U.S. Department of Health and Human Services

Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Maternal and Child Health Bureau

Division of Child, Adolescent, and Family Health

Infant, Child, and Adolescent Preventive Services (ICAPS) Program

with Additional Funding for Early Hearing Detection and Intervention Activities

Funding Opportunity Number: HRSA-23-074
Funding Opportunity Type(s): Competing Continuation, New
Assistance Listings Number: 93.110

Application Due Date: December 14, 2022

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems may take up to 1 month to complete.

Issuance Date: September 14, 2022

Savannah Kidd
Sr. Public Health Advisor, Division of Child, Adolescent, and Family Health
Phone: (301) 287-2601
Email: SKidd@hrsa.gov
See Section VII for a complete list of agency contacts.

Authorities:

ICAPS Program Requirements and Expectations 1: Bright Futures Pediatric Implementation activities are authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act).

ICAPS Program Requirements and Expectations 2: Advancing Systems/Technical Assistance (TA) for Healthy Tomorrows, Healthy Tomorrows Resource Center activities are authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act).

Additional Funding Program Requirements and Expectations: Early Hearing Detection and Intervention (EHDI) activities are authorized by 42 U.S.C. § 280g-1 (Title III, § 399M of the Public Health Service Act).

For more details, see Program Requirements and Expectations.

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in Section VII. Agency Contacts.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2023 Infant, Child, and Adolescent and Preventive Services (ICAPS) Program. The purpose of this program is to help care providers[1] and care teams provide optimal health promotion and preventive services to infants, children, adolescents, young adults and their families. This Program accomplishes this purpose through two sets of program expectations and requirements:

1) Bright Futures Pediatric Implementation: Reviews evidence to support recommendations for updated evidence-based preventive services guidelines for infants, children, and adolescents, as well as advancement of innovations in health promotion and preventive services for these populations. Included in this activity are evidence review and recommendations to HRSA for evidence-informed preventive care and screening for infants, children, and adolescents for which, upon HRSA's approval, under § 2713 of the Public Health Service Act, 42 U.S.C. § 300gg-13, certain insurance companies are required to provide insurance coverage without cost-sharing.

2) Advancing Systems/Technical Assistance (TA) for Healthy Tomorrows, Healthy Tomorrows Resource Center: Provides technical assistance to entities receiving HRSA award funding under the Healthy Tomorrows program (HRSA-17-008, HRSA-19-055, and HRSA-21-031) to assist such entities in carrying out such grant awards.

In addition, one year of additional funding is being made available through this notice of funding opportunity (NOFO) for Early Hearing Detection and Intervention (EHDI) activities. The purpose of the EHDI additional funding award is to provide training and educate providers caring for infants and children who are deaf or hard of hearing, as well as state/territory Early Hearing Detection and Intervention (EHDI) programs, on evidence-based practice to ensure that these infants and their families have timely access to early intervention and comprehensive care; the EHDI system of care. For the purposes of this NOFO, the EHDI system of care refers to families, consumers, providers, services, and programs that work towards developing coordinated and comprehensive state and territory systems so that families with newborns, infants, and

young children who are deaf or hard of hearing receive appropriate and timely services that include hearing screening, diagnosis, and intervention.

This notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. You should note that this program may be cancelled before award.

Funding Opportunity Title:	Infant, Child, and Adolescent Preventive Services (ICAPS) Program with Additional Funding for Early Hearing Detection and Intervention Activities
Funding Opportunity Number:	HRSA-23-074
Due Date for Applications:	December 14, 2022
Anticipated FY 2023 Total Available Funding:	Total FY 2023 Funding: $1,766,000 **Infant, Child, and Adolescent Preventive Services (ICAPS) Program:** $1,566,000 • Bright Futures Pediatric Implementation Program Requirements and Expectations: $1,400,000 • Advancing Systems/Technical Assistance (TA) for Healthy Tomorrows, Healthy Tomorrows Resource Center Program Requirements and Expectations: $166,000 **Additional Funding:** Early Hearing Detection and Intervention (EHDI) Program Requirements and Expectations – FY 2023 One Year Additional Funding: $200,000
Estimated Number and Type of Award(s):	**Infant, Child, and Adolescent Preventive Services (ICAPS) Program:** One cooperative agreement **Early Hearing Detection and Intervention (EHDI) Additional Funding**: Up to one Infant, Child, and Adolescent Preventive Services (ICAPS) Program recipient may receive additional funding to support EHDI activities as further described in this NOFO.
Estimated Annual Award Amount:	Year 1: Up to $1,766,000 per award subject to the availability of appropriated funds ($1,566,000 for

	the base award and $200,000 for one year of additional funds). Years 2-5: Up to $1,566,000 per base award subject to the availability of appropriated funds.
Cost Sharing/Match Required:	No
Period of Performance:	**Infant, Child, and Adolescent Preventive Services (ICAPS) Program:** May 1, 2023 through April 30, 2028 (5 years) **Early Hearing Detection and Intervention (EHDI) Additional Funding**: May 1, 2023 through April 30, 2024 (1 year)
Eligible Applicants:	**Eligibility for both the Infant, Child, and Adolescent Preventive Services (ICAPS) Program and Early Hearing Detection and Intervention (EHDI) Additional Funding**: Any domestic public or private entity, including an Indian Tribe or tribal organization (as those terms are defined at 25 U.S.C. 5304 (formerly cited as 25 U.S.C. 450b)) is eligible to apply. Domestic faith-based and community-based organizations are also eligible to apply. See Section III.1 of this NOFO for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFO and in HRSA's *SF-424 Application Guide*. Visit HRSA's How to Prepare Your Application page for more information.

Technical Assistance

HRSA has scheduled the following webinar:

Wednesday, September 21, 2022
2–3 p.m. ET
Weblink: https://hrsa-gov.zoomgov.com/j/1609037670?pwd=WlpoVzVYYmFwZ2wzbi8vbG1HS3hPZz09

Attendees without computer access or computer audio can use the dial-in information below.

Call-In Number: 1-833-568-8864
Participant Code: 43115116

HRSA will record the webinar and make it available at: https://mchb.hrsa.gov/fundingopportunities/default.aspx.

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I. Program Funding Opportunity Description

1. Purpose

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2023 Infant, Child, and Adolescent Preventive Services (ICAPS) Program. The purpose of this program is to help care providers[1] and care teams provide optimal health promotion and preventive services to infants, children, adolescents, young adults and their families. This Program accomplishes this purpose through two sets of program expectations and requirements:

1) Bright Futures Pediatric Implementation: Reviews evidence to support recommendations for updated evidence-based preventive services guidelines for infants, children, and adolescents, as well as advancement of innovations in health promotion and preventive services for these populations. Included in this activity is evidence review and recommendations to HRSA for evidence-informed preventive care and screening for infants, children, and adolescents for which, upon HRSA's approval, under § 2713 of the Public Health Service Act, 42 U.S.C. § 300gg-13, certain insurance companies are required to provide insurance coverage without cost-sharing.

2) Advancing Systems/Technical Assistance (TA) for Healthy Tomorrows, Healthy Tomorrows Resource Center: Provides technical assistance to entities receiving HRSA grant funding under the Healthy Tomorrows program (HRSA-17-008, HRSA-19-055, and HRSA-21-031) to assist such entities in carrying out such grant awards.

Early Hearing Detection and Intervention (EHDI): Provides training and educates providers caring for infants and children who are deaf or hard of hearing, as well as state/territory Early Hearing Detection and Intervention (EHDI) programs, on evidence-based practice to ensure that these infants, children and their families have timely access to early intervention and comprehensive care.

For more details, see Program Requirements and Expectations.

2. Background

Authority

ICAPS Program Requirements and Expectations 1: Bright Futures Pediatric Implementation activities are authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act).

ICAPS Program Requirements and Expectations 2: Advancing Systems/Technical Assistance (TA) for Healthy Tomorrows, Healthy Tomorrows Resource Center activities are authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act).

Additional Funding Program Requirements and Expectations: Early Hearing Detection and Intervention (EHDI) activities are authorized by 42 U.S.C. 280g-1 (Title III, § 399M of the Public Health Service Act).

Program Background

Bright Futures Pediatric Implementation

The Bright Futures Program was launched in 1990 to address a need for unified guidance on how to provide optimal, comprehensive, and up-to-date pediatric preventive health services. The first edition of the Bright Futures Guidelines was released in 1994 and has been refreshed three additional times to ensure alignment with the latest evidence, most recently in 2017.

The Bright Futures Program was developed to help pediatric providers stay abreast of evolving evidence and deliver up-to-date health promotion and prevention care. The evidence-informed guidelines recommended 32 preventive visits for newborns through age 21 years with specific visit recommendations for preventive care screenings and assessments that have been demonstrated to reduce disease and injuries, and improve developmental and behavioral health outcomes.

Advancing Systems/Technical Assistance (TA) for Healthy Tomorrows, Healthy Tomorrows Resource Center

The Healthy Tomorrows Resource Center provides technical assistance to Healthy Tomorrows Partnership for Children Program (HTPCP)[1] recipients. The purpose of the HTPCP is to support innovative, community-based initiatives to improve the health status of infants, children, adolescents, and families in rural and other underserved communities by increasing their access to preventive care and services. Healthy Tomorrows Resource Center's technical assistance resources include guidance on developing a proposal development, building community-based programs, improving sustainability; reducing health disparities, supporting diversity, and conducting economic analyses and program impact case studies.

The Infant, Child, and Adolescent Preventive Services (ICAPS) Program

ICAPS encompasses activities for the Bright Futures Program and the Healthy Tomorrows Resource Center under one cooperative agreement that provides evidence-based preventive services to infants, children, and adolescents through maintenance of practice guidelines, and provider engagement and education on the implementation of those guidelines.

About MCHB and Strategic Plan

The HRSA Maternal and Child Health Bureau (MCHB) administers programs with focus areas in maternal and women's health, adolescent and young adult health, perinatal

[1] The Healthy Tomorrows Partnership for Children Program (HTPCP) is authorized by 42 U.S.C. § 701 (a)(2) (Title V, § 501(a)(2) of the Social Security Act).

and infant health, child health, and children with special health care needs. To achieve its mission of improving the health and well-being of America's mothers, children, and families, MCHB is implementing a strategic plan that includes the following four goals:

Goal 1: *Assure access to high quality and equitable health services to optimize health and well-being for all MCH populations*
Goal 2: *Achieve health equity for MCH populations*
Goal 3: *Strengthen public health capacity and workforce for MCH*
Goal 4: *Maximize impact through leadership, partnership, and stewardship*

This program addresses MCHB's Goals 1 & 3 by:

- Reviewing and maintaining evidence informed, comprehensive guidance for preventive care of infants, children and adolescents. This program promotes equitable access to a continuum of high-quality prevention.
- Developing ways to keep primary care providers up to date and improving their skills to provide optimal, strengths-based health care to all infants, children, adolescents, and young adults. This supports training and education opportunities to create a diverse and culturally responsive MCH workforce including professionals, community based workers, and families.
- Ensuring the Bright Futures Guidelines and Periodicity Schedule are up to date and available to practicing providers. This translates science into practice and policy to implement effective strategies and innovations that impact MCH population health outcomes. This helps advance the competencies and resiliency of the health workforce, and promote interdisciplinary collaboration.

To learn more about MCHB and the bureau's strategic plan, visit Mission, Vision, and Work | MCHB.

Equity

MCHB is committed to promoting equity in health programs for mothers, children, and families. As such, the definition of equity provides a foundation for the development of programs that intend to reach underserved communities and improve equity among all communities. Equity is the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders, and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.[2]

Health equity means that all people, including mothers, fathers, birthing people, children, and families, achieve their full health potential. Achieving health equity is an

[2] Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf.

active and ongoing process that requires commitment at the individual and organizational levels, and within communities and systems. Achieving health equity requires valuing everyone equally, eliminating systemic and structural barriers including poverty, racism, ableism, gender discrimination and other historical and contemporary injustices, and aligning resources to eliminate health and health care inequities.

The Bright Futures Program's foundations are rooted in advancing health equity. Nearly 25 years ago, a multidisciplinary group of pediatric health care experts and family representatives were asked to imagine our country's health picture if every child in America could look forward to a bright future—regardless of race, religion, background, income, politics, or any other factor. Over the program's existence, the Bright Futures Periodicity Schedule has become the accepted schedule for preventive health services through the course of a child's development. Regular updates to the Bright Futures Periodicity Schedule bring pediatric clinical standards in alignment with the latest evidence, with an associated requirement for providing coverage without cost-sharing for such preventive services, thus increasing the opportunity for *all* infants and children through 21 years to receive equitable, up-to-date medical care.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: Competing Continuation, New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where HRSA anticipates substantial involvement with the recipient during performance of the contemplated project.

In addition to the usual monitoring and technical assistance (TA) provided directly to award recipients, HRSA program involvement will include:

- Assuring the availability of the services of experienced HRSA personnel to participate in the planning and development of all phases of this cooperative agreement.
- Consultation on maintaining and updating of Bright Futures Periodicity Schedule and Guidelines and associated resources.
- Supporting the dissemination of publications completed under the cooperative agreement, and cooperation on the referral of inquiries and requests for publications and other information.
- Assisting in establishing relationships with federal agencies, state contacts, national organizations, or other recipients necessary for the successful completion of tasks and activities identified in the approved scope of work.
- Participating in the design, direction, and evaluation of activities, meetings, and selection of approaches and mechanisms.
- Reviewing and approving a revised annual work plan, as needed.

- Providing guidance to the recipient to establish, review, and update priorities for activities conducted under the auspices of the cooperative agreement, especially as related to emerging issues such as public health emergencies.
- Reviewing and providing feedback on publications, audiovisuals, and other materials produced, as well as meetings/conferences planned (including concepts, drafts, and final versions).
- Assuring the integration of program activities into MCHB programmatic and data reporting efforts.

In addition to adhering to all applicable federal regulations and public policy requirements, the cooperative agreement recipient's responsibilities will include:

- Assuring that HRSA is identified as a funding sponsor on all written products and during meetings and conferences relevant to cooperative agreement activities.
- Using a strategy to improve relevant MCH health outcomes and systems, including those impacted by emerging public health issues or emergencies, through collaboration with HRSA and organizations and systems that serve the MCH population.
- Collaborating with the federal project officer when hiring new key project staff and planning/implementing new activities.
- Consulting with the federal project officer before scheduling any meetings that pertain to the scope of work and at which HRSA staff attendance would be appropriate.
- Providing the federal project officer a revised work plan for approval at the beginning of each year of the cooperative agreement, as needed.
- Providing the federal project officer the opportunity to review and provide advisory input on publications, audiovisuals, and other materials produced, as well as meetings/conferences planned under the auspices of this cooperative agreement.
- Delivering to HRSA an electronic copy of, or electronic access to, each product including presentations and manuals developed under the auspices of this cooperative agreement.
- Participating in the implementation of recipient performance measures, including the collection of information and administrative data.
- Assuring that all products developed or produced partially or in full under the auspices of this cooperative agreement are fully accessible and available free to members of the public.
- Providing summary aggregate data to HRSA upon request, particularly when related to emergent issues.

- Responding in a timely manner to the federal project officer's questions, and requests.

2. Summary of Funding

HRSA estimates approximately $1,566,000 to be available annually to fund one recipient. In addition, in the first budget period (May 1, 2023 – April 30, 2024), HRSA estimates additional funding of $200,000 to be available to implement Early Hearing Detection and Intervention (EHDI) activities as described in Section IV Program Requirements and Expectations and Attachments 6 & 7. The actual amount available will not be determined until enactment of the final FY 2023 federal appropriation. You may apply for a ceiling amount of up to $1,566,000 annually (reflecting direct and indirect costs) per year. For year 1, you also may apply for additional funding up to $200,000 (see Attachments 6 & 7). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance for the ICAPS Program is May 1, 2023 through April 30, 2028 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the ICAPS Program in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government. The period of performance for the additional funding for EHDI activities is May 1, 2023 through April 30, 2024 (1 year).

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at 45 CFR part 75.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include any domestic public or private entity, including an Indian Tribe or tribal organization (as those terms are defined at 25 U.S.C. 5304 (formerly cited as 25 U.S.C. 450b)). Domestic faith-based and community-based organizations are also eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA may not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the funding ceiling amount
- Fails to satisfy the deadline requirements referenced in Section IV.4

NOTE: Multiple applications from an organization are not allowed. HRSA will only accept and review your **last** validated electronic submission before the Grants.gov application due date.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at Grants.gov: HOW TO APPLY FOR GRANTS. If you use an alternative electronic submission, see Grants.gov: APPLICANT SYSTEM-TO-SYSTEM.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-23-074 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA's *SF-424 Application Guide* provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, and certifications. You must submit the information outlined in HRSA *SF-424 Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in this NOFO and HRSA's *SF-424 Application Guide*. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA *SF-424 Application Guide* for the Application Completeness Checklist to assist you in completing your application.

Application Page Limit

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of 55 pages when printed by HRSA.

ICAPS Program Base Award	50 pages
EHDI Additional Funding	5 pages

The total 55 pages includes 50 page limit for the Infant, Child, and Adolescent Preventive Services (ICAPS) Program and a 5 page limit for the Early Hearing Detection and Intervention (EHDI) additional funding materials: Attachment 6 & Attachment 7.

Forms that DO NOT count in the Page Limit

- Standard OMB-approved forms included in the workspace application package **do not** count in the page limit.
- The abstract is the standard form (SF) "Project_Abstract Summary." It **does not** count in the page limit.
- The Indirect Cost Rate Agreement **does not** count in the page limit.
- The proof of non-profit status (if applicable) **does not** count in the page limit.

If there are other attachments that do not count against the page limit, this will be clearly denoted in Section IV.2.vi Attachments.

If you use an OMB-approved form that is not included in the workspace application package for HRSA-23-074, it will count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit.

It is important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit will not be read, evaluated, or considered for funding.

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-23-074 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).

3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 8 Other Relevant Documents*.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

Program Requirements and Expectations

Successful recipients will be expected to address the following program activities:

Bright Futures

- Review evidence and update the *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents* (Guidelines) and related implementation resources. Ensure that these Guidelines describe strength-based approaches to providing health promotion and prevention services, including for example, helping parents and caregivers support their child's social and emotional development; advancing health equity; supporting transitions to young adulthood; and integrating physical and behavioral/mental health. HRSA expects that a successful applicant will:
    - Administer a process for continuously reviewing emerging scientific literature and providing updated, practical health promotion and preventative services recommendations for pediatric providers.
    - Provide guidance regarding innovations in pediatric care services that build and sustain healing relationships and promote equity. For example, care teams can prioritize, value, and nurture relationships with youth (and their families, communities, and schools) to deliver optimal preventive care that promotes equity. By participating in the development of the forthcoming consensus report, *Transforming the Child and Adolescent Health System,* a companion to National Academies of Sciences, Engineering, and Medicine report, *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care*, the recipient will develop and highlight innovations that can positively transform pediatric preventive services..
    - Ensure that the Guidelines and care innovations elevate and advance health equity, the integration of physical and mental/behavioral care, and promote adolescent and young adult health and well-being.
    - Significantly improve the format of the Guidelines to be more accessible and useful to practicing providers. Ensure the updated Guidelines will be produced in a format that is capable of being referenced easily by a provider during a patient encounter. Embrace the evolving ways that care providers access information. Connect updates and innovations with your proposed technology so that providers can stay up to date and improve their clinical skills.

- Propose methods and techniques that are dynamic, searchable, easily updated, and based on user experience design[3]. The user is defined as a broad range of providers.[4]
- Describe how their methods and techniques will serve providers in Health Provider Shortage Areas (HPSA), Medically Underserved Areas (MUA), and providers from historically marginalized backgrounds.
- Assure that the Guidelines are fully accessible and available free to members of the public.

- Review evidence to inform comprehensive preventive services guidelines for infants, children, and adolescents, and make recommendations to HRSA, as appropriate, to update the Bright Futures Periodicity Schedule for purposes of § 2713 of the Public Health Service Act, 42 U.S.C. § 300gg-13(a)(4). The Bright Futures Periodicity Schedule identifies the recommended screenings, assessments, physical examinations, and procedures to be delivered within preventive visits at each age milestone. Updates to the Bright Futures Periodicity Schedule are effective only when accepted by HRSA.
  - Describe in detail and administer the processes for recommending updates to the Bright Futures Periodicity Schedule. Specify the processes for providing an objective, comprehensive, and deliberative review of available scientific literature by qualified experts that is transparent, manages conflicts of interest; includes existing preventative services recommendations, and takes into consideration public comments.
  - Review scientific literature on an ongoing basis to provide up-to-date guidance for pediatric providers; provide proposed updates to the Bright Futures Periodicity Schedule to HRSA on an annual basis.
  - By July 1st within each year of the period of performance, submit to HRSA proposed updates the Bright Futures Periodicity Schedule, including a detailed, comprehensive summary of the processes and the evidence that support the proposed update in preparation for the issuance of a Federal Register Notice, which will seek public comment for a minimum of 30 calendar days.

[3] User experience (UX) design is the process design teams use to create products that provide meaningful and relevant experiences to users. UX design encompasses all aspects of a user's perceived experience with a product or website, such as its usability, usefulness, desirability, brand perception, and overall performance.

[4] Care providers includes pediatricians, family medicine providers, adolescent medicine providers, nurse practitioners, nurses, physician assistants, medical assistants, school-based health providers, reproductive health and family planning providers, home visitors, mental/behavioral health providers, oral health providers, and other pediatric providers.

- By November 1st within each year of the period of performance, submit to HRSA a written report that includes: (1) rational and evidence for each proposed update, (2) summary of the public comments received from the Federal Register Notice and how those comments informed the proposed update, and (3) description of the proposed updates to the Periodicity Schedule.

- Once the proposed updates are accepted by the HRSA Administrator, assure that the Bright Futures Periodicity Schedule is fully accessible and available free to members of the public

- Expand the reach and uptake of the Guidelines by collaborating with professional provider organizations to develop, endorse, and disseminate the Guidelines. HRSA expects that a successful applicant will:

    - Work with professional provider organizations of national significance, that may include, for example, the American Academy of Pediatrics, the American Academy of Family Physicians, the Society for Adolescent Health and Medicine, the American Association of Nurse Practitioners, the National Association of Pediatric Nurse Practitioners, the National Association of School Nurses, the American Academy of Child and Adolescent Psychiatry, etc. It is not sufficient to propose collaboration with a single professional provider organization of national significance. Successful applicants will describe the organization's established relationships with *several* professional provider organizations of national significance.

    - Collaborate with the Comprehensive Systems Improvement for Adolescent and Young Adult Health Program (described in HRSA-23-079), to align efforts, build collaborations, and leverage the professional networks of these programs to further expand the reach and uptake of the Bright Futures Guidelines and related implementation resources.

- Collect and analyze data. A successful applicant is expected to:

    - Track program-related activities and assess disparities and equity in health outcomes. Recipients can support pediatric providers in using data to advance health equity goals and may consider A Vision for Equitable Data: Recommendations from the Equitable Data Working Group created pursuant to Executive Order 13985 (January 20, 2021) on "Advancing Racial Equity and Support for Underserved Communities Through the Federal Government"

    - Propose quality improvement and evaluation activities that will inform and improve project implementation and communicate project impact to key decision-makers.

    - More information about data collection requirements in Section VI.3. Reporting

Healthy Tomorrows Resource Center

- Provide technical assistance to Healthy Tomorrows Partnership for Children Program (HTPCP) recipients for successful implementation and sustainability of community based initiatives.
    - Administer the Healthy Tomorrows Resource Center to support HTPCP recipients, potential applicants, and community partners in their goals to advance pediatric medical home implementation in vulnerable and underserved communities. Special subjects for technical assistance include:
        - health equity
        - family/community partnership
        - evaluation
        - sustainability
        - use of Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents and related implementation resources
    - Disseminate information on community-based initiatives to the HTPCP recipient network and other organizations of national significance.
    - Design and develop webinars, communities of practice, Healthy Tomorrows Resource Center web site, and other web-based and printed educational materials to share community-based strategies and lessons learned by HTPCP recipients.
- Collect and analyze data
    - Track program-related activities and assess outcomes (including disparities in outcomes). Recipients can support pediatric providers in using data to advance health equity goals and may consider A Vision for Equitable Data: Recommendations from the Equitable Data Working Group created pursuant to Executive Order 13985 (January 20, 2021) on "Advancing Racial Equity and Support for Underserved Communities Through the Federal Government"
    - Manage an ongoing national outcome evaluation of the HTPCP projects to assess factors contributing to sustainability, effectiveness, and impact.
    - Propose evaluation activities that will inform project implementation or help communicate project results and impact to key decision-makers.
    - More information about data collection requirements in Section VI.3. Reporting

Additional Funding Program Requirements and Expectations for EHDI Activities

- Successful recipients will be expected to address the following activities in alignment with the Early Hearing Detection and Intervention (EHDI) Program[5]
    - Provide education and training to health care professionals including pediatricians in order to:
        - Ensure infants are screened by 1 month of age, diagnosed by 3 months of age and enrolled in early intervention by 6 months of age (often referred to as 1-3-6).
        - Ensure that children diagnosed as deaf or hard of hearing (DHH) are enrolled in early intervention by 6 months of age.
        - Ensure families have access to a full range of supports and evidence-based information including mechanisms that foster family-to-family and deaf and hard-of-hearing consumer to family supports.
    - Provide education and training to state/territory EHDI programs on the importance of ensuring access to a medical home for infants who are deaf or hard-of-hearing.
- Collect and analyze data
    - Track program-related activities, and assess outcomes (including disparities in outcomes). Recipients can support pediatric providers in using data to advance health equity goals and may consider A Vision for Equitable Data: Recommendations from the Equitable Data Working Group created pursuant to Executive Order 13985 (January 20, 2021) on "Advancing Racial Equity and Support for Underserved Communities Through the Federal Government"
    - Propose evaluation activities that will inform project implementation or help communicate project results and impact to key decision-makers.
    - More information about data collection requirements in Section VI.3. Reporting

[5] The EHDI program is authorized by the Early Hearing Detection and Intervention Act of 2017 - Public Health Service Act, Title III, Section 399M (as added by P.L. 106-310, Sec. 702; as amended by P.L. 111-337 and P.L. 115-71). Section 399 M. Early Detection, Diagnosis, and Treatment Regarding Deaf and Hard-of Hearing Newborns, Infants, and Young Children directs HRSA to provide grants or cooperative agreements to states/territories in order to support statewide newborn, infant, and young child hearing screening, evaluation and intervention programs and systems.

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 Application Guide* (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 Application Guide.*

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

Narrative Section	Review Criteria
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures (4) Impact and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget Narrative	(6) Support Requested

ii. *Project Narrative*

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

Successful applications will contain the information below. Please use the following section headers for the narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion 1: Need*
  Briefly describe the purpose of the proposed project.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1: Need*
  Describe and document the needs of providers who serve infants, children,

adolescents and young adults. Use and cite demographic data whenever possible to support the information provided. Discuss any relevant barriers to the development, dissemination, and uptake of evidence-informed, strengths-based guidelines and innovations in preventive care and health promotion. This section will help reviewers understand the need for evidence-based guidelines in clinical care to support optimal health promotion and preventive health care for infants, children, adolescents and young adults that the proposed project will support.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion 2: Response*
    - Propose methods that you will use to address the stated needs, project purpose and meet each of the previously described program requirements and expectations in this NOFO:
        - Continuously update the *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents* (Guidelines)
        - Develop technology to keep the Guidelines continually up to date and easily accessible to care providers and care teams.
        - Expand the relevance, reach and uptake of the Guidelines by meaningfully collaborating with other professional provider organizations of national significance and relevant technical assistance providers.
        - Review evidence to inform preventive services guidance and update the Bright Futures Periodicity Schedule.
        - Provide guidance regarding innovations in pediatric care services that build and sustain healing relationships and promote equity.
        - Provide technical assistance to Healthy Tomorrows Partnership for Children Program (HTPCP) recipients.
        - Collect and analyze data
    - Additional funding Attachment 6
        - Propose methods that you will use to meet the previously described additional funding program requirements and expectations, should funding become available, in Attachment 6. Note: This attachment does count toward the 5 page limit for additional funding response.
            - Successful recipients will be expected to address the following activities in alignment with the Early Hearing Detection and Intervention (EHDI) Program
                - Provide education and training to health care professionals including pediatricians in order to:

        - Ensure infants are screened by 1 month of age, diagnosed by 3 months of age and enrolled in early intervention by 6 months of age (often referred to as 1-3-6).
        - Ensure that children diagnosed as deaf or hard of hearing (DHH) are enrolled in early intervention by 6 months of age.
        - Ensure families have access to a full range of supports and evidence-based information including mechanisms that foster family-to-family and deaf and hard-of-hearing consumer to family supports.
    - Provide education and training to state/territory EHDI programs on the importance of ensuring access to a medical home for infants who are deaf or hard-of-hearing.
    - Collect and analyze data
        - Track program-related activities and assess outcomes (including disparities in outcomes). Recipients can support pediatric providers in using data to advance health equity goals and may consider A Vision for Equitable Data: Recommendations from the Equitable Data Working Group created pursuant to Executive Order 13985 (January 20, 2021) on "Advancing Racial Equity and Support for Underserved Communities Through the Federal Government"
        - Propose evaluation activities that will inform project implementation or help communicate project results and impact to key decision-makers.
        - More information about data collection requirements in Section VI.3. Reporting

- *WORK PLAN – Corresponds to Section V's Review Criterion 2: Response*
  Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section. Use a time line that includes each activity and identifies responsible staff. Identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application. The Work Plan described here should be included as Attachment 1: Work Plan.

- RESOLUTION OF CHALLENGES – Corresponds to Section V's Review *Criterion 2: Response*

  Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria 3: Evaluative Measures, 4: Impact, and 5: Resources and Capabilities*

  - Describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. The measures should 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.
  - Describe the extent to which the proposed project has a public health impact and will be effective if funded. Provide information about the anticipated impact of the proposed project on professional provider organizations of national significance. Describe how the proposed project will improve the reach of the Guidelines to providers from historically marginalized backgrounds, and those working in Health Provider Shortage Areas (HPSA) and Medically Underserved Areas (MUA).
  - Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes.
  - Describe current organization wide experience, skills, and knowledge, including individuals on staff, materials published, relevant facilities or equipment, and previous work of a similar nature.
  - Describe the data strategy to collect, analyze, and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery.
  - Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.
  - Include a Staffing Plan and Job Descriptions for Key Personnel as Attachment 2.

- ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion *5: Resources and Capabilities*

  - Succinctly describe your organization's current mission, structure, and scope of current activities, and how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations.

  - Include an Organizational Chart as Attachment 4.

  - Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.

  - Describe how you will routinely assess and improve the unique needs of target population served.

  - Describe the organization's established relationships with pediatric primary care clinicians, family physicians, nurse practitioners, and professional provider organizations of national significance such as the American Academy of Pediatrics, the American Academy of Family Physicians, the Society for Adolescent Health and Medicine, the American Association of Nurse Practitioners, the National Association of Pediatric Nurse Practitioners, the National Association of School Nurses, the American Academy of Child and Adolescent Psychiatry, etc., with the ability to ensure national uptake of the Guidelines among providers and form a coalition for the improvement of pediatric primary care in the United States.

  - Include Letters of Agreement, Memoranda of Understanding, and/or Descriptions of Proposed or Existing Contracts (program specific) as Attachment 3.

iii. *Budget*

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's *SF-424 Application Guide* and the additional budget instructions provided below. A budget that follows the *Application Guide* will ensure that, if HRSA selects your application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

In addition, Infant, Child, and Adolescent Preventive Services (ICAPS) Program requires the following: A separate SF-424 budget and budget justification are required for the Early Hearing Detection and Intervention (EHDI) additional funding. You may

request up to $200,000 for one budget year, FY 2023, inclusive of indirect costs, for the proposed additional funding.

As required by the Consolidated Appropriations Act, 2022 (P.L. 117-103), Division H, § 202, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. *Budget Narrative*

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

In addition, Child and Adolescent Health Promotion Services Program requires the following: A separate SF-424 budget and budget justification are required for the Additional funding in Attachment 7. You may request up to $200,000 for one budget year, FY 2023, inclusive of indirect costs, for the proposed additional funding in Attachments 6 & *7: Additional Funding Response*

v. *Program-Specific Forms*

There are no program specific forms for this award.

vi. *Attachments*

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment**. You must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in the Project Narrative. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's SF-424 Application Guide)

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal's Organizational Information section. Documents that confirm actual or pending

contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

Attachment 4: Project Organizational Chart
Provide a one-page figure that depicts the organizational structure of the project.

Attachment 5: For Multi-Year Budgets--5th Year Budget
After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B, which does not count in the page limit; however, any related budget narrative does count. See Section 4.1.iv of HRSA's *SF-424 Application Guide*.

Attachment 6: Additional Funding Response
Propose methods that you will use to meet the previously described additional funding program requirements and expectations, should funding become available, in Attachment 6. Note: This attachment **does** count toward the 5 page limit for additional funding response.

- Successful recipients will be expected to address the following activities in alignment with the Early Hearing Detection and Intervention (EHDI) Program
    - Provide education and training to health care professionals including pediatricians in order to:
        - Ensure infants are screened by 1 month of age, diagnosed by 3 months of age and enrolled in early intervention by 6 months of age (often referred to as 1-3-6).
        - Ensure that children diagnosed as deaf or hard of hearing (DHH) are enrolled in early intervention by 6 months of age.
        - Ensure families have access to a full range of supports and evidence-based information including mechanisms that foster family-to-family and deaf and hard-of-hearing consumer to family supports.
    - Provide education and training to state/territory EHDI programs on the importance of ensuring access to a medical home for infants who are deaf or hard-of-hearing.
    - Collect and analyze data
        - Track program-related activities and assess outcomes (including disparities in outcomes).

Recipients can support pediatric providers in using data to advance health equity goals and may consider A Vision for Equitable Data: Recommendations from the Equitable Data Working Group created pursuant to Executive Order 13985 (January 20, 2021) on "Advancing Racial Equity and Support for Underserved Communities Through the Federal Government". Propose evaluation activities that will inform project implementation or help communicate project results and impact to key decision-makers.

- More information about data collection requirements in Section VI.3. Reporting

Attachment 7: Additional Funding Budget & Budget Narrative

A separate SF-424 budget and budget justification are required for the Additional funding in Attachment 7. You may request up to $200,000 for one budget year, FY23, inclusive of indirect costs, for the proposed additional funding in Attachment 7. Note: This attachment does count toward the 5 page limit for additional funding response.

Attachments 8-15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated, specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.), and consistent with programs or organizations cited in the proposal's Organizational Information section.

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

Effective April 4, 2022:

- The UEI assigned by SAM has replaced the Data Universal Numbering System (DUNS) number.
- Register at SAM.gov and you will be assigned a UEI.

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have: an active federal award, an active application, or an active plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in two separate systems:

- System for Award Management (SAM) (https://sam.gov/content/home | SAM Knowledge Base)
- Grants.gov (https://www.grants.gov/)

For more details, see Section 3.1 of HRSA's *SF-424 Application Guide*.

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

4. Submission Dates and Times

Application Due Date

The application due date under this NOFO is ***December 14, 2022 at 11:59 p.m. ET***. HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov in HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The Child and Adolescent Health Promotion Services Program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than $1,566,000 per year (inclusive of direct **and** indirect costs). For the Additional funding you may request funding for a period of performance of up to one year, at no more than $200,000 per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. 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.

The General Provisions in Division H of the Consolidated Appropriations Act, 2022 (P.L. 117-103) apply to this program. See Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these and other restrictions will apply in following fiscal years, as required by law.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's *SF-424 Application Guide*. Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

If funded, for profit organizations are prohibited from earning profit from the federal award (see 45 CFR § 75.216 (b)).

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

Reviewers will evaluate and score the merit of your application based upon these criteria. However, if a progress report is submitted with a competing continuation application, HRSA program staff will review the report after the objective review process.

Six review criteria are used to review and rank Infant, Child, and Adolescent Preventive Services (ICAPS) Program applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction and Needs Assessment
The extent to which the application uses and cites demographic data to demonstrate the

need for and importance of access to updated evidence-based guidelines and support for pediatric practice innovations that promote health equity.

Criterion 2: RESPONSE (35 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges The strength of the proposed goals and objectives and their relationship to the project Purpose. The extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives.

Subcriterion 2a: Methodology **(20 points)**

- The extent to which the proposed project responds effectively and addresses in detail each of the Program Requirements and Expectations.

Subcriterion 2b: Work Plan (5 points)

- The strength of the work plan, including activities or steps, and responsible staff, that will be used to achieve each of the objectives proposed during the entire period of performance in the Methodology section.

Subcriterion 2c: Resolution of Challenges (10 points)

- The extent to which the challenges likely to arise during the development and implementation of activities are described in the Work Plan and the approaches to successfully resolve such challenges.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity
The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity
The extent to which the proposed project has a public health impact and the project will be effective, if funded. This may include the effectiveness of plans for dissemination of project results, the impact results may have on the community or target population, the extent to which project results may be national in scope, the degree to which the project activities are replicable, and the strength of the proposed approach to improve the reach of the Guidelines to providers from historically marginalized backgrounds, and those working in Health Provider Shortage Areas (HPSA) and Medically Underserved Areas (MUA).

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information

Subcriterion 5a: Evaluation and Technical Support Capacity (15 points)

- The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant

organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

Subcriterion 5b: Organizational Information (10 points)

- The degree to which the applicant demonstrates established partnerships with a diverse partnership of professional organizations of national significance that represent a diversity in pediatric providers[6] to ensure coordination in the development, national uptake of the Bright Futures Guidelines among providers and form a coalition for the improvement of pediatric primary care in the United States.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget and Budget Narrative

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the research (if applicable) activities, and the anticipated results.

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- The separate budget and budget narrative for the Additional funding is feasible and reasonable given the scope of work described in Attachment 6.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's *SF-424 Application Guide* for more details. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award.

3. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other requirements (45 CFR § 75.205).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable; cost analysis of the

[6] Care providers includes pediatricians, family medicine providers, adolescent medicine providers, nurse practitioners, nurses, physician assistants, medical assistants, school-based health providers, reproductive health and family planning providers, home visitors, mental/behavioral health providers, oral health providers, and other pediatric providers.

project/program budget; assessment of your management systems; ensuring continued applicant eligibility; and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified (45 CFR § 75.212).

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of May 1, 2023. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See Providers of Health Care and Social Services and HHS Nondiscrimination Notice.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see Fact Sheet on the Revised HHS LEP Guidance and Limited English Proficiency.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see Discrimination on the Basis of Disability.
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See Discrimination on the Basis of Sex.
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see Conscience Protections for Health Care Providers and Religious Freedom.

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit OCRDI's website to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details.

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) **DGIS Performance Reports.** Available through the HRSA Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report **annually**, by the specified deadline. To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are available at https://grants4.hrsa.gov/DGISReview/programmanual?NOFO=HRSA-23-074&ActivityCode=U04he type of report required is determined by the project year of the award's period of performance.

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	May 1, 2023 – April 30, 2024 *(administrative data and performance measure projections, as applicable)*	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	May 1, 2024 – April 30, 2025 May 1, 2025 – April 30, 2026 May 1, 2026 – April 30, 2027 Annually	Beginning of each budget period (Years 2–5, as applicable)	120 days from the available date
c) Project Period End Performance Report	May 1, 2027- April 30, 2028	Period of performance end date	90 days from the available date

The full OMB-approved reporting package is accessible at https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection

2) **Progress Report**. The recipient must submit a progress report to HRSA annually as the Non-Competing Continuation Renewal. More information will be available in the NOA.

3) **Other Required Reports and/or Products**. For Early Hearing Detection and Intervention (EHDI) additional funding, the recipient must submit information related to the additional funding as part of their annual non-competing continuation report. Refer to HRSA-23-074 for additional details.

4) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Djuana Gibson
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 443-3243
Email: DGibson@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Savannah Kidd
Sr. Public Health Advisor, Division of Child, Adolescent, and Family Health
Attn: Child and Adolescent Health Promotion Services
Health Resources and Services Administration
Phone: (301) 287-2601
Email: SKidd@hrsa.gov

You may need assistance when working online to submit your application forms electronically. 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, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Phone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov

Self-Service Knowledge Base

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Phone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance

See TA details in Executive Summary.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 Application Guide*.