# 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

**Children's Safety Network**

**Funding Opportunity Number:** HRSA-23-080

**Funding Opportunity Type(s):** Competing Continuation, New

**Assistance Listings Number:** 93.110

## Application Due Date: January 4, 2023

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:** October 3, 2022

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See Section VII for a complete list of agency contacts.

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

## 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 Children's Safety Network program. The purpose of this program is to increase the capacity of Title V agencies to adopt and implement evidence-based child and adolescent safety programs, practices, and policies, with a specific focus on injury and violence-related Title V performance and outcome measures, such as injury hospitalizations, bullying, safe sleep, and suicide, as well as leading causes of injury-related deaths among children and adolescents (e.g., motor vehicle crashes, firearms, and poisonings).

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.

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| Funding Opportunity Title: | Children's Safety Network |
| Funding Opportunity Number: | HRSA-23-080 |
| Due Date for Applications: | January 4, 2023 |
| Anticipated FY 2023 Total Available Funding: | $1,000,000 |
| Estimated Number and Type of Award(s): | Up to 1 cooperative agreement |
| Estimated Annual Award Amount: | Up to $1,000,000 subject to the availability of appropriated funds |
| Cost Sharing/Match Required: | No |
| Period of Performance: | June 1, 2023 through May 31, 2028 (5 years) |
| Eligible Applicants: | 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. See 42 CFR § 51a.3(a). Domestic faith-based |

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|---|---|
| | and community-based organizations are eligible to apply.<br><br>See Section III.1 of this notice of funding opportunity (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:

Tuesday, October 18, 2022
2–3 p.m. ET
Weblink: https://hrsa-gov.zoomgov.com/j/1607622569?pwd=Rjd0WVVHOVliZGl2VC9DTHN2amJvQT09

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

Call-In Number: 1- 833 568 8864
Meeting ID: 93693257

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

# Table of Contents

# I. Program Funding Opportunity Description

## 1. Purpose

This notice announces the opportunity to apply for funding under the Children's Safety Network (CSN) program. The purpose of this program is to increase the capacity of Title V agencies[1] to adopt and implement evidence-based child and adolescent safety programs, practices, and policies, with a specific focus on injury and violence prevention-related Title V performance and outcome measures, such as injury hospitalizations, bullying, safe sleep, and suicide, as well as leading causes of injury-related deaths among children and adolescents (e.g., motor vehicle crashes, firearms, and poisonings). The overarching goal of this program is to reduce infant, child, and adolescent injury hospitalizations and deaths. This program will:

- Provide technical assistance (TA) and capacity-building services to state Title V agencies, including implementing learning collaboratives.
- Develop and disseminate up-to-date injury prevention resources.
- Maintain a coalition of national, state, and local agencies and other key injury prevention stakeholders.
- Increase coordination with Maternal and Child Health Bureau (MCHB) programs, resource centers, and partner organizations on injury prevention activities.

The Program will collect and report on baseline data in Year 1 (June 1, 2023 – May 31, 2024) and subsequently achieve the following core objectives/targets by May 31, 2028:

- Provide individual TA to at least 25 states and jurisdictions on child and adolescent safety.
- Develop and disseminate at least 15 written resources, 25 public webinars, 25 state TA Webinars, and publish at least 6 peer-reviewed journal articles on child and adolescent safety.
- Document that at least 90% of teams participating in the learning collaboratives report increased knowledge and application of child safety quality improvement strategies.
- Document that at least 50% of teams participating in the learning collaborative report implementing evidence-driven practices, programs, and policies.

[1] For purposes of this NOFO, Title V agencies are those funded through the HRSA Maternal and Child Health Title V Block Grant Program and administered in the 50 States and the following nine jurisdictions: the District of Columbia, the Republic of the Marshall Islands, the Federated States of Micronesia, the Republic of Palau and the U.S. territories of the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands. More information is available here: Title V MCHB Block Grant.

- Increase by at least 50% the number of MCHB programs, resource centers, and partner organizations collaborating and coordinating with CSN.

For more details, see Program Requirements and Expectations.

## 2. Background

### Authority

The Children's Safety Network is authorized by 42 U.S.C. § 701 (a)(2) (Title V, § 501(a)(2) of the Social Security Act).

In the United States, unintentional and intentional injuries in children ages 0-19 account for an estimated 13,000 deaths, 164,000 hospitalizations, and 6 million emergency department visits each year. Unintentional injury, suicide, and homicide are the leading manner of death for children 1-19 years. The leading causes of injury deaths for ages 1-19 are unintentional motor vehicle crashes, firearm homicides, unintentional poisoning, firearm suicides, suffocation suicides, and unintentional drownings. There are notable disparities in morbidity and mortality resulting from injuries and violence by sex, race/ethnicity, geography, disability status, sexual orientation or gender identity, and socioeconomic status.[2,3,4]

As part of the application for the Title V Maternal and Child Health Block Grant, states must identify priorities to drive programmatic efforts in preventive and primary care services for infants, children, and adolescents.[5,6] In fiscal year 2021 (FY 2021), all 59 state/jurisdiction Title V agencies identified injury or violence prevention as a priority in their Title V Block Grant State Action Plans. Title V agencies are also required to select eight National Performance Measures (NPMs) from a list of fifteen total measures. Forty-four states chose at least one of the three NPMs below that relate directly to child safety:

- NPM 5: safe infant sleep (selected by 36 states/jurisdictions);
- NPM 7: injury hospitalization (selected by 17 states/jurisdictions); and
- NPM 9: bullying prevalence (selected by 18 states/jurisdictions).

While Title V agencies note injury or violence prevention as a priority to address, they sometimes lack the resources and expertise to implement evidence-based

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[2] CDC WISQARS, National Center for Health Statistics (NCHS), National Vital Statistics System. Leading Cause of Death Reports. Accessed on July 7, 2022.
[3] Children's Safety Network. Understanding Disparities in Child and Adolescent Injury: A Review of the Research. December 2017. Accessed September 19, 2021
[4] West BA, Rudd RA, Sauber-Schatz EK, Ballesteros MF. Unintentional injury deaths in children and youth, 2010-2019. J Safety Res. 2021 Sep;78:322-330. doi: 10.1016/j.jsr.2021.07.001. Epub 2021 Jul 17. PMID: 34399929.
[5] More information on the Title V Block Grant program is available here: https://mchb.hrsa.gov/programs-impact/title-v-maternal-child-health-mch-block-grant
[6] https://mchb.tvisdata.hrsa.gov/PrioritiesAndMeasures/StatePriority

injury/violence prevention (IVP) programs, practices, and policies that protect the safety of infants, children, and adolescents in their state.

HRSA's primary vehicle for providing technical assistance to Title V agencies on IVP has been through the Children's Safety Network (CSN) Program. In 2015, HRSA supported a 3-year cooperative agreement for the CSN Program, which expanded its role with Title V agencies to include two new program components: a national coalition and a Child Safety Collaborative Improvement and Innovation Network (CoIIN). In 2018, building on the lessons learned from the Child Safety CoIIN, the CSN cooperative agreement helped Title V agencies identify shared aims in priority topic areas using a collaborative learning approach based on implementation science principles that focused on overall program improvement. The CSN Program also continued to support a national coalition to guide the work of the program and provide access to subject matter experts.

In FY 2023, the CSN Program will support Title V agencies by coordinating with state health departments to implement evidence-based strategies to decrease risk factors and increase protective factors for child and adolescent safety. Capacity building efforts and technical assistance will be targeted to Title V agencies that have selected any of the three injury-related NPMs but will also be available to any state or jurisdiction who wants to participate. By forging collaborative partnerships across injury and violence prevention topics and state lines, the CSN Program will promote child and adolescent safety at a national level and create improvements to reduce injury-related childhood morbidity and mortality.

**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 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 all four of MCHB's goals through targeted technical support, training and capacity building to Title V agencies and MCH workforce to successfully adopt and implement evidence-based child safety programs (*Goal 1* and *Goal 3*); development and dissemination of products that address social determinants of health that disproportionately increase the injury of certain populations (*Goal 2*); and through the active partnership of members of the national coalition (*Goal 4*).

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

MCHB is committed to advancing equity in health programs for mothers, children, and families. As such, MCHB's working definition of health equity provides a foundation for the development of programs that aim to improve equity within and among communities. The definition is as follows: Health equity means that all people, including mothers, fathers, birthing people, children, and families achieve their full health potential. Achieving health equity is an 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.[7]

## 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 experienced HRSA personnel participate in the planning and development of all phases of this cooperative agreement.
- Assisting in establishing relationships with HRSA regional office staff, 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.
- 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.

[7] The Maternal and Child Health Bureau created this definition of health equity. It is a working definition that encompasses concepts of equity as reflected in the 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 .

- Reviewing and providing feedback on publications, audiovisuals, and other materials produced, as well as meetings/conferences planned (including concepts, drafts, and final versions).
- Supporting the dissemination of publications completed under the cooperative agreement, and cooperation on the referral of inquiries and requests for publications and other information.

**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 at meetings and conferences relevant to cooperative agreement activities.
- Collaborating with the federal project officer when hiring new key project staff, planning/implementing new activities, and in establishing relationships with federal agencies, state contacts, national organizations, or other recipients necessary for the successful completion of tasks and activities identified under the auspices of this cooperative agreement.
- Consulting with the federal project officer before scheduling any meetings, including project national coalition meetings under the auspices of this cooperative agreement and at which HRSA staff attendance would be appropriate.
- Providing the federal project officer with 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.
- Assuring that all administrative forms and performance measures will be reported on in accordance with the requirements of the cooperative agreement.
- Providing to HRSA an electronic copy of, or electronic access to, each product including presentations and manuals developed under the auspices of this cooperative agreement.
- 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.
- Responding in a timely manner to the federal project officer's comments, questions, and requests.
- Collaborating on rapid response requests related to emerging issues to be determined by the federal project officer on a case-by-case basis.
- Submitting a revised budget and work plan mid-cycle (for Year 3) to reflect any challenges and emerging issues.

### 2. Summary of Funding

HRSA estimates approximately $1,000,000 to be available annually to fund one (1) recipient. 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 $1,000,000 annually (reflecting 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.

The period of performance is June 1, 2023 through May 31, 2028 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the Children's Safety Network in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

Note: The Recipient may request supplemental funding at any point in their period of performance to address unique TA needs that are connected to, but not duplicative of, the funded scope of work. HRSA may provide support for such supplemental projects if funding is available and allocable, the request is reasonable and allowable, sufficient time remains in the budget period to approve the request, and the activities are aligned with HRSA priorities and nonduplicative of work performed by HRSA or other funding recipients.

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

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. See 42 CFR § 51a.3(a)). Domestic faith-based and community-based organizations are 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-23-080 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 **70 pages** when printed by HRSA.

### 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-23-080 it may 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.

- HRSA will flag any application that exceeds the page limit and redact any pages considered over the page limit. The redacted copy of the application will move forward to the objective review committee.

**It is important to take appropriate measures to ensure your application does not exceed the specified page limit.**

**Applications must be complete and validated by Grants.gov under HRSA-23-080 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 11-15: 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**

The CSN Program will serve as the principal technical assistance (TA) provider to Title V agencies to bridge the gap between evidence and practice in child and adolescent safety promotion, injury, and violence prevention, and will support their improvement efforts to address child safety-related NPMs.

Successful applications will address the following program expectations:

- Coordinate with relevant HRSA programs and regional offices, resource centers, and partner organizations to provide centralized outreach and TA on child safety and injury and violence prevention (e.g., jointly developed products, shared activities).
- Incorporate a health equity approach throughout all the activities of this program, by identifying relevant health disparities and implementing strategies to address the disparities identified.

- Include development of effective tools and strategies for training, outreach, collaborations, clear communication, and information sharing to key target audiences.

The overarching activities of this program are to:

1. **Provide broad, universal TA to all Title V agencies,** particularly those that have selected any of the three injury-related NPMs (NPM 5: Safe Sleep; NPM 7: Injury Hospitalization; NPM 9: Bullying), around the selection and implementation of evidence-based child and adolescent safety programs, practices, and policies.
    a. Develop, disseminate, and support the uptake of up-to-date evidence-based child safety interventions, practices, and policies (e.g., change packages, webinars, resource guides, toolkits, and infographics).
    b. Maintain a website that serves as a clearinghouse of evidence-based child safety-related products, information and resources that reflect the latest evidence in child injury prevention and child safety promotion.
    c. Promote and facilitate Title V agencies' collaborations with state partners in injury and violence prevention such as state Core Violence and Injury Prevention programs, state Emergency Medical Services for Children programs, Poison Control Centers, state mental health authorities, state highway safety offices, infant and child death review programs, MCHB-funded child, adolescent, and young adult programs, etc.

2. **Provide targeted TA to approximately 3 learning collaboratives** comprised of Title V state/jurisdiction strategy teams to drive improvements related to the potential focus areas identified in this NOFO.
    a. Propose injury-related priority topic areas for potential learning collaboratives that are responsive to Title V agencies' needs and are related to leading or emerging issues in child safety (e.g., firearm injuries/deaths, suicide).
    b. Use a collaborative learning approach based on implementation science principles and focused on overall program improvement.
    c. Support the learning collaborative teams in establishing shared aims appropriate to the topic area and strategies/activities; measuring and tracking progress towards both successful implementation of these strategies and achievement of desired programmatic and/or policy changes; and sustaining and institutionalizing collaborative learning activities and practices at the state and regional levels.

3. **Maintain and facilitate a coalition of national, state, and local agencies and other key injury prevention stakeholders that guide the development of child safety resources and provide expert guidance to Title V agencies and child and adolescent safety programs.**
    a. Include clear plans to identify and engage federal, national, state, and local agencies and organizations and other key stakeholders from the private, public, and not-for-profit sectors to serve as part of a national coalition, including other relevant HRSA-supported TA providers (e.g., the Fetal, Infant, and Child Death Review Program and the SUID Prevention program).

b. Lead the coalition to support state efforts to adopt evidence-based policies, programs, and practices on child and adolescent safety.

## 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 and (4) Impact |
| Work Plan | (2) Response and (4) Impact |
| Resolution of Challenges | (2) Response |
| Evaluation and Technical Support Capacity | (3) Evaluative Measures and<br>(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 that is consistent with Section I: Purpose.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 Need*

  - Summarize status of and need for injury and violence prevention services and systems that serve infants, children, and adolescents Including gaps and challenges), and describe the need to support Title V agencies to build capacity for child safety work through a public health approach.

  - Identify state-driven priorities and needs related to injury and violence prevention programming. Recommended information sources include but are not limited to: the Title V MCH Block Grant Program State Snapshots,[8] State Applications/Annual Reports,[9] Safe States Alliance State Technical Assessment Team (STAT) visit recommendations,[10] State Injury Indicator Reports, recommendations from the state Child Death Reviews (CDR) Reports,[11] and the recommendations from the Fetal Infant Mortality Reviews (FIMR).[12]

  - Describe the need to enhance communication, interaction, and coordination on child safety promotion through partnerships and collaborative relationships with national organizations, key state and local entities, public health, MCH programs and resource centers, education, safety networks, and other identified MCH partners.

  *METHODOLOGY -- Corresponds to Section V's Review Criteria # 2 Response* and #4 Impact

  - Propose clear and feasible methods that you will use to address the stated needs and ensure the activities described in the Program Requirements and Expectations section are integrated into the proposal. Approaches should encompass all 5 years of the project and identify the outcomes you expect to achieve by the end of the period of performance.

  - Provide Specific, Measurable, Achievable, Realistic, Time-bound, Inclusive, and Equitable (SMARTIE) objectives for each proposed project goal.

[8] https://mchb.tvisdata.hrsa.gov/Home/StateSnapshot
[9] https://mchb.tvisdata.hrsa.gov/Home/StateApplicationOrAnnualReport
[10] https://www.safestates.org/page/STAT
[11] https://ncfrp.org/wp-content/uploads/Status_CDR_in_US_2020.pdf
[12] https://ncfrp.org/wp-content/uploads/Status_FIMR_in_US_2020.pdf

- Describe the technical assistance approach or framework that will be used to build the capacity of Title V agencies to apply the best available evidence to child safety promotion, injury, and violence prevention.
- Propose the collaborative learning approach, strategies, and activities that will be implemented via the collaborative learning teams of states/jurisdictions to drive improvements in outcomes related to the proposed topic areas, including the frequency, method(s), and mode(s) of convening the teams.
- Describe methods for identifying current and emerging issues, as well as gaps in evidence on child safety, in order to develop and disseminate new resources.
- Describe activities to maintain a website that serves as a clearinghouse of child safety-related resources and include a plan to disseminate reports, products, and/or project outputs to large and diverse audiences and move them from dissemination to uptake.
- Identify federal, national, state, and local agencies and organizations and other key stakeholders from the private, public, and not-for-profit sectors to serve on a national coalition. Describe how coalition members will help accomplish the program objectives and work with the learning collaborative teams.
- Propose a plan for project sustainability after the period of federal funding ends. HRSA expects recipients to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population.

▪ *WORK PLAN -- Corresponds to Section V's Review Criteria # 2 Response* and #4 Impact

- Provide a work plan and a timeline as **Attachment 1** that describes the activities or steps that you will use to achieve each of the proposed objectives in the Methodology section and covers the entire period of performance and identifies responsible staff.
- Describe an effective plan for managing the project, including its personnel, resources, and activities. If you will make subawards or expend funds on contracts, describe how you will maintain communication among any subcontractors and how they will ensure consistent and timely, high-quality work regardless of which organization is leading the specific task. Describe how your organization will ensure proper documentation of funds for subcontractors.
- Identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application.

- Submit a logic model as **Attachment 2** that presents the conceptual framework for the project and explains the links between the goals, the activities and outcomes. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities. You can find information on developing logic models at the following website: ACF HHS: Logic Model Tip Sheet.

- *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, including actual or potential challenges in implementing learning collaborative teams; in facilitating national coalitions and identifying chairperson and members; in working with partner organizations and target audiences; and those challenges related to measuring the impact of the program. Describe approaches that you will use to resolve such challenges.

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

  Instructions for this section are divided into two sub-sections: EVALUATION and PERSONNEL AND TECHNICAL SUPPORT CAPACITY.

  EVALUATION

  Describe your plans and associated resources to carry out high-quality program monitoring, performance measurement, and evaluation functions for your program. Note that HRSA expects monitoring, performance measurement, and evaluation processes to be closely linked. Make sure to address the following:

  - Monitoring: Describe your plan for program monitoring, including how you will track project-related processes, activities, and milestones and use data to identify actual or potential challenges to implementation. Provide an initial list of indicators you will use to monitor progress toward each program and performance goal; this list may include required measures listed in the Reporting section.
  - Performance Measurement: Describe your plan for measuring and tracking program performance, with a focus on the program goals and objectives outlined in the Purpose section. Include proposed measures and plans for the timely collection and reporting of measures, including the required measures listed in the Reporting section.
  - Evaluation: Describe your plans for assessing progress toward your program and performance goals. Include when and how often you will examine your data for indications of progress or challenges. The evaluation plan should focus primarily on outcomes over which the project has influence and for which you can produce data on an annual basis.
  - Continuous Quality Improvement: Describe your plans for incorporating information learned in your ongoing evaluation and monitoring.

- Describe your capacity to collect and manage data in a way that allows for accurate and timely reporting of performance outcomes, including the required measures listed in the Reporting section. This includes plans for establishing baseline data and targets. Include a description of the inputs (e.g., organizational profile, collaborative partners, staff skills and expertise, budget, and other resources), systems, and key processes you will use for performance monitoring and evaluation (e.g., data sources, data collection methods, frequency of collection, data management software).

- Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

TECHNICAL SUPPORT CAPACITY

- Demonstrate that the proposed project personnel have the ability and experience to conduct a project that is national in scope; provide leadership to the field in injury and violence prevention; and work collaboratively with partners from a variety of organizations and professional disciplines.

- Name the proposed project director and describe their qualifications and experience. The project director should demonstrate extensive experience at the national level working on issues relevant to child safety and injury and violence prevention.

- Identify other project personnel (including proposed partners, sub-contractors, and consultants) needed to fulfill the requirements of the proposed project. Describe their experience, skills, knowledge, materials published, and previous work of a similar nature.

- Describe your experience managing collaborative learning teams, improving child safety programs, providing technical assistance, creating technical assistance modules and materials, and facilitating coalitions to address a national goal.

- Describe your experience with developing and maintaining an Internet-based, shared workspace. Discuss the hardware and software tools planned for storing documents and tools created by members of the learning collaborative teams, and logistics for maintaining engagement of these teams.

- Identify sufficient staff support to conduct the work of the project and include a staffing plan and job descriptions as **Attachment 3**.

- Provide a summary curriculum vitae (biographical sketch), maximum of two pages, for each key personnel member as part of **Attachment 4.**

- Ensure that you will perform a substantive role in carrying out the proposed project; subcontracts awarded under this initiative to another party should be clear and well justified.

- *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 5**.

  - Describe any relevant experience related to child injury and violence prevention and child safety promotion, including past or current work with state Title V agencies, CDC-funded Core State Violence and Injury Prevention Program award recipients, and/or other entities working to reduce childhood injury. Specifically describe your organization's and proposed staffs' roles in those programs (e.g., facilitator, leader, participant, subcontractor, lead fiduciary organization).

  - Provide information on your organization's ability, capacity, and experience related to:
    - Demonstrating national leadership in convening and facilitating diverse stakeholders in efforts to increase coordination and synergy of efforts to improve public health and safety.
    - Providing ongoing technical assistance to help state health departments in translating research-informed child safety strategies into action at the state and local levels.
    - Developing and maintaining learning collaborative teams.

  - Describe relationships to any agencies or organizations (subcontractors) with which you intend to partner, collaborate, coordinate efforts, or receive consultation from, while conducting project activities. Include letters of agreement and/or descriptions of proposed/existing contracts (project specific) in **Attachment 6.**

  - 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.

**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.

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*.

The budget justification narrative should clearly describe each cost element and explain how it relates to the project's objectives. In addition, the Children's Safety Network program requires the following:

Travel: The budget should include travel to the Washington DC area for a kickoff meeting at the beginning of Year 1, scheduled in partnership with HRSA.

**v. *Program-Specific Forms***

Program-specific forms are not required for application.

**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 and Timeline*

Attach the work plan and timeline for the project that includes all information detailed in Section IV.2.ii. Project Narrative.

*Attachment 2: Logic Model*

A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements.

*Attachment 3: 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 4: Biographical Sketches of Key Personnel*

Include biographical sketches for persons occupying the key positions described in **Attachment 3**, not to exceed two pages in length per person. In the event that

a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

*Attachment 5: Project Organizational Chart*

Provide a one-page figure that depicts the organizational structure of the project

*Attachment 6: 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. 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 7: Letters of Support*

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

*Attachment 8: 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 9: Progress Report*

**(FOR COMPETING CONTINUATIONS ONLY)**

A well-documented progress report is a required and important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered; therefore, you should include previously stated goals and objectives in your application and emphasize the progress made in attaining these goals and objectives. HRSA program staff reviews the progress report after the Objective Review Committee evaluates the competing continuation applications.

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

(1) The period covered (dates).

(2) Specific objectives - Briefly summarize the specific objectives of the project.

(3) Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

*Attachment 10: Proof of Non-profit Status (Does not count against the page limit)*

*Attachments 11–15: Other Relevant Documents*

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

### 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 ***January 4, 2023 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 Children's Safety Network 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 $1,000,000 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

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.

# 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.

Six review criteria are used to review and rank the Children's Safety Network 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 completely and effectively describes and demonstrates:

- The purpose of the proposed project and the need for injury and violence prevention services and systems that serve infants, children, and adolescents.
- Current gaps and challenges in the field and included information from relevant sources and up-to-date demographic data (including data on disparities) and relevant citations to support the information provided.
- The need to communicate and coordinate with and through key partners.

Criterion 2: RESPONSE (35 points) – Corresponds to Section IV's METHODOLOGY, WORK PLAN and RESOLUTION OF CHALLENGES.

This section addresses the methodology, work plan, and resolution of challenges. The weighting of the review of these sections should be as follows: Methodology (20 points), Work Plan (10 points), and Resolution of Challenges (5 points).

Sub-criterion: Methodology (20 points)

The extent to which the application (across the 5 years of the project) effectively describes and demonstrates:

- The potential recipient's ability to serve as the principal source of proactive, evidence-based, data-driven subject matter expertise and support on child safety for Title V agencies.
- Specific, Measurable, Achievable, Realistic, Time-bound, Inclusive, and Equitable (SMARTIE) objectives for the proposed project and how the proposed project will address the public health need.
- A health equity approach in the activities of the program.

- A technical assistance approach or framework that identifies effective tools and strategies to support capacity-building efforts to all Title V agencies.
- Proposed injury-related priority topic areas that are responsive to Title V agencies' needs and leading or emerging issues in child safety.
- A learning collaborative approach based on implementation science principles to be implemented via teams of states/jurisdictions that will drive improvements in outcomes related to the proposed topic areas.
- Clear plans for engaging partners and coordination with HRSA/ MCHB programs, regional offices, and resource centers, etc.
- How it will maintain and facilitate a coalition of federal, national, state, and local agencies and organizations and other key stakeholders from the private, public, and not-for-profit sectors to support the adoption of evidence-based policies, programs, and practices on child safety.
- Activities to maintain a website that serves as a clearinghouse of child safety-related resources, and a shared workspace for the learning collaborative teams that includes tools needed to support data entry and report capabilities.

Sub-criterion: Work Plan (10 points)

The extent to which the application effectively describes and demonstrates:

- The quality and feasibility of the proposed work plan and timeline (**Attachment 1**). These should effectively describe the activities or steps to be used in achieving each of the objectives proposed in the methodology section and includes milestones to assess progress of stated objectives.
- An effective plan to manage the project activities, personnel, and resources, as well as maintain communication among subcontractors (if applicable), and ensure consistent and timely, high-quality work.
- A logic model (**Attachment 2**) that effectively shows the relationship among goals of the project, assumptions, inputs, target population, activities, outputs, short- and long-term outcomes.

Sub-criterion: Resolution of Challenges (5 points)

The extent to which the application demonstrates sufficient identification of challenges likely to be encountered and the reasonableness of approaches to resolving identified challenges.

*Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's EVALUATION AND TECHNICAL SUPPORT CAPACITY*

Reviewers will assess the strength and effectiveness of the proposed plan to monitor, measure, and evaluate the project results. This includes:

- The extent to which the applicant describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities.
- The applicant's plan and ability to collect data on the process and outcome measures specified presented by the applicant in their Narrative. The quality and

feasibility of any proposed measures, and the degree to which the proposed measures align with the purpose of the program and are adequate to assess performance and progress towards the program and performance goals of the program.
- The strength and effectiveness of the method proposed to monitor and evaluate the project results.
- The extent to which the applicant describes how performance measurement and evaluation findings will be reported and used to demonstrate the outcomes of the program and for continuous program quality improvement.
- The applicant's capacity to collect, track, and report proposed and required data over time.
- An understanding of potential obstacles for implementing the performance evaluation and a plan to address those obstacles.

*Criterion 4: IMPACT (10 points) – Corresponds to Section IV's METHODOLOGY and WORK PLAN*

- The extent to which the proposed project has a public health impact and the project will be effective, if funded. This includes the effectiveness of plans for dissemination of project results, the impact results may have on the target population, the extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.
- The extent to which the targets identified in the Purpose section are likely to be achieved.

*Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's EVALUATION AND TECHNICAL SUPPORT CAPACITY and ORGANIZATIONAL INFORMATION*

This criterion includes two sub-criteria weighted as: Technical Support Capacity (15 points) and Organizational Information (10 points).

Sub-criterion: 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. Specifically including:
- A named project director with expertise in child safety and injury and violence prevention, and experience in national leadership in convening and facilitating diverse stakeholders in efforts to increase coordination and synergy of efforts to improve child safety.
- Key project personnel with injury and violence prevention expertise and, qualifications to implement and carry out the project (including proposed partners, sub-contractors, and consultants) as demonstrated through biographical sketches (**Attachment 4**).
- Personnel with experience in designing and implementing learning collaboratives, providing technical assistance to states and jurisdictions, developing and maintaining an Internet-based, shared workspace.

- Sufficient capacity to provide ongoing technical assistance to help state health departments in translating research-informed child safety strategies into action at the state and local levels.
- The quality and reasonableness of a staffing plan and job descriptions for key personnel (**Attachment 3**), including the extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- An appropriate number of staff to carry out the activities of this program and the extent to which key personnel have adequate time devoted to the staff based on the proposed activities.
- Indication that the applicant performs a major substantive role in carrying out the proposed project and that subcontracts awarded under this initiative to another party are clear and well justified.

Sub-criterion: Organizational Information (10 points)

The extent to which the application completely and effectively describes and demonstrates:

- Sufficient capabilities of the applicant organization and the quality and availability of facilities and personnel to carry out required program activities and meet the requirements of the proposed project, including expertise and knowledge in the focus areas of this NOFO.
- Sufficient administrative experience, acumen, and resources to appropriately administer subcontracts or subawards to funded partners and ensure sufficient monitoring and oversight of those activities.
- Sufficient available resources – staff, space, information technologies, and equipment – to carry out the project activities and sufficient description of how the organization will follow the approved plan, properly account for federal funds, and document costs to avoid audit findings.
- The effectiveness of the administrative and organizational structure within which the applicant will function, including an organizational chart that outlines key partnerships (**Attachment 5**).
- Relationships with, including support or commitments from key organizations/entities with which they intend to partner, collaborate, coordinate efforts, or receive consultation from, while conducting project activities; and whether these will contribute to the applicant's ability to conduct the project requirements and meet project expectations.
- The strength of partnerships as demonstrated by letters of agreement, support, and commitment (**Attachment 6** and **Attachment 7**).

*Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's BUDGET and BUDGET NARRATIVE*

The reasonableness of the proposed budget for each of the 5 years in the period of performance in relation to the objectives, the complexity of the 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.

- Key personnel have adequate time devoted to the project to achieve the project objectives, as described in the Project Narrative and Budget Narrative sections of this NOFO.
- The budget narrative sufficiently provides explicit, itemized details that clearly explain proposed costs and details how and why each line item request (such as personnel, travel, equipment, supplies, information technology, and contractual services) supports the objectives and activities of the proposed project.

## 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.

## 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 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 June 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-23-080&ActivityCode=U49. The 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** | June 1, 2023-May 31, 2024<br><br>*(administrative data and performance measure projections, as applicable)* | Period of performance start date | 120 days from the available date |
| **b) Non-Competing Performance Report** | June 1, 2024-May 31, 2025<br>June 1, 2025-May 31, 2026<br>June 1, 2026-May 31, 2027 | Beginning of each budget period (Years 2–5, as applicable) | 120 days from the available date |
| **c) Project Period End Performance Report** | June 1, 2027-May 31, 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 narrative progress report to HRSA annually via the Non-Competing Continuation Renewal in the EHBs, which should address progress against program outcomes (e.g., accomplishments, measurement of program objectives, barriers, significant changes, plans for the upcoming budget year). Submission and HRSA approval of a progress report will trigger the budget period renewal and

release of each subsequent year of funding. Further information will be available in the NOA.

3) **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:

David Colwander
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 443-7858
Email: dcolwander@hrsa.gov

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

Diane Pilkey, RN, MPH
Senior Nurse Consultant, Division of Child, Adolescent and Family Health
Maternal and Child Health Bureau
Health Resources and Services Administration
Phone: (301) 500-9637
Email: dpilkey@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*.