

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

Maternal and Child Health Bureau  
Division of MCH Workforce Development

***MCH Knowledge to Practice Program***

**Announcement Type:** New, Competing Continuation

**Announcement Number:** HRSA-13-197

***MCH Navigator Program***

**Announcement Type:** New

**Announcement Number:** HRSA-13-262

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

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2013

**Application Due Date: March 26, 2013**

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

**Release Date: February 5, 2013**

**Issuance Date: February 7, 2013**

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

## EXECUTIVE SUMMARY

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

Previously, the Maternal and Child Health Bureau funded both a Knowledge to Practice Training Grant Program as well as a Distance Learning Training Grant Program. These two programs have now been combined into the Knowledge to Practice Program.

### **Number of Awards and Funds Available per Year:**

Up to \$470,000 may be available to fund up to nine (9) total grants per year and one (1) cooperative agreement per year. The actual number and size of awards will depend on the availability of funds.

#### **Knowledge to Practice Program**

\$290,000 will support up to nine (9) grants in the **Knowledge to Practice Program**. These grants can range from \$30,000 to the **maximum** grant award of \$100,000 per year for up to three (3) years, depending on the methods utilized and the reach of the grant.

#### **MCH Navigator Program**

\$180,000 will support one (1) **MCH Navigator Program** cooperative agreement per year for up to three (3) years.

Qualified applicants can apply for **either** or **both** of the programs, but must submit a separate application for each program. Applicants may not submit multiple applications for either program. Applicants must clearly indicate which program they are applying for.

1. Knowledge to Practice Program Grant,
2. MCH Navigator Program Cooperative Agreement

### **Project Period:**

Approved projects will have a budget period start date of July 1, 2013. Applicants responding to either the Knowledge to Practice or the MCH Navigator program may request funding for a project period of up to three (3) years.

### **Eligible Applicants:**

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

**Application Due Date:** March 26, 2013

**Programmatic Assistance:**

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

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**Business, Administrative and Fiscal Inquiries:**

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

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A **technical assistance webinar** has been scheduled to help applicants understand, prepare and submit their application. The webinar is scheduled for Tuesday, February 19, 2013 from 1:00pm to 2:00pm EST. The webinar portion of the technical assistance session can be accessed at: <https://hrsa.connectsolutions.com/mchkpnav>. Audio for the call can be accessed at: 1-866-919-4986; Passcode 3446019.

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# I. Funding Opportunity Description

## 1. Purpose

### **Purpose:**

In addition to supporting graduate training of maternal and child health (MCH) professionals, the Maternal and Child Health Bureau is committed to advancing the knowledge and skills of practicing MCH professionals. Knowledge to practice (KP) education methodologies, including distance learning and blended methods (some in-person meeting time with distance follow-up), provide effective and efficient means by which MCH professionals in practice enhance and advance their analytic, managerial, and clinical skills while continuing to meet their daily on-site responsibilities. This program strongly supports HRSA goals to improve access to quality health care and services, strengthen the health workforce and improve health equity.

Current barriers to continuing education include ever-tightening travel restrictions, capacity shortages, difficulty in taking time away from work, and the cost of trainings. Distance learning and/or blended learning methods can help address these barriers<sup>1</sup>. In addition, in times of severely limited resources, innovation assists in reaching MCH populations, including busy professionals. Therefore, both KP and MCH Navigator projects should be designed to implement new and emerging technologies. The applicant must document that the program is addressing a need not covered by current HRSA investments, such as Public Health Training Centers (PHTCs) (<http://bhpr.hrsa.gov/grants/publichealth/phtc.html>), and Area Health Education Centers (AHECs) (<http://bhpr.hrsa.gov/grants/areahealtheducationcenters/index.html>).

Two types of programs will be funded under this initiative: (1) Knowledge to Practice Program (up to nine grants) and (2) MCH Navigator Program (one cooperative agreement).

**(1) The Knowledge to Practice** grants focus on increasing the skills of MCH professionals by facilitating the timely transfer of new information, research findings and technology related to MCH, and updating and improving the knowledge and skills of health and related professionals in programs serving mothers and children. Applicants can develop on site, distance education, or blended methods for maximum impact with their target audience; however, a distance learning component is required in order to reach a broad audience and achieve regional and/or national significance. Designed for both regional and national audiences, distance learning provides an efficient means by which MCH professionals can improve their interdisciplinary training skills via innovative learning technologies and thereby strengthening the MCH workforce and impacting a broader population base.

**(2) The MCH Navigator** cooperative agreement complements the Knowledge to Practice grants, using a web site to link learners to open-access webcasts, presentations, instructional modules, and online courses covering essential MCH skills and knowledge. MCHB wants to assure that content developed by Knowledge to Practice grants, MCH graduate education programs and continuing education developed by others is readily available to the wider MCH Title V and public health communities. This program will have four main roles and areas of activity:

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<sup>1</sup> Grason H, Kavanagh, L, Dooley S, Partelow, J, Sharkey, A, Bradley, K and Handler A. "Findings from an Assessment of State Title V Workforce Development Needs." *Maternal and Child Health Journal*, Published Online November 5, 2010.

Strategic and Collaborative Assessment and Planning, Communications and Outreach, Direction and Guidance in the Development of Innovations and Content Quality, and Accountability and Evaluation.

## **2. Background**

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

Previously, the Maternal and Child Health Bureau funded both a Knowledge to Practice Training Grant Program as well as a Distance Learning Training Grant Program. These two programs have now been combined into this Knowledge to Practice Program.

### **Maternal and Child Health Bureau and Title V of the Social Security Act**

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

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

The mission of MCHB is to provide national leadership, in partnership with key stakeholders, to improve the physical and mental health, safety and well-being of the maternal and child health (MCH) population which includes all of the nation’s women, infants, children, adolescents, and their families, including fathers and children with special health care needs (CSHCN).

### **Emphasis in MCHB on Life Course Model as a Strategic Organizing Framework**

On October 20, 2010, MCHB released a draft concept paper on the Life Course Model to inform the development of MCHB’s next 5 year Strategic Plan. Life course development points to broad social, economic and environmental factors as underlying contributors to poor health and developmental outcomes for all children; including children with special health care needs. It also focuses on persistent disparities in the health and well-being of children and families. The socio-ecological framework emphasizes that children develop within families, families exist within a community, and the community is surrounded by a larger society. These systems interact with and influence each other to either decrease or increase risk factors or protective factors that affect a range of health and social outcomes.

## **Division of MCH Workforce Development**

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

## **DMCHWD Training Program Goals**

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

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

This funding opportunity announcement addresses Goal 1 of the Strategic Plan.

## **Title V Workforce Needs**

A 2008 Assessment of Title V Workforce needs assessment was conducted by the Association of Maternal and Child Health Programs (AMCHP), Association of Teachers of Maternal and Child Health (ATMCH) and Maternal and Child Health Bureau (<http://www.amchp.org/programsandtopics/WorkforceDevelopment/survey/Pages/default.aspx>). Many of the needs expressed in that assessment have been recently covered in the MCH Navigator, <http://navigator.mchtraining.net>.

In more recent assessments, States identified the following priorities in their 2010 State Title V Needs Assessments, 2012 requests for technical assistance, and 2012 block grant reviews:

- Strategies to address capacity shortages (shrinking budgets, fewer staff, and staff that may not have public health knowledge or skills);
- Strategies for succession planning (with an aging public health workforce and MCH workforce staff at multiple levels that require new skills and mentoring);
- Impact Analysis;
- Reproductive Health;
- Disparity Reduction;
- Implementation Science;
- Using Social Media; and
- Developing tools to operationalize and measure life course approaches.

## **Current Status of Online Learning**

A recent meta-analysis conducted by the Department of Education entitled *Evaluation of Evidence-Based Practices in Online Learning: A Meta-Analysis and Review of Online Learning Studies* indicated that for older learners, “students in online conditions performed modestly better, on average, than those learning the same material through traditional face-to-face instruction” and “instruction combining online and face-to-face elements had a larger advantage relative to purely face-to-face instruction than did purely online instruction”<sup>2</sup>.

## **II. Award Information**

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

Funding for **Knowledge to Practice (KP)** will be provided in the form of a **grant**.

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

#### ***HRSA/MCHB Responsibilities for the MCH Navigator Program***

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

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

- Making available the services of experienced HRSA/MCHB personnel as participants in the planning and development of all phases of the project;
- Ongoing review of activities and procedures to be established and implemented for accomplishing the goals of the cooperative agreement;
- Participation, as appropriate, in meetings conducted during the period of the cooperative agreement;
- Review of project information prior to dissemination;
- Assistance and referral in the establishment and facilitation of effective collaborative relationships with Federal and State agencies, MCHB grant projects, and other resource centers, and other entities that may be relevant to the project’s mission;
- Provision of information resources; and
- Participation in the dissemination of project activities and products.

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<sup>2</sup> U.S. Department of Education, Office of Planning, Evaluation, and Policy Development, *Evaluation of Evidence-Based Practices in Online Learning: A Meta-Analysis and Review of Online Learning Studies*, Washington, D.C., 2010, [www.ed.gov/about/offices/list/opepd/ppss/reports.html](http://www.ed.gov/about/offices/list/opepd/ppss/reports.html) .

### ***Recipient's Responsibilities for the MCH Navigator Program***

Consistent with the requirements and obligations of the awardee defined in the ***Objectives and Activities of the MCH Navigator Program*** section of this funding opportunity announcement (above), the recipient responsibilities include the following:

1. Strategic and Collaborative Assessment and Planning
  - a. Link learners to open-access webcasts, presentations, instructional modules, and online courses covering essential MCH skills and knowledge;
  - b. Monitor Title V workforce needs and currently available open-access materials and courses; and
  - c. Link to existing high quality content and develop content where gaps exist.
2. Communications and Outreach
  - a. Develop a communications and outreach plan for MCH workforce learners and outreach to diverse audiences and partners such as State and local public health professional organizations, and philanthropic organizations; and
  - b. Partnership development: In order to implement the span of activities and operate the Navigator as a MCH community partnership, draw on partner resources.
3. Content, Quality and Enhancements
  - a. Link learners to open-access webcasts, presentations, instructional modules, and online courses covering essential MCH skills and knowledge;
  - b. Build upon an existing prototype that has been developed by MCH public health academics and practice professionals, <http://navigator.mchtraining.net>;
  - c. Review and vet existing content for both pedagogy and adult learning with both MCH practice and MCH academic audiences to assure high quality content;
  - d. Where existing high quality content exists, the MCH Navigator Program should link to existing efforts;
  - e. As appropriate, in partnership with MCH Stakeholder organizations, develop new content where content gaps are identified and market, and deliver to Title V workforce;
  - f. Maintain staff capacity (and technological ability) to maintain the web portal; and
  - g. Develop new innovative features and enhancements (e.g., strategies for use) as recommended by learners and as emerging technology provides new opportunities.
4. Accountability and Evaluation
  - a. Analyze the quality of materials and user data to improve the MCH Navigator Program;
  - b. Assure that the content, pedagogy, and adult learning approach are meeting the needs of diverse MCH workforce audiences; and
  - c. Assist parties involved in any external evaluation of the MCH Navigator Program.
5. External Advisory Capacity
  - a. Recruit and retain members of external advisory group(s) to seek input in the outlined areas: Assessment and Planning, Communications and Outreach, and Content, Quality and Innovation, and Accountability and Evaluation.

## 2. Summary of Funding

This program will provide funding during Federal fiscal years 2013-2015. Approximately \$290,000 is expected to be available annually to fund up to nine (9) total KP grants (ranging from \$30,000 to a **maximum** of \$100,000 per year budget period) plus one (1) MCH Navigator cooperative agreement (**maximum** grant award will be \$180,000 per budget period). The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the Knowledge to Practice and MCH Navigator programs in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

## III. Eligibility Information

### 1. Eligible Applicants

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

### 2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

### 3. Other

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

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

NOTE: Qualified applicants can apply for either or both of the programs but may not submit multiple applications for each of the programs.

## 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 was migrated to SAM.

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

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

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

Items to consider are:

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

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

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

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

- 1) Downloading from <http://www.grants.gov>, or
- 2) Contacting the HRSA Digital Services Operation (DSO) at: [HRSADSO@hrsa.gov](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 the SF-424 R&R appear in the "Application Format Requirements" section below.

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

### **Application Format Requirements**

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

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

### **Application Format**

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

## SF-424 R&R – Table of Contents

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

 **Failure to follow the instructions may make the application non-responsive. Non-responsive applications will not be considered under this funding opportunity announcement.**

 For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.

 For electronic submissions, no Table of Contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.

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

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

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

**Please use only the following characters when naming your attachments: A-Z, a-z, 0-9, underscore ( \_ ), hyphen ( - ), space, period, and limit the file name to 50 or fewer characters. Attachments that do not follow this rule may cause the entire application to be rejected or cause issues during processing.**

| Attachment Number | Attachment Description (Program Guidelines)  |
|-------------------|--|
| Attachment 1      | Chart/Table of Partners and Collaboration. All items specified in Section IV.2.xi. must be identified in this section. |
| Attachment 2      | Organizational Chart   |
| Attachment 3      | Curriculum ( <b>for Knowledge to Practice applications only</b> )  |
| Attachment 4      | Position Descriptions of Key Personnel   |
| Attachment 5      | Logic Model with target, content/activities, and intended impact   |

| Attachment Number | Attachment Description (Program Guidelines)   |
|-------------------|---|
| Attachment 6      | Summary Progress Report (Limit to 20 pages). These pages in the progress report WILL be counted in the 80 page limit. <b>This is REQUIRED for Knowledge to Practice competing continuations. This is OPTIONAL for both new Knowledge to Practice applications and MCH Navigator applications.</b> |
| Attachments 7-15  | Other relevant documents, such as explanation of delinquency on federal debt, budgets and budget justifications for subcontracts, etc.  |

## **Application Format**

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

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

### **DUNS Number**

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

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

### **ii. *Table of Contents***

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

### **iii. *Budget***

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

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

### Salary Limitation:

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

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

|   |                     |
|---|---------------------|
| Individual's <i>actual</i> base full time salary: \$350,000<br>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<br>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-424 Research and Related budget form. Be very careful about showing how each item in the "other" category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification **MUST** be concise. Do NOT use the justification to expand the project narrative.

**Specific to MCH Navigator:** Applicants for the MCH Navigator are required to include a plan to develop and convene the annual Program Meeting during each year of the project period in the amount of \$5,000. This \$5,000 will be in addition to the \$180,000 maximum base of the grant. The applicant should include the plan in the budget narrative (for an additional \$5,000) **each year**. Responsibilities include arrangements and payment for any speakers, technology requirements, and meeting logistics. The purpose of this meeting is to promote the exchange of information regarding evolving MCH workforce needs, disseminate new information, present new research in distance learning and adult learning principles, and enhance national-level, long-term development in MCH workforce development.

### Budget for Multi-Year Award

This announcement is inviting applications for project periods up to three (3) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be for up to three (3) years. Submission and HRSA approval of the Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the three-year project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.

Include the following in the Budget Justification narrative:

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

Sample:

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

\*Actual annual salary = \$350,000

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

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

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

*Supplies:* List the items that the project will use. In this category, separate office supplies from medical and educational purchases. Office supplies could include paper, pencils, and

the like; medical supplies are syringes, blood tubes, plastic gloves, etc., and educational supplies may be pamphlets and educational videotapes. Remember, they must be listed separately.

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

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

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

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

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

#### **v. *Staffing Plan and Personnel Requirements***

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in Attachment 4. When applicable,

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

### **Biographical Sketch Instructions**

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

**Name** (Last, first, middle initial),

**Title on Training Grant,**

**Education,** and,

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

### **vi. Assurances**

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

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

### **vii. Certifications**

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

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

Lobbying

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

- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the applicant must complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- (3) Recipients of HRSA awards shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Any organization or individual that is indebted to the United States, and has a judgment lien filed against it for a debt to the United States, is ineligible to receive a Federal grant. By signing the SF-424 R&R, the applicant is certifying that they are not delinquent on Federal debt in accordance with OMB Circular A-129. (Examples of relevant debt include delinquent payroll or other taxes, audit disallowances, guaranteed and direct student loans, benefits that were overpaid, etc.). If an applicant is delinquent on Federal debt, they should attach an explanation that includes proof that satisfactory arrangements have been made with the Agency to which the debt is owed. This explanation should be uploaded as Attachment 7.

#### **viii. *Project Abstract***

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

Please place the following at the top of the abstract:

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

Abstract content:

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

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

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

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

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

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

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

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

#### **ix. *Project Narrative***

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

##### **A. PURPOSE/NEED**

**Two** types of programs will be funded under this initiative: (1) **Knowledge to Practice Program** and (2) **MCH Navigator Program**. Applicants may apply to either or both, but each requires a separate application. **Clearly indicate in your application which program you are applying to.**

In the Purpose/Need section, both KP and MCH Navigator applicants should briefly describe the background of the proposal, critically evaluating the national and regional need/demand for the training and specifically identifying problem(s) to be addressed and gaps which the project is intended to fill. If available, a summary of needs assessment findings should be included. State concisely the importance of the project by relating the specific objectives to the potential of the project to meet the purposes of the grant program described in the program announcement. Applicants must document how their proposed program addresses a critical unmet MCH Title V workforce training need.

## **B. METHODOLOGY/RESPONSE**

Describe, by year, the activities, methods, and techniques to be used to accomplish the objectives of the project. Applicants should describe the curricular content, instructional design and any technologies utilized.

### **Goals and Objectives for both Knowledge to Practice and MCH Navigator programs:**

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

### **Methodology Narrative Sections Specific to Knowledge to Practice:**

#### **Curriculum/Content**

A curriculum description should be included in Attachment 3 of the application. The Knowledge to Practice project should offer participants a variety of learning experiences which are interdisciplinary in nature, for example including didactic, skills-based, mentoring, and peer exchange. Knowledge to Practice curricula should be based in evidence-based training methods/approaches and adult learning principles. In addition, program experiences should be designed to implement new and emerging technologies and innovative practices.

Projects must address a critical Title V MCH or CSHCN workforce training need as outlined in Background section of this announcement. Applicants must address content gaps in current web based portals to MCH and public health content, such as the MCH Navigator prototype <https://navigator.mchtraining.net> and Public Health Training Center web site <http://bhpr.hrsa.gov/grants/publichealth/phtc.html>. MCHB is particularly interested in KP grants that develop innovative strategies to increase (1) outreach to racially, ethnically, and culturally diverse MCH health professionals and (2) content relevant to racially, ethnically, and culturally diverse populations.

All content created through this program must also be posted, free of charge, to the HRSA Learning Management System (LMS), currently under development through the Public Health Foundation's Training Finder Real-time Affiliate Integrated Network (TRAIN).

#### **Instructional Design**

##### **a. Target Audience/Learners**

The applicant should provide a detailed description of how appropriate learners will be recruited and selected, and estimate the numbers and types of learners who will benefit from the KP program. The applicant should particularly address any special efforts directed toward recruitment of qualified learners from culturally and linguistically diverse groups and/or rural or underserved communities. Interdisciplinary/interprofessional education is encouraged, as appropriate.

##### **b. Competencies**

Identify the competencies expected of the learners; these must relate to the MCH leadership competencies. A complete description of the competencies, including definitions, knowledge areas, and basic and advanced skills for that competence is included at <http://leadership.mchtraining.net>.

c. Regional or National Program Scope

Projects must be regional (multi-state) or national in scope. Describe how the applicant will reach these audiences.

d. Technology and Adult Learning Principles

The curriculum shall incorporate the use of web-based technology for communication and information acquisition and processing. Programs should utilize principles of adult learning and effective education modules utilizing available technologies such as e-learning systems, course management software, web-based conferencing, social media and social networking tools. In times of severely limited resources, a distance learning component is required in order to reach a broad audience and achieve regional and/or national impact.

e. Academic Degree or Continuing Education (CE) Credits

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

**Methodology Narrative Sections Specific to the MCH Navigator:**

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

The MCH Navigator Program cooperative agreement should link learners to open-access webcasts, presentations, instructional modules, and online courses covering essential MCH skills and knowledge, building upon an existing prototype that has been developed by MCH public health academics and practice professionals, <http://navigator.mchtraining.net>. The successful applicant for the MCH Navigator Program cooperative agreement must address the following overall areas:

**Strategic and Collaborative Assessment and Planning**

The applicant should detail a plan and sources for regularly monitoring Title V workforce needs, assuring that project content does not duplicate existing public health content such as that developed by DMCHWD, Public Health Training Centers, and other public health content providers. Where existing content exists, the MCH Navigator Program should link to existing efforts. The MCH Navigator Program should link learners to open-access webcasts, presentations, instructional modules, and online courses covering essential MCH skills and knowledge.

Describe how the project will utilize advice from external advisory groups and partnerships with MCH stakeholder organizations to inform this ongoing assessment and planning process.

Regular collaboration with MCHB DMCHWD staff is encouraged for linking MCH Navigator with related federal agency workforce development initiatives (DMCHWD, Bureau of Health Professions/PHTCs, AHECs, etc.) and with the Public Health Foundation/TRAIN. The applicant will consult and collaborate with MCHB-funded training grantees.

### **Communications and Outreach**

Describe a communications and outreach plan for MCH workforce learners and outreach to diverse partners such as State and local public health professional organizations, and philanthropic organizations.

### **Content, Quality and Enhancements**

Describe in detail how existing content will be reviewed and vetted for both pedagogy and adult learning with both MCH practice and MCH academic audiences to assure high quality content. Where content gaps are identified, describe how new content will be developed, marketed, and delivered to learners. Provide a detailed plan regarding how existing and new materials will be posted and marketed through enhanced web based methods that build upon <http://navigator.mchtraining.net>. As new enhancements for the MCH Navigator Program are recommended, describe how the applicant will take approved features forward to implementation.

### **Accountability and Evaluation**

Describe a plan for regular analysis of quality and user data. The applicant will provide assistance to parties involved in any external evaluation of the MCH Navigator Program.

### **External Advisory Group(s)**

Applicants for the MCH Navigator cooperative agreement should provide detailed information on how they will recruit and retain members of any external advisory group(s); the proposed structure of the group(s); proposed qualifications for members; how the group(s) will be convened; how they will solicit input from such group(s); and how that input will be incorporated in to the project through the outlined areas: Assessment and Planning, Communications and Outreach, and Content, Quality and Innovation, and Accountability and Evaluation.

### **Methodology Narrative Sections for both Knowledge to Practice and MCH Navigator Programs:**

#### **Document Collaborative Relationship with MCH Agencies (for both Knowledge to Practice and MCH Navigator Programs)**

For both the Knowledge to Practice and the MCH Navigator Programs, applicants must document active, functioning, collaborative relationships between the proposed program and MCH/CSHCN programs and other relevant state and local Title V and related public and private sector programs within the targeted geographic area or nationally for MCH Navigator (in Attachment 1, “Cohort/Table of Partners and Collaboration” of the application). Programs are expected to explain their relevance to Title V Maternal and Child Health Programs.

#### **Compliance with Section 508 (for both Knowledge to Practice and MCH Navigator Programs)**

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

Section 508 was enacted to eliminate barriers in information technology, to make available new opportunities for people with disabilities, and to encourage development of technologies that will help achieve these goals. Under Section 508 (29 U.S.C. 794d), agencies must give

disabled employees and members of the public access to information that is comparable to the access available to others. It is recommended that applicants review the laws and regulations to further understand about Section 508 and how to support implementation.

### **C. RESOURCES/CAPABILITIES (for both Knowledge to Practice and MCH Navigator Programs)**

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

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

#### **Faculty/Staff—Staffing Plan and Personnel Requirements**

Projects must have appropriate faculty and staff with demonstrated leadership, expertise and experience in the specific project content and methods. Project staff should have expertise in MCH content as well as adult learning and evidence based education models utilizing available and emerging technologies.

### **D. SUPPORT REQUESTED (for both Knowledge to Practice and MCH Navigator Programs)**

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

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

- All budgets must provide satisfactory details to fully explain and justify the resource(s) needed to accomplish the training objectives. The justification must provide explicit qualitative and quantitative documentation of required resources, productivity, and expected outcomes. Components to highlight include current strengths, number of learners, proposed program activities, Title V activities, and scope of reach (regional or national).
- Programs must fully justify their requests by describing and identifying goals, objectives, activities, and outcomes that will be achieved by the program during the project period. It must be documented that the program plays a significant role in regional and/or national matters.

### **Program Meeting**

**Specific to MCH Navigator:** Applicants for the MCH Navigator are required to include a plan to develop and convene the annual Program Meeting during each year of the project period in the amount of \$5,000. This \$5,000 will be in addition to the \$180,000 maximum base of the grant. The applicant should include the plan in the budget narrative (for an additional \$5,000) **each**

**year.** Responsibilities include arrangements and payment for any speakers, technology requirements, and meeting logistics. The purpose of this meeting is to promote the exchange of information regarding evolving MCH workforce needs, disseminate new information, present new research in distance learning and adult learning principles, and enhance national-level, long-term development in MCH workforce development.

HRSA anticipates awarding one (1) MCH Navigator Program cooperative agreement.

#### **Specific to Knowledge to Practice:**

The successful KP applicants are expected to attend the annual web-based Program Meeting and will assist the host, as needed, in planning the content of the meeting.

Approximately \$290,000 is available for the Knowledge to Practice competition, ranging from \$30,000 to \$100,000 per year per grant, with a maximum annual award of \$100,000 per grant per year. HRSA anticipates awarding up to nine (9) KP grants.

#### **E. EVALUATIVE MEASURES (for both Knowledge to Practice and MCH Navigator Programs)**

Evaluation and self-assessment are critically important for quality improvement and assessing the value-added contribution of Title V investments. Consequently, discretionary grant projects, including training projects, are expected to incorporate a carefully designed and well-planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the stated goals. The measurement of progress toward goals should focus on systems impacts and population health, rather than solely on process or interim output measures. The protocol should be based on a clear rationale relating the identified needs of the target population with project goals, grant activities, and evaluation measures.

In order to address documented challenges to meet the training needs of the current and emerging MCH workforce, particularly those practicing in state and local public agencies and community organizations, MCHB funds grants to universities for developing and delivering distance and blended learning training to update and improve the knowledge and skills of health and related professionals serving mothers and children.

**Applicants for the Knowledge to Practice grants** should provide a detailed plan describing how they will measure the effectiveness of the project, including penetration within the specific target audience nationally or regionally with respect to both dissemination of and engagement with the learning materials. Measures that identify applicability to and engagement with racially, ethnically, and culturally diverse MCH professionals and to state and local Title V program staff will be important. Effectiveness of the Knowledge to Practice training also should be measured with respect to enhanced knowledge and/or skills and to learner application of the knowledge and/or skills in their work post training. The applicant must include a logic model as Attachment 5 that demonstrates the relationship among resources, activities, outputs, and short and long-term population and/or system outcomes.

**Applicants for the MCH Navigator Cooperative Agreement** should provide a detailed plan describing how they will measure the effectiveness of the project, including penetration within the specific target audience nationally or regionally with respect to both dissemination of and engagement with the learning materials. Measures that identify awareness of, applicability to,

engagement with (use of) resources of the MCH Navigator by state and local Title V MCH and CYSHCN programs at the individual and organizational levels will be critical. Acceptable evaluation plans will document the extent to which the capabilities of users to perform their assigned duties on behalf of MCH population health were enhanced as a result of the MCH Navigator learning portal. Because implementation of the MCH Navigator is intended to be a collaborative activity of the MCH community broadly, evaluation plans also must measure the extent of engagement of partnerships established and the leveraged outreach and resources leveraged (money, personnel time, course development, etc.) attributable to these partnerships. The applicant must include a logic model as Attachment 5 that demonstrates the relationship among resources, activities, outputs, and short and long-term population and/or system outcomes.

Monitoring and evaluation activities must be ongoing and, to the extent feasible, must be structured to gain information that is quantifiable and that permits objective rather than subjective judgments. The applicant should present a plan that describes what data will be collected, the methods for collection and the manner in which data will be analyzed and reported. This plan must include the collection of data elements described at:

Knowledge to Practice:

[https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/T21\\_2.html](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/T21_2.html)

MCH Navigator:

[https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UE8\\_1.html](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UE8_1.html)

The applicant should consider describing which data will be used as a component of formative (or process) evaluation for internal project improvement activities, and which will pertain more specifically to demonstrating outcomes/effectiveness/impact. The applicant also should identify who on the project will be responsible for refining and collecting, and analyzing data for the evaluation, and how the applicant will make changes to the program based on evaluation findings.

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

## **F. IMPACT (for both Knowledge to Practice and MCH Navigator Programs)**

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

### **Sustainability:**

The applicant should provide a plan that projects the sustainability of the program beyond the Federal funding period.

### **Dissemination:**

Applicants should provide a detailed plan describing how they will market the products developed by their project to others interested in the topic area. The plan should address the

extent and effectiveness of project results and products and/or the extent to which the project results and products may be national in scope. Additionally, the plan should address the degree to which the project activities and products are replicable.

**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 Knowledge to Practice and MCH Navigator Programs and Submission of Administrative Data*

To prepare successful applicants of their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at:

Knowledge to Practice:

[https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/T21\\_2.html](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/T21_2.html)

MCH Navigator:

[https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UE8\\_1.html](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UE8_1.html)

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

**xi. Attachments**

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

**Attachment 1: Chart/Table of Partners and Collaboration:** Please provide a chart of letters of collaboration between the proposed program and collaborating departments, institutions, organizations or agencies. The chart should provide the following information: Institution, Person as appropriate, Responsibilities/Activities agreed to be provided, Date,

Type of commitment (e.g., in kind, dollars, staff, equipment), and how HRSA can access a copy if requested.

**Attachment 2: Organizational Chart:** Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators.

**Attachment 3: Curriculum (for Knowledge to Practice Applications only):** Provide a curriculum description as appropriate for the Knowledge to Practice program.

**Attachment 4: Position Descriptions of Key Personnel:** Position descriptions that include the roles, responsibilities, and qualifications of proposed staff can be limited to a paragraph in length, not to exceed one (1) page. Because of the 80 page limit of this application, only include key personnel.

**Attachment 5: Logic Model with target, content/activities, and intended impact**

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

For current MCHB training projects, use the outline below to structure your summary progress report. For new applicants, use the summary progress report to demonstrate your capacity to implement a Knowledge to Practice grant.

The statement should include:

- i. **The period covered** in the report.
- ii. **Specific Objectives:** Briefly summarize the specific objectives of the project as actually funded.
- iii. **Results:** Describe the program activities conducted for each objective and the accomplishments. Include negative results or technical problems that may be important. Include summary performance measure data. Identify, by year, the length of training, numbers, disciplines, and levels of trainees in the program. Each MCH-supported trainee who completed training during the approved project period should be listed along with his/her racial/ethnic identity and current employment. Separate identification should be made of continuing education attendees; these attendees should not be counted as short-term trainees.
- iv. **Evaluation:** Enumerate the quantitative and qualitative measures used to evaluate the activities and objectives. Specify project outcomes and the degree to which stated objectives were achieved. Include any important modifications to your original plans.

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

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

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

**Attachments 7 -15: Other relevant documents,** such as explanation of delinquency on Federal debt, budgets and budget justifications for subcontracts, etc.

### 3. Submission Dates and Times

#### **Application Due Date**

The due date for applications under this funding opportunity announcement is *March 26, 2013 at 11:59 P.M. Eastern Time*. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically to the correct funding opportunity number, by the organization's Authorized Organization Representative (AOR) through Grants.gov and validated by Grants.gov on or before the deadline date and time.

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

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

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

#### **Late applications:**

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

### 4. Intergovernmental Review

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

## 5. Funding Restrictions

Funds under this announcement may not be used for the following purposes:

### 1) **Concurrent Income**

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

### 2) **Non-related Duties**

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

### 3) **Field Training**

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

### 4) **Other**

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

Applicants responding to this announcement may request funding for a project period of up to three (3) years. Please include the maximum amount allowed per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal government.

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

Per Division F, Title V, Section 503 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011 (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself. (b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary

or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government. (c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

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

## 6. Other Submission Requirements

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

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

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

- Obtain an organizational Data Universal Number 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 (International callers, please dial 606-545-5035). Applicants should ensure that all passwords and registration are current well in advance of the deadline.

**It is incumbent on applicants to ensure that the AOR is available to submit the application to HRSA by the published due date. HRSA will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline.** Therefore, an

organization is urged to submit an application in advance of the deadline. If an application is rejected by Grants.gov due to errors, it must be corrected and resubmitted to Grants.gov before the deadline date and time. Deadline extensions will not be provided to applicants who do not correct errors and resubmit before the posted deadline.

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

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

## V. Application Review Information

### 1. Review Criteria

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

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

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

#### ***CRITERION 1: PURPOSE/NEED: both KP and MCH Navigator (10 points)***

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

- The critical unmet MCH Title V workforce training need that the Knowledge to Practice or MCH Navigator program will address pertains to efforts related to the stated purpose of the MCH Knowledge to Practice or MCH Navigator program announcement; and
- The project addresses these identified needs and the degree to which this program addresses the purpose of the MCH Knowledge to Practice or MCH Navigator training program (see I. Funding Opportunity Description, 1. Purpose, page 1).

## ***CRITERION 2: METHODOLOGY/RESPONSE (40 points)***

The extent to which the proposed project responds to the Section B. METHODOLOGY/RESPONSE of the program narrative, and the clarity of the proposed goals and objectives. The extent to which the proposed activities (scientific or other) meet the goals of the MCH Knowledge to Practice or MCH Navigator training program, and address the goals and attain project objectives.

### **For both Knowledge to Practice and MCH Navigator:**

#### **Goals and Objectives: both KP and MCH Navigator (5 points)**

- The degree to which the project goals and objectives address the stated needs/purpose outlined in Section A “Purpose/Need” and the objectives are time-framed and measurable.

### **Specific For Knowledge to Practice Grants:**

#### **Curriculum/Content elements (10 points)**

- The extent to which the approach to training is thoughtful, logical and innovative.
- Evidence that the project will address a critical Title V MCH or CSHCN workforce training need as outlined in Background section of the announcement.
- The extent to which the curricula is based in evidence-based training methods/approaches and adult learning principles.
- The extent to which the applicant offers participants a variety of learning experiences which are interdisciplinary in nature.

#### **Instructional design elements (target audience/learners, competencies, regional or national scope, technology and adult learning principles, and CE credits (if offering): (15 points)**

- Completeness, strength, and innovation of recruiting and retention plans and/or strategies, including those focused on racially, ethnically and culturally diverse learners.
- The extent to which the project clearly outlines competencies for learners and utilizes the MCH Leadership competencies framework.
- Evidence that the project will be regional (multi-state) or national in scope.
- The extent to which the project will utilize principles of adult learning and effective education modules utilizing available technologies.
- CE: The extent to which the applicant describes how CE credits will be conferred if they are providing CE credit. (Programs may **NOT** be designed to meet academic degree requirements.)

#### **Collaboration with Title V and 508 Compliance: (10 points)**

- The extent to which the applicant has documented active, functioning, collaborative relationships between the proposed program and MCH/CSHCN programs and other relevant state and local Title V and related public and private sector programs within the targeted geographic area or nationally.
- The extent to which the applicant demonstrate compliance with Section 508 requirements (if designing a website?).

**Specific For MCH Navigator Program:**

**Program Design Elements (Assessment and Planning, Communications and Outreach, Content, Quality and Innovation, Accountability and Evaluation and External Advisory Capacity): (25 points)**

- The extent to which the approach to the MCH Navigator Program is thoughtful, logical and innovative.
- The extent to which the MCH Navigator program is based in evidence-based training methods/approaches and adult learning principles.
- The extent to which the project will link learners to open-access materials covering essential MCH skills and knowledge, building upon an existing prototype that has been developed by MCH public health academics and practice professionals.
- Evidence of a detailed plan and sources to regularly monitor Title V workforce needs, assuring that project content does not duplicate existing public health content.
- Evidence of a communications and outreach plan for MCH workforce learners and outreach to diverse partners such as State and local public health professional organizations, and philanthropic organizations.
- The extent to which existing content will be reviewed and vetted for both pedagogy and adult learning with both MCH practice and MCH academic audiences to assure high quality content.
- Where needed, evidence of how new content will be developed, marketed, and delivered to learners.
- Evidence of how existing and new materials will be posted and marketed through enhanced web based methods that build upon <http://navigator.mchtraining.net>.
- The extent to which the applicants presents a plan for regular analysis of quality and user data.
- Evidence of how the applicant will recruit, retain, and use members of any external advisory group(s) to inform all program areas: Assessment and Planning, Communications and Outreach, and Content, Quality and Innovation, and Accountability and Evaluation.
- Evidence of capacity and capabilities to manage the website and interface with HRSA LMS (i.e., technical skills).

**Collaboration with Title V and 508 Compliance: both KP and MCH Navigator (10 points)**

- The extent to which the applicant has documented active, functioning, collaborative relationships between the proposed program and MCH/CSHCN programs and other relevant state and local Title V and related public and private sector programs within the targeted geographic area or nationally.
- The extent to which the applicant demonstrate compliance with Section 508 requirements (if designing a website).

***CRITERION 3: EVALUATIVE MEASURES: both KP and MCH Navigator (10 points)***

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

- The strength and feasibility of the evaluation strategy to measure project objectives and measures of effectiveness
- Strength of the proposed project’s evaluation plan, including tracking and reporting on the learners participating in the project
- Strength of the proposed project’s logic model
- The extent to which data and evaluation informs changes to the project based on evaluation findings
- The extent to which the applicant presents a plan for collecting the data elements, methods of data collection, required by MCHB as described at:
  - Knowledge to Practice:  
[https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/T21\\_2.html](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/T21_2.html)
  - MCH Navigator:  
[https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UE8\\_1.html](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UE8_1.html)

***CRITERION 4: IMPACT: both KP and MCH Navigator (10 points)***

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

- The extent to which the applicant includes a sustainability plan for the program beyond the Federal funding period.
- Effectiveness of the dissemination plan to share curricula, assessment and other tools, training approaches, research findings (if any), and successes.
- Effectiveness of the dissemination plan to share the above mentioned items with MCHB funded entities (KP only).
- Effectiveness of a plan for addressing the extent and impact of project results and products and/or the extent to which the project results and products may be national in scope.
- The extent to which the project activities and products are replicable.

***CRITERION 5: RESOURCES/CAPABILITIES: both KP and MCH Navigator (20 points)***

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

### **Faculty and Staff Expertise:**

- The extent to which faculty and staff have demonstrated leadership, expertise and experience in the specific project content and methods.
- The extent to which project staff have expertise in MCH content as well as adult learning and evidence based education models utilizing available and emerging technologies.

### **Organizational:**

- Evidence of administrative and organizational capacity to conduct the proposed project (e.g., the physical resources described are adequate to perform the training, existing resources to support the types of educational methods described).
- Documentation of relevant affiliation/collaborative agreements with key partners.

### ***CRITERION 6: SUPPORT REQUESTED: both KP and MCH Navigator (10 points)***

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

#### **Overall:**

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

#### **Staffing and Participant related costs:**

- Adequacy of the time planned for key personnel to the project to achieve project objectives.
- The extent to which the program has budgeted and documented innovative national efforts as a part of the budget.
- **MCH Navigator only:** Extent to which funds are allocated for planning and implementing an annual grantee meeting.

## **2. Review and Selection Process**

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

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in Section V. 1. Review Criteria of this funding opportunity announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its

success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

### **3. Anticipated Announcement and Award Dates**

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

## **VI. Award Administration Information**

### **1. Award Notices**

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

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

### **2. Administrative and National Policy Requirements**

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

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

#### **Non-Discrimination Requirements**

To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see <http://www.hhs.gov/ocr/civilrights/understanding/index.html>. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or

national origin in programs and activities that receive Federal financial assistance (P.L. 88-352, as amended and 45 CFR Part 80). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html> to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.

### **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 <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 HRSA's Electronic Handbooks (EHBs) system. More specific information will be included in the NoA.

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

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

4) **Performance Report(s).**

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

other MCHB-funded grant programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect.

### **1. Performance Measures and Program Data**

To prepare successful applicants of their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at:

Knowledge to Practice:

[https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/T21\\_2.html](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/T21_2.html)

MCH Navigator:

[https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UE8\\_1.html](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UE8_1.html)

Data collection activities are required by the Combating Autism Initiative through the National Interdisciplinary Resource Center.

### **2. Performance Reporting**

Successful applicants receiving grant funds will be required, within 120 days of the NoA, to register in HRSA's Electronic Handbooks (EHBs) and electronically complete the program specific data forms that appear for this program at:

Knowledge to Practice:

[https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/T21\\_2.html](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/T21_2.html)

MCH Navigator:

[https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UE8\\_1.html](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UE8_1.html)

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

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

### **3. Project Period End Performance Reporting**

Successful applicants receiving grant funding will be required, within 90 days from the end of the project period, to electronically complete the program specific data forms that appear for this program at:

Knowledge to Practice:

[https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/T21\\_2.html](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/T21_2.html)

MCH Navigator:

[https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UE8\\_1.html](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UE8_1.html)

The requirement includes providing expenditure data for the final year of the project period, the project abstract and grant summary data as well as final indicators/scores for the performance measures.

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

**d. Transparency Act Reporting Requirements**

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

## VII. Agency Contacts

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

Denise Boyer, Grants Management Specialist  
HRSA, Division of Grants Management Operations  
5600 Fishers Lane, Room 11A-03  
Rockville, MD 20857  
E-mail: [dboyer@hrsa.gov](mailto:dboyer@hrsa.gov)  
Telephone: (301) 594-4256  
Fax: (301) 594-4073

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

Diana L. Rule, MPH  
Division of MCH Workforce Development  
Maternal and Child Health Bureau, HRSA  
[drule@hrsa.gov](mailto:drule@hrsa.gov) or (301) 443-0233  
Fax: (301) 443-4842

Meredith Morrisette, MPH  
Division of MCH Workforce Development  
Maternal and Child Health Bureau, HRSA  
[mmorrisette@hrsa.gov](mailto:mmorrisette@hrsa.gov) or (301) 443-6392  
Fax: (301) 443-4842

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

Grants.gov Contact Center  
Telephone: 1-800-518-4726 (International callers, please dial 606-545-5035)  
E-mail: [support@grants.gov](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 the remaining information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

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

## **VIII. Other Information**

A **technical assistance webinar** has been scheduled to help applicants understand, prepare and submit their application. The webinar is scheduled for Tuesday, February 19, 2013 from 1:00pm to 2:00pm EST. The webinar portion of the technical assistance session can be accessed at: <https://hrsa.connectsolutions.com/mchkpnav>. Audio for the call can be accessed at: 1-866-919-4986; Passcode: 3446019.

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

**MCH Navigator prototype site**  
<http://navigator.mchtraining.net>

**National Plan for Maternal and Child Health Training 2012-2020 - Draft**  
[http://www.mchb.hrsa.gov/training/strategic\\_plan.asp](http://www.mchb.hrsa.gov/training/strategic_plan.asp)

**MCH Leadership Competencies**  
<http://leadership.mchtraining.net/>

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

**Institute of Medicine (IOM)**

**“In the Nation’s Compelling Interest: Ensuring Diversity in the Health Care Workforce”**

<http://www.iom.edu/Reports/2004/In-the-Nations-Compelling-Interest-Ensuring-Diversity-in-the-Health-Care-Workforce.aspx>

**Surgeon General’s Health Reports**

<http://www.surgeongeneral.gov/library/>

**National Center for Cultural Compétence**

<http://www11.georgetown.edu/research/gucchd/nccc/>

**Making Websites Accessible: Section 508 of the Rehabilitation Act**

<http://www.section508.gov/>

**Title V Information System (TVIS) website:**

<https://perf-data.hrsa.gov/MCHB/TVISReports/>

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

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

<http://www.hrsa.gov/grants/apply/index.html>.

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