE**

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

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

**Instructions:**

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

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

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

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

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

## **INSTRUCTIONS FOR THE COMPLETION OF FORM 4 PROJECT BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

Complete all required data cells for all years of the grant. If an actual number is not available, make an estimate. Please explain all estimates in a note. Administrative dollars should be allocated to the appropriate level(s) of the pyramid on lines I, II, III or IV. If an estimate of administrative funds use is necessary, one method would be to allocate those dollars to Lines I, II, III and IV at the same percentage as program dollars are allocated to Lines I through IV.

Note: Lines I, II and III are for projects providing services. If grant funds are used to build the infrastructure for direct care delivery, enabling or population-based services, these amounts should be reported in Line IV (i.e., building data collection capacity for newborn hearing screening).

Line I Direct Health Care Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

**Direct Health Care Services** are those services generally delivered one-on-one between a health professional and a patient in an office, clinic or emergency room which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, x-ray services, dental care, and pharmaceutical products and services. State Title V programs support - by directly operating programs or by funding local providers - services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning. For CSHCN, these services include specialty and sub-specialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness, and other conditions requiring sophisticated technology, access to highly trained specialists, or an array of services not generally available in most communities.

Line II Enabling Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

**Enabling Services** allow or provide for access to and the derivation of benefits from, the array of basic health care services and include such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination of with Medicaid, WIC and educations. These services are especially required for the low income, disadvantaged, geographically or culturally isolated, and those with special and complicated health needs. For many of these individuals, the enabling services are essential - for without them access is not possible. Enabling services most commonly provided by agencies for CSHCN include transportation, care coordination, translation services, home visiting, and family outreach. Family support activities include parent support groups, family training workshops, advocacy, nutrition and social work.

Line III Population-Based Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

**Population Based Services** are preventive interventions and personal health services, developed and available for the entire MCH population of the State rather than for individuals in a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunization, Sudden Infant Death Syndrome counseling, oral health, injury prevention, nutrition and outreach/public education. These services are generally available whether the

mother or child receives care in the private or public system, in a rural clinic or an HMO, and whether insured or not.

Line IV Infrastructure Building Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

**Infrastructure Building Services** are the base of the MCH pyramid of health services and form its foundation. They are activities directed at improving and maintaining the health status of all women and children by providing support for development and maintenance of comprehensive health services systems and resources including development and maintenance of health services standards/guidelines, training, data and planning systems. Examples include needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, information systems and systems of care. In the development of systems of care it should be assured that the systems are family centered, community based and culturally competent.

Line V Total - Displays the total amounts for each column, budgeted for each year and expended for each year completed.

**FORM 6**  
**MATERNAL & CHILD HEALTH DISCRETIONARY GRANT**  
**PROJECT ABSTRACT**  
**FOR FY\_\_\_\_\_**

**PROJECT:** \_\_\_\_\_  
\_\_\_\_\_

**I. PROJECT IDENTIFIER INFORMATION**

1. Project Title:
2. Project Number:
3. E-mail address:

**II. BUDGET**

1. MCHB Grant Award \$ \_\_\_\_\_  
(Line 1, Form 2)
2. Unobligated Balance \$ \_\_\_\_\_  
(Line 2, Form 2)
3. Matching Funds (if applicable) \$ \_\_\_\_\_  
(Line 3, Form 2)
4. Other Project Funds \$ \_\_\_\_\_  
(Line 4, Form 2)
5. Total Project Funds \$ \_\_\_\_\_  
(Line 5, Form 2)

**III. TYPE(S) OF SERVICE PROVIDED (Choose all that apply)**

- Direct Health Care Services
- Enabling Services
- Population-Based Services
- Infrastructure Building Services

**IV. PROJECT DESCRIPTION OR EXPERIENCE TO DATE**

- A. Project Description
1. Problem (in 50 words, maximum):
  
  
  
  
  
  
  
  
  
  
  2. Goals and Objectives: (List up to 5 major goals and time-framed objectives per goal for the project)  
Goal 1:  
Objective 1:  
Objective 2:  
Goal 2:  
Objective 1:  
Objective 2:  
Goal 3:



- B. Continuing Grants ONLY
1. Experience to Date (For continuing projects ONLY):

2. Website URL and annual number of hits

**V. KEY WORDS**

**VI. ANNOTATION**

## **INSTRUCTIONS FOR THE COMPLETION OF FORM 6 PROJECT ABSTRACT**

**NOTE:** All information provided should fit into the space provided in the form. The completed form should be no more than 3 pages in length. Where information has previously been entered in forms 1 through 5, the information will automatically be transferred electronically to the appropriate place on this form.

### **Section I – Project Identifier Information**

Project Title: Displays the title for the project.  
Project Number: Displays the number assigned to the project (e.g., the grant number)  
E-mail address: Displays the electronic mail address of the project director

**Section II – Budget** - These figures will be transferred from Form 1, Lines 1 through 5.

### **Section III - Types of Services**

Indicate which type(s) of services your project provides, checking all that apply.

### **Section IV – Program Description OR Current Status (DO NOT EXCEED THE SPACE PROVIDED)**

- A. New Projects only are to complete the following items:
1. A brief description of the project and the problem it addresses, such as preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children; and services for Children with Special Health Care Needs.
  2. Provide up to 5 goals of the project, in priority order. Examples are: To reduce the barriers to the delivery of care for pregnant women, to reduce the infant mortality rate for minorities and “services or system development for children with special healthcare needs.” MCHB will capture annually every project’s top goals in an information system for comparison, tracking, and reporting purposes; you must list at least 1 and no more than 5 goals. For each goal, list the two most important objectives. The objective must be specific (i.e., decrease incidence by 10%) and time limited (by 2005).
  3. Displays the primary Healthy people 2010 goal(s) that the project addresses.
  4. Describe the programs and activities used to attain the goals and objectives, and comment on innovation, cost, and other characteristics of the methodology, proposed or are being implemented. Lists with numbered items can be used in this section.
  5. Describe the coordination planned and carried out, in the space provided, if applicable, with appropriate State and/or local health and other agencies in areas(s) served by the project.
  6. Briefly describe the evaluation methods that will be used to assess the success of the project in attaining its goals and objectives.
- B. For continuing projects ONLY:
1. Provide a brief description of the major activities and accomplishments over the past year (not to exceed 200 words).
  2. Provide website and number of hits annually, if applicable.

### **Section V – Key Words**

Provide up to 10 key words to describe the project, including populations served. Choose key words from the included list.

### **Section VI – Annotation**

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

**FORM 7**  
**DISCRETIONARY GRANT PROJECT**  
**SUMMARY DATA**

- 1. Project Service Focus**  
 Urban/Central City     Suburban     Metropolitan Area (city & suburbs)  
 Rural                     Frontier     Border (US-Mexico)
  
- 2. Project Scope**  
 Local                     Multi-county     State-wide  
 Regional                     National
  
- 3. Grantee Organization Type**  
 State Agency  
 Community Government Agency  
 School District  
 University/Institution Of Higher Learning (Non-Hospital Based)  
 Academic Medical Center  
 Community-Based Non-Governmental Organization (Health Care)  
 Community-Based Non-Governmental Organization (Non-Health Care)  
 Professional Membership Organization (Individuals Constitute Its Membership)  
 National Organization (Other Organizations Constitute Its Membership)  
 National Organization (Non-Membership Based)  
 Independent Research/Planning/Policy Organization  
 Other \_\_\_\_\_
  
- 4. Project Infrastructure Focus (from MCH Pyramid) if applicable**  
 Guidelines/Standards Development And Maintenance  
 Policies And Programs Study And Analysis  
 Synthesis Of Data And Information  
 Translation Of Data And Information For Different Audiences  
 Dissemination Of Information And Resources  
 Quality Assurance  
 Technical Assistance  
 Training  
 Systems Development  
 Other

5. Demographic Characteristics of Project Participants

Indicate the service level:

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

	RACE (Indicate all that apply)							Total	ETHNICITY			
	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than One Race	Unrecorded		Hispanic or Latino	Not Hispanic or Latino	Unrecorded	Total
Pregnant Women (All Ages)												
Infants <1 year												
Children and Youth 1 to 25 years												
CSHCN Infants <1 year												
CSHCN Children and Youth 1 to 25 years												
Women 25+ years												
Men 25+												
TOTALS												

**6. Clients' Primary Language(s)**

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**7. Resource/TA and Training Centers ONLY**

Answer all that apply.

- a. Characteristics of Primary Intended Audience(s)
  - Policy Makers/Public Servants
  - Consumers
- Providers/Professionals
- b. Number of Requests Received/Answered: \_\_\_\_/\_\_\_\_
- c. Number of Continuing Education credits provided: \_\_\_\_\_
- d. Number of Individuals/Participants Reached: \_\_\_\_\_
- e. Number of Organizations Assisted: \_\_\_\_\_
- f. Major Type of TA or Training Provided:
  - continuing education courses,
  - workshops,
  - on-site assistance,
  - distance learning classes
  - other

## INSTRUCTIONS FOR THE COMPLETION OF FORM 7 PROJECT SUMMARY

### **Section 1 – Project Service Focus**

Select all that apply

### **Section 2 – Project Scope**

Choose the one that best applies to your project.

### **Section 3 – Grantee Organization Type**

Choose the one that best applies to your organization.

### **Section 4 – Project Infrastructure Focus**

If applicable, choose all that apply.

### **Section 5 – Demographic Characteristics of Project Participants**

Indicate the service level for the grant program. Multiple selections may be made. Infrastructure cannot be selected by itself; it must be selected with another service level. Please fill in each of the cells as appropriate.

**Direct Health Care Services** are those services generally delivered one-on-one between a health professional and a patient in an office, clinic or emergency room which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, x-ray services, dental care, and pharmaceutical products and services. State Title V programs support - by directly operating programs or by funding local providers - services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning. For CSHCN, these services include specialty and sub-specialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness, and other conditions requiring sophisticated technology, access to highly trained specialists, or an array of services not generally available in most communities.

**Enabling Services** allow or provide for access to and the derivation of benefits from, the array of basic health care services and include such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination of with Medicaid, WIC and educations. These services are especially required for the low income, disadvantaged, geographically or culturally isolated, and those with special and complicated health needs. For many of these individuals, the enabling services are essential - for without them access is not possible. Enabling services most commonly provided by agencies for CSHCN include transportation, care coordination, translation services, home visiting, and family outreach. Family support activities include parent support groups, family training workshops, advocacy, nutrition and social work.

**Population Based Services** are preventive interventions and personal health services, developed and available for the entire MCH population of the State rather than for individuals in a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunization, Sudden Infant Death Syndrome counseling, oral health, injury prevention, nutrition and outreach/public education. These services are generally available whether the mother or child receives care in the private or public system, in a rural clinic or an HMO, and whether insured or not.

**Infrastructure Building Services** are the base of the MCH pyramid of health services and form its foundation. They are activities directed at improving and maintaining the health status of all women and children by providing support for development and maintenance of comprehensive health services systems and resources including development and maintenance of health services standards/guidelines, training, data and planning systems. Examples include needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, information systems and systems of care. In the

development of systems of care it should be assured that the systems are family centered, community based and culturally competent.

**Section 6 – Clients Primary Language(s)**

Indicate which languages your clients speak as their primary language, other than English, for the data provided in Section 6. List up to three languages.

**Section 7 – Resource/TA and Training Centers (Only)**

Answer all that apply.

**03 PERFORMANCE MEASURE**

**Goal 1: Provide National Leadership for MCHB  
(Strengthen the MCH knowledge base and support  
scholarship within the MCH community)**

**Level: Grantee**

**Category: Information Dissemination**

The percentage of MCHB-funded projects submitting and publishing findings in peer-reviewed journals.

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**GOAL**

To increase the number of MCHB-funded research projects that publish in peer-reviewed journals.

**MEASURE**

The percent of MCHB-funded projects submitting articles and publishing findings in peer-reviewed journals.

**DEFINITION**

**Numerator:** Number of projects (current and completed within the past three years) that have submitted articles for review by refereed journals.

**Denominator:** Total number of current projects and projects that have been completed within the past three years.

And

**Numerator:** Number of projects (current and completed within the past 3 years) that have published articles in peer reviewed journals

**Denominator:** Total number of current projects and projects that have been completed within the past three years.

**Units:** 100      **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

Related to Goal 1: Improve access to comprehensive, high-quality health care services (Objectives 1.1-1.16).

**DATA SOURCE(S) AND ISSUES**

Attached data collection form will be sent annually to grantees during their funding period and three years after the funding period ends. Some preliminary information may be gathered from mandated project final reports

**SIGNIFICANCE**

To be useful, the latest evidence-based, scientific knowledge must reach professionals who are delivering services, developing programs and making policy. Peer reviewed journals are considered one of the best methods for distributing new knowledge because of their wide circulation and rigorous standard of review.

**DATA COLLECTION FORM FOR DETAIL SHEET #03**

Please use the space provided for notes to detail the data source and year of data used.

Number of articles submitted for review by refereed journals but not yet published in this reporting year \_\_\_\_\_

Number of articles published in peer-reviewed journals this reporting year \_\_\_\_\_

**NOTES/COMMENTS:**

**07 PERFORMANCE MEASURE**

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

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

**Level: Grantee**

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

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**GOAL**

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

**MEASURE**

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

**DEFINITION**

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

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

**DATA SOURCE(S) AND ISSUES**

Attached data collection form is to be completed by grantees.

**SIGNIFICANCE**

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

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

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

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

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

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

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

**NOTES/COMMENTS:**

**10 PERFORMANCE MEASURE**

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

**Level: Grantee**

**Category: Cultural Competence**

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

**GOAL**

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

**MEASURE**

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

**DEFINITION**

Attached is a checklist of 10 elements that demonstrate cultural and linguistic competency. Please check the degree to which the elements have been implemented. The answer scale for the entire measure is 0-30. Please keep the completed checklist attached.

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

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

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

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

Related to the following HP2010 Objectives:

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

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

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

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

**DATA SOURCE(S) AND ISSUES**

Attached data collection form is to be completed by grantees.

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

**SIGNIFICANCE**

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

**24 PERFORMANCE MEASURE**

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

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

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**GOAL**

To develop infrastructure that supports comprehensive and integrated services.

**MEASURE**

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

**DEFINITION**

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

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

**DATA SOURCE(S) AND ISSUES**

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

**SIGNIFICANCE**

Improving the health infrastructure and systems of care is one of the five goals of MCHB. There are

five strategies under this goal, all of which are addressed in a number of MCHB initiatives which focus on system-building and infrastructure development. These five strategies follow:

Build analytic capacity for assessment, planning, and evaluation.

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

Assist States and communities to plan and develop comprehensive, integrated health service systems. Work with States and communities to assure that services and systems of care reach targeted populations.

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

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

**DATA COLLECTION FORM FOR DETAIL SHEET #24**

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

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

- 0 = Grantee does not provide or contribute to the provision of this activity.
- 1 = Grantee sometimes provides or contributes to the provision of this activity.
- 2 = Grantee regularly provides or contributes to the provision of this activity

Total the numbers in the boxes (possible 0–20 score): \_\_\_\_\_

**NOTES/COMMENTS:**

**26 PERFORMANCE MEASURE**

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

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

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**GOAL**

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

**MEASURE**

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

**DEFINITION**

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

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

**DATA SOURCE(S) AND ISSUES**

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

**SIGNIFICANCE**

National Resource Centers, Policy Centers,

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

**DATA COLLECTION FORM FOR DETAIL SHEET #26**

**PART A**

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

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

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

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

**PART B**

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

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

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

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

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

**NOTES/COMMENTS:**

**27 PERFORMANCE MEASURE**

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

**Level: Grantee**

**Category: Infrastructure**

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

---

**GOAL**

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

**MEASURE**

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

**DEFINITION**

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

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

This measure can be applicable to any MCHB grantee.

**HEALTHY PEOPLE 2010 OBJECTIVE**

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

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

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

Related to Goal 23 – Public Health Infrastructure:

Ensure that Federal, tribal, State, and local health agencies have the infrastructure to provide essential public health services effectively.  
Specific objective: 23.2.

**DATA SOURCE(S) AND ISSUES**

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

**SIGNIFICANCE**

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

**DATA COLLECTION FORM FOR DETAIL SHEET #27**

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

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

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

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

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

**NOTES/COMMENTS:**



**41 PERFORMANCE MEASURE**

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

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

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**GOAL**

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

**MEASURE**

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

**DEFINITION**

Attached is a set of five categories with a total of 24 elements that contribute to a family/patient-centered, accessible, comprehensive, continuous, and compassionate system of care for MCH populations. Please use the space provided for notes to describe activities related to each element and clarify reasons for score.

**HEALTHY PEOPLE 2010 OBJECTIVE**

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

**DATA SOURCE(S) AND ISSUES**

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

**SIGNIFICANCE**

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

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

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

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

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

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

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

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

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

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

**NOTES/COMMENTS:**

## Products, Publications and Submissions Data Collection Form

### Part 1

Instructions: Please list the number of products, publications and submissions addressing maternal and child health that have been published or produced by your staff during the reporting period (counting the original completed product or publication developed, not each time it is disseminated or presented). Products and Publications include the following types:

Type	Number
Peer-reviewed publications in scholarly journals – published (including peer-reviewed journal commentaries or supplements)	
Peer-reviewed publications in scholarly journals – submitted	
Books	
Book chapters	
Reports and monographs (including policy briefs and best practices reports)	
Conference presentations and posters presented	
Web-based products (Blogs, podcasts, Web-based video clips, wikis, RSS feeds, news aggregators, social networking sites)	
Electronic products (CD-ROMs, DVDs, audio or videotapes)	
Press communications (TV/Radio interviews, newspaper interviews, public service announcements, and editorial articles)	
Newsletters (electronic or print)	
Pamphlets, brochures, or fact sheets	
Academic course development	
Distance learning modules	
Doctoral dissertations/Master’s theses	
Other	

**Part 2**

Instructions: For each product, publication and submission listed in Part 1, complete all elements marked with an “\*.”

**Data collection form: Peer-reviewed publications in scholarly journals – published**

\*Title: \_\_\_\_\_  
\*Author(s): \_\_\_\_\_  
\*Publication: \_\_\_\_\_  
\*Volume: \_\_\_\_\_ \*Number: \_\_\_\_\_ Supplement: \_\_\_\_\_ \*Year: \_\_\_\_\_ \*Page(s): \_\_\_\_\_  
\*Target Audience: Consumers/Families \_\_\_ Professionals \_\_\_ Policymakers \_\_\_ Students \_\_\_  
\*To obtain copies (URL): \_\_\_\_\_  
Key Words (No more than 5): \_\_\_\_\_  
Notes: \_\_\_\_\_

**Data collection form: Peer-reviewed publications in scholarly journals – submitted**

\*Title: \_\_\_\_\_  
\*Author(s): \_\_\_\_\_  
\*Publication: \_\_\_\_\_  
\*Year Submitted: \_\_\_\_\_  
\*Target Audience: Consumers/Families \_\_\_ Professionals \_\_\_ Policymakers \_\_\_ Students \_\_\_  
Key Words (No more than 5): \_\_\_\_\_  
Notes: \_\_\_\_\_

**Data collection form: Books**

\*Title: \_\_\_\_\_  
\*Author(s): \_\_\_\_\_  
\*Publisher: \_\_\_\_\_  
\*Year Published: \_\_\_\_\_  
\*Target Audience: Consumers/Families \_\_\_ Professionals \_\_\_ Policymakers \_\_\_ Students \_\_\_  
Key Words (No more than 5): \_\_\_\_\_  
Notes: \_\_\_\_\_

**Data collection form for: Book chapters**

Note: If multiple chapters are developed for the same book, list them separately.

\*Chapter Title: \_\_\_\_\_  
\*Chapter Author(s): \_\_\_\_\_  
\*Book Title: \_\_\_\_\_  
\*Book Author(s): \_\_\_\_\_  
\*Publisher: \_\_\_\_\_  
\*Year Published: \_\_\_\_\_  
\*Target Audience: Consumers/Families \_\_\_ Professionals \_\_\_ Policymakers \_\_\_ Students \_\_\_  
Key Words (no more than 5): \_\_\_\_\_  
Notes: \_\_\_\_\_

**Data collection form: Reports and monographs**

\*Title: \_\_\_\_\_  
\*Author(s)/Organization(s): \_\_\_\_\_  
\*Year Published: \_\_\_\_\_  
\*Target Audience: Consumers/Families \_\_\_ Professionals \_\_\_ Policymakers \_\_\_ Students \_\_\_  
\*To obtain copies (URL or email): \_\_\_\_\_  
Key Words (no more than 5): \_\_\_\_\_  
Notes: \_\_\_\_\_

**Data collection form: Conference presentations and posters presented**

(This section is not required for MCHB Training grantees.)

\*Title: \_\_\_\_\_  
\*Author(s)/Organization(s): \_\_\_\_\_  
\*Meeting/Conference Name: \_\_\_\_\_  
\*Year Presented: \_\_\_\_\_  
\*Type:       Presentation                       Poster  
\*Target Audience: Consumers/Families \_\_\_ Professionals \_\_\_ Policymakers \_\_\_ Students \_\_\_  
\*To obtain copies (URL or email): \_\_\_\_\_  
Key Words (no more than 5): \_\_\_\_\_  
Notes: \_\_\_\_\_

**Data collection form: Web-based products**

\*Product: \_\_\_\_\_

\*Year: \_\_\_\_\_

\*Type:       blogs                                       podcasts                                       Web-based video clips  
                  wikis     RSS feeds                                      news aggregators  
                  social networking sites                       Other (Specify)

\*Target Audience: Consumers/Families \_\_\_ Professionals \_\_\_ Policymakers \_\_\_ Students \_\_\_

\*To obtain copies (URL): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Electronic Products**

\*Title: \_\_\_\_\_

\*Author(s)/Organization(s): \_\_\_\_\_

\*Year: \_\_\_\_\_

\*Type:       CD-ROMs                                       DVDs                                       audio tapes  
                  videotapes                                       Other (Specify)

\*Target Audience: Consumers/Families \_\_\_ Professionals \_\_\_ Policymakers \_\_\_ Students \_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Press Communications**

\*Title: \_\_\_\_\_

\*Author(s)/Organization(s): \_\_\_\_\_

\*Year: \_\_\_\_\_

\*Type:       TV interview                                       Radio interview                                       Newspaper interview  
                  Public service announcement                       Editorial article                                       Other (Specify)

\*Target Audience: Consumers/Families \_\_\_ Professionals \_\_\_ Policymakers \_\_\_ Students \_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Newsletters**

\*Title: \_\_\_\_\_

\*Author(s)/Organization(s): \_\_\_\_\_

\*Year: \_\_\_\_\_

\*Type:  Electronic  Print  Both

\*Target Audience: Consumers/Families \_\_\_ Professionals \_\_\_ Policymakers \_\_\_ Students \_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

\*Frequency of distribution:  weekly  monthly  quarterly  annually  Other (Specify)

Number of subscribers: \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Pamphlets, brochures or fact sheets**

\*Title: \_\_\_\_\_

\*Author(s)/Organization(s): \_\_\_\_\_

\*Year: \_\_\_\_\_

\*Type:  Pamphlet  Brochure  Fact Sheet

\*Target Audience: Consumers/Families \_\_\_ Professionals \_\_\_ Policymakers \_\_\_ Students \_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Academic course development**

\*Title: \_\_\_\_\_

\*Author(s)/Organization(s): \_\_\_\_\_

\*Year: \_\_\_\_\_

\*Target Audience: Consumers/Families \_\_\_ Professionals \_\_\_ Policymakers \_\_\_ Students \_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Distance learning modules**

\*Title: \_\_\_\_\_

\*Author(s)/Organization(s): \_\_\_\_\_

\*Year: \_\_\_\_\_

\*Media Type:       blogs                               podcasts                               Web-based video clips  
                          wikis                                       RSS feeds                               news aggregators  
                          social networking sites       CD-ROMs                               DVDs  
                          audio tapes                               videotapes                               Other (Specify)

\*Target Audience: Consumers/Families \_\_\_ Professionals \_\_\_ Policymakers \_\_\_ Students \_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Doctoral dissertations/Master's theses**

\*Title: \_\_\_\_\_

\*Author: \_\_\_\_\_

\*Year Completed: \_\_\_\_\_

\*Type:                       Doctoral dissertation                               Master's thesis

\*Target Audience: Consumers/Families \_\_\_ Professionals \_\_\_ Policymakers \_\_\_ Students \_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Other**

(Note, up to 3 may be entered)

\*Title: \_\_\_\_\_

\*Author(s)/Organization(s): \_\_\_\_\_

\*Year: \_\_\_\_\_

\*Describe product, publication or submission: \_\_\_\_\_

\*Target Audience: Consumers/Families \_\_\_ Professionals \_\_\_ Policymakers \_\_\_ Students \_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_