U.S. Department of Health and Human Services

HRSA
Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2024

Maternal and Child Health Bureau

Office of Policy and Planning

Center for Maternal and Child Health Medicaid Partnerships

Funding Opportunity Number: HRSA-24-105

Funding Opportunity Type(s): New

Assistance Listing Number: 93.110

Application Due Date: July 10, 2024

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

Issuance Date: April 26, 2024

Modification Date: May 16, 2024
See next page for details!

Maura Dwyer
Public Health Analyst, Office of Policy and Planning
Call: 301-443-0830
Email: mdwyer@hrsa.gov

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

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.

MAY 16, 2024, MODIFICATION DETAILS*:

- Clarified eligible applicants in **SUMMARY** and **Section III. 3.1. Eligible Applicants**
- Added clarifying details in **Section V. 2. Review and Selection Process**

***New** text highlighted yellow.*

SUMMARY

Funding Opportunity Title:	Center for Maternal and Child Health Medicaid Partnerships
Funding Opportunity Number:	HRSA-24-105
Assistance Listing Number:	93.110
Due Date for Applications:	July 10, 2024
Purpose:	The purpose of this program is to strengthen collaboration between state Medicaid, Children's Health Insurance Program (CHIP), and Title V Maternal and Child Health Services Block Grant (Title V) programs and advance innovative strategies that improve outcomes for maternal and child health (MCH) populations.
Program Objective(s):	• Increase understanding of Medicaid and CHIP systems, policies, language, and financing approaches among state Title V programs. • Increase understanding of MCH populations' needs, disparities, and public health/Title V strategies among state Medicaid and CHIP programs.

	• Foster new partnerships and strengthen existing relationships between Medicaid, CHIP, and Title V programs.
Eligible Applicants:	These types of domestic organizations may apply: • Public or private • Non-profit entities, including community-based organizations • For-profit entities • Institutions of higher education (public, private) • Tribal governments or organizations[1] See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.
Anticipated FY 2024 Total Available Funding:	$2,000,000
Estimated Number and Type of Award(s):	Up to 1: new cooperative agreement
Estimated Annual Award Amount:	Up to $2,000,000 per award, subject to the availability of appropriated funds
Cost Sharing or Matching Required:	No
Period of Performance:	September 30, 2024, through September 29, 2029 (5 years)
Agency Contacts:	**Business, administrative, or fiscal issues:** Denise Boyer Grants Management Specialist Division of Grants Management Operations, OFAM Email: DBoyer@hrsa.gov

[1] For awards authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act), see also 42 CFR § 51a.3(a).

	Program issues or technical assistance: Maura Dwyer Public Health Analyst, Office of Policy and Planning, Maternal and Child Health Bureau Email: MDwyer@hrsa.gov

Application Guide

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

Technical Assistance

We have scheduled the following webinar:

Thursday, May 23, 2024
3 – 5 p.m. ET

Weblink: https://hrsa-gov.zoomgov.com/j/1608528765?pwd=cW5YaDF3L3AwUnBlYlR0OTQvRDBvZz09

Attendees without computer access or computer audio can use the following dial-in information:

Call-In Number: 1-833-568-8864
Meeting ID: 06541694

We will record the webinar. You can access the recording here.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Center for Maternal and Child Health Medicaid Partnerships program.

The purpose of the Center for Maternal and Child Health Medicaid Partnerships is to strengthen collaboration between state Medicaid, Children's Health Insurance Program (CHIP), and Title V Maternal and Child Health Services Block Grant (Title V) programs and advance innovative financing strategies that improve outcomes and reduce health disparities for maternal and child health (MCH) populations.[2] The award recipient will build knowledge and shared priorities between state Medicaid, CHIP, and Title V programs and provide one-to-one, state-specific[3] tailored capacity-building assistance directly to state Medicaid, CHIP, and Title V programs to support MCH. Support will include: (1) engaging state Title V, Medicaid, and CHIP programs to identify shared priorities and foster a common understanding of needs, opportunities, and best practices; (2) one-to-one, state-specific, tailored assistance to advance MCH financing; (3) supporting the development of innovative collaborative models leveraging HRSA, CHIP, and Medicaid funding; and (4) one-to-one capacity-building assistance to advance interagency agreements required by statute.[4]

Program Goals:

- Increase development, expansion, implementation, and monitoring of policies and practices to improve eligibility, coverage, access, and quality of care for MCH populations.
- Formalize policies and accountability mechanisms that guide and sustain coordination between state Medicaid, CHIP, and Title V programs.
- Support uptake of innovative payment models for MCH populations at the state level, specifically collaborative models between HRSA, CHIP, and Medicaid funding.
- Maximize resources to scale and sustain changes that improve Medicaid and CHIP eligibility, coverage, access, and quality of care for MCH populations.

---

[2] "Maternal and child health" is a general term that refers to mothers, infants, children, children and youth with special health care needs, and their families.

[3] For purposes of brevity, throughout this NOFO, the term "State" includes "States" which operate Medicaid programs – these are each of the 50 States, the District of Columbia and the U.S. territories of Puerto Rico, Guam, American Samoa, the Virgin Islands, and the Northern Mariana Islands.

[4] Section 1902(a)(11) of Title XIX requires State Medicaid agencies to enter into Interagency Agreements with state Title V agencies. Also note that Section 509(a)(2) of Title V of the Social Security Act cites the need to promote "coordination at the Federal level of activities authorized under this title [Title V] and under title XIX…."

2. Background

The Center for Maternal and Child Health Medicaid Partnerships is authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act).

The Maternal and Child Health Bureau's (MCHB) mission is to improve the health and well-being of America's mothers, children, and families. We carry out our mission by taking a life-course approach to our work and focus on:

- Women/maternal health
- Perinatal/infant health
- Child health
- Adolescent health
- Children with special health care needs

Recent data show opportunities for improvement in overall health outcomes, as well as significant and persistent health disparities, among these populations. Rates of maternal mortality and severe maternal morbidity are high in the U.S.[5,6] And according to provisional Vital Statistics data, U.S. Infant mortality rates increased in 2022 for the first time in two decades.[7]

Maternal and infant health outcomes such as maternal mortality, infant mortality, preterm birth, and low birth weight show significant disparities by race, ethnicity, and geography.[8] Health disparities among adolescents persist, with rates of risk factors and outcomes such as substance use, depression, suicide, and experience of violence varying based on factors including race, ethnicity, gender, education, income, disability, geographic location (for example, rural or urban), and sexual orientation.[9,10] Similarly, the prevalence and impact of special health care needs among children and youth varies by race, ethnicity, socioeconomic status, and geography.[11]

The Title V, CHIP, and Medicaid programs share a common goal to improve the health of the MCH population. Medicaid greatly improves the health and health care of MCH populations[12]—serving over 25 million children, including disproportionately higher

---

[5] Tikkanen, Roosa, Munira Z. Gunja, Molly FitzGerlad, and Laurie Zephyrin. "Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries." The Commonwealth Fund, November 18, 2020. https://doi.org/10.26099/411v-9255.
[6] Federally Available Data (FAD) Resource Document (hrsa.gov)
[7] Vital Statistics Rapid Release, Number 33 (November 2023) (cdc.gov)
[8] Federally Available Data (FAD) Resource Document (hrsa.gov)
[9] https://www.cdc.gov/healthyyouth/disparities/index.htm
[10] https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBSDataSummaryTrendsReport2019-508.pdf
[11] Ghandour RM, Hirai AH, Kenney MK. (2022) Children and Youth with Special Health Care Needs: A Profile. *Pediatrics,* 149(7):e20210561500.
[12] Kusma JD, Raphael JL, Perrin JM, Hudak ML. Committee on Child Health Financing. (2023) Medicaid and the Child's Health Insurance Program: Optimization to Promote Equity in Child and Young Adult Health. *Pediatrics,* 152(5):e2023064088.

percentages of children from racial and ethnic minority communities.[13] Medicaid covers more than 40% of all births[14] and almost half of children with special health care needs.[13] CHIP provides health coverage to eligible children in families with incomes too high to qualify for Medicaid but too low to afford private coverage. As of December 2023, over seven million children were enrolled in CHIP.[15] HRSA's Title V MCH Services Block Grant provides grants to states and jurisdictions to improve the health of an estimated 60 million women and children annually, including children with special health care needs, through a wide range of MCH programming. Given the broad reach of these three programs, Medicaid, CHIP, and Title V are vital for improving health outcomes and reducing disparities for MCH populations. States with collaborative and innovative partnerships between Title V, CHIP, and Medicaid programs have driven improvements in MCH outcomes.

Effective coordination between Title V, CHIP, and Medicaid systems can also be instrumental in reducing health disparities. There is significant geographic variation in Medicaid and CHIP eligibility and duration of coverage, covered services, quality of care standards, and payment models.[16] There are also racial and ethnic disparities in the use of Medicaid and CHIP benefits.[17,18,19,20] Title V's statutory mission is to improve the health of all women and children and provides significant flexibility to states in determining what services to provide. States can use Title V funding to test innovative programs, expand providers (e.g., training community-based doulas), and otherwise support strategies that may be sustained through Medicaid and CHIP reimbursement pathways. Title V funding can also be used to support medical services and fill gaps in services for those who are ineligible or unable to pay for health insurance. Title V MCH programs also provide outreach and facilitate enrollment of Medicaid and CHIP-eligible children and pregnant women.[21] Title V, CHIP, and Medicaid can expand their reach and effectiveness in supporting MCH through collaborative efforts to identify gaps in service, develop opportunities to increase or maintain access, and reduce barriers to accessing services.

About MCHB and Strategic Plan

---

[13] Child and Adolescent Health Measurement Initiative. (2022) National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved 12/21/2023 from Home (childhealthdata.org).

[14] https://www.cdc.gov/nchs/data/databriefs/db468.pdf

[15] December 2023 Medicaid and CHIP Enrollment Snapshot

[16] Medicaid and CHIP Eligibility and Enrollment Policies as of January 2021 Findings from a 50-State Survey - Report - 9659 | KFF

[17] Donohue JM, Cole ES, James CV. (2022) The US Medicaid Program Coverage, Financing Reforms, and Implications for Health Equity. *JAMA,* 328(11):1085-1099.doi:10.1001/jama.2022.14791

[18] Wallace J, Lollo A, Duchowny KA, Lavallee M. Ndumele CD. (2022) Disparities in Health Care Spending and Utilization Among Black and White Medicaid Enrollees. *JAMA Health Forum,* 3(6):e221398.

[19] Robers ET, Kwon Y, Hames AG. (2023) Racial and Ethnic Disparities in Health Care Use and Access Associated with Loss of Medicaid Supplemental Insurance Eligibility Above the Federal Poverty Level. *JAMA Intern Med.* 183(6):534-543.doi:10.1001/jamainternmed.2023.0512.

[20] Race and Ethnicity of the National Medicaid and CHIP Population in 2020

[21] https://amchp.org/resources/collaborations-between-state-title-v-maternal-and-child-health-programs-and-medicaid/

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

II. Award Information

1. Type of Application and Award

Application type(s): New

We will fund you via a cooperative agreement.

A cooperative agreement is like a grant in that we award money, but we are substantially involved with program activities.

Aside from monitoring and technical assistance (TA), we also get involved in these ways:

- Assisting in the planning, development, and administration of this project.
- Monitoring and supporting the development and implementation of the work plan.
- Meeting at least monthly with award recipient virtually to discuss ongoing work, address challenges and areas of concern, and share best practices.
- Reviewing and supporting the development and distribution of reports, issue briefs, publications, trainings, or other products partially or fully funded under the cooperative agreement.
- Participating and providing subject matter expertise in meetings, committees, conference calls, and working groups related to the cooperative agreement and its projects.
- Coordinating with award recipient to identify opportunities to facilitate MCHB leadership interaction with stakeholders.
- Assisting in the establishment of cooperative and collaborative relationships between award recipient and HRSA partners, staff, and subject matter experts as needed to carry out the project.
- Leveraging resources across HRSA to develop synergies in programs, identify opportunities to address health disparities, strengthen existing projects, and avoid duplication of efforts.

You must follow all relevant federal regulations and policy requirements. Your other responsibilities will include:

- Developing products that are timely, accurate and fact-based. These products cannot contain opinions and/or judgements and will not and cannot be used for lobbying purposes.
- Collaborating with other HRSA program award recipients to coordinate and leverage training, technical assistance, and information sharing.
- Collaborating with at least 35 state Medicaid, CHIP, Title V, and other key MCH stakeholder partnerships over the period of performance.
- Meeting with the HRSA project officer at the start of the award and throughout the entire period of performance to review current strategies and ensure projects, products, and goals align with HRSA priorities.
- Communicating in a timely manner with the HRSA project officer. This includes meeting at least monthly with the HRSA project officer for status check-ins and participating in progress report reviews.
- Working closely with the HRSA project officer to update the work plan and implement any proposed new activities.
- Being flexible and responsive to shifting priorities and implementation contexts and appropriately modifying policy initiatives and/or materials.
- Planning for HRSA leadership and staff to participate in Center for Maternal and Child Health Medicaid Partnerships-funded convenings, conferences and other relevant events.
- Consulting with the HRSA project officer before scheduling meetings or conferences at which the HRSA project officer's or other HRSA subject matter experts' attendance may be appropriate.
- Providing the HRSA project officer with any materials produced under this cooperative agreement to review and provide advisory input. Review should start as part of the concept development and continue through subsequent drafts and final products.

2. Summary of Funding

We estimate $2,000,000 will be available each year to fund 1 recipient. You may apply for a ceiling amount of up to $2,000,000 annually (reflecting direct and indirect costs).

The period of performance is September 30, 2024, through September 29, 2029 (5 years).

Support beyond the first budget year will depend on:

- Appropriation of funds
- Satisfactory progress in meeting the project's objectives
- A decision that continued funding is in the government's best interest

Additional funding may become available at HRSA's discretion, but this is not guaranteed. Recipient may request supplemental funding at any point in their period of performance to address unique activities that are connected to, but not duplicative of, the funded scope of work. HRSA may choose to support 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 are not duplicative of work performed by HRSA or other HRSA-funded recipients.

45 CFR part 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards applies to all HRSA awards.

If you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate of 10 percent of modified total direct costs (MTDC)*. You may use this for the life of the award. If you choose this method, you must use it for all federal awards until you choose to negotiate for a rate. You may apply to do so at any time. See Section 4.1.v. Budget Narrative in the *Application Guide*.

**Note*: One exception is a governmental department or agency unit that receives more than $35 million in direct federal funding.

III. Eligibility Information

1. Eligible Applicants

These types of domestic organizations may apply:

- Public or private
- Non-profit entities, including community-based organizations
- For-profit entities
- Institutions of higher education (public, private)
- Tribal governments or organizations [22]

2. Cost Sharing or Matching

Cost sharing or matching is not required for this program.

3. Other

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

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

[22] For awards authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act), see also 42 CFR § 51a.3(a).

Multiple Applications

We will only review your **last** validated application before the Grants.gov due date.

IV. Application and Submission Information

1. Address to Request Application Package

We ***require*** you to apply online through Grants.gov. Use the SF-424 workspace application package associated with this notice of funding opportunity (NOFO). Follow these directions: How to Apply for Grants. If you choose to submit using an alternative online method, see Applicant System-to-System.

Note: Grants.gov calls the NOFO "Instructions."

Select "Subscribe" and enter your email address for HRSA-24-105 to receive emails about changes, clarifications, or instances where we republish the NOFO. You will also be notified by email of documents we place in the RELATED DOCUMENTS tab that may affect the NOFO and your application. *You are responsible for reviewing all information that relates to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Submit your information as the *Application Guide* and this program-specific NOFO state. **Do so in English and budget figures expressed in U.S. dollars.** There's an Application Completeness Checklist in the *Application Guide* to help you.

Application Page Limit

The total number of pages that count toward the page limit shall be no more than **50 pages** when we print them. We will not review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using Section III. Eligibility Information of the NOFO.

These items do not count toward the page limit:

- Standard OMB-approved forms you find in the NOFO's workspace application package
- Abstract (standard form (SF) "Project_Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)

If there are other items that do not count toward the page limit, we'll make this clear in Section IV.2.vi Attachments.

If you use an OMB-approved form that is not in the HRSA-24-105 workspace application package, it may count toward the page limit.

Applications must be complete and validated by Grants.gov under HRSA-24-105 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- When you submit your application, you certify that you and your principals[23] (for example, program director, principal investigator) can participate in receiving award funds to carry out a proposed project. That is, no federal department or agency has debarred, suspended, proposed for debarment, claimed you ineligible, or you have voluntarily excluded yourself from participating.
- If you fail to make mandatory disclosures, we may take an action like those in 45 CFR § 75.371. This includes suspending or debarring you.[24]
- If you cannot certify this, you must include an explanation in *Attachments 9-12: Other Relevant Documents*.

(See Section 4.1 viii "Certifications" of the *Application Guide*)

Program Requirements and Expectations

The Center for Maternal and Child Health Medicaid Partnerships aims to optimize MCH populations' health and well-being by strengthening collaboration between state Medicaid, CHIP, and Title V programs and advancing innovative financing strategies for MCH. The successful award recipient will assemble a team of individuals/organizations with collective expertise in providing national-level and state-specific support to states, assuring significant and meaningful experience across the team with state Medicaid and CHIP programs as well as Title V programs. MCHB anticipates that the successful recipient will collaborate across individuals/organizations to build a team that has the requisite expertise for this project. Successful recipients will use their collective expertise and experience working directly with state Title V, CHIP, and Medicaid to support states in strengthening Title V, CHIP, and Medicaid partnerships, identifying shared goals, and executing policies and activities that improve coverage, access, and quality of MCH care. The award recipient will be expected to work directly, one-to-one, with state Title V, CHIP, and Medicaid program staff to help execute financing initiatives including developing and implementing state plan, waiver, and managed care contract language. At least 35 collaborations will be undertaken as a result of the Center's work throughout the period of performance.

For the purposes of this funding opportunity, the recipient is expected to provide direct, tailored support to state Title V and/or Medicaid programs to address all population domains. The award recipient is expected to:

- **Build knowledge and shared priorities among state Medicaid, CHIP, and Title V programs.**
    - Within 4 months of the start of the award, develop a detailed 5-year workplan for convening and engaging state Medicaid, CHIP, and Title V staff together

[23] See definitions at eCFR :: 2 CFR 180.995 -- Principal. and eCFR :: 2 CFR 376.995 -- Principal (HHS supplement to government-wide definition at 2 CFR 180.995).
[24] See also 2 CFR parts 180 and 376, 31 U.S.C. § 3354, and 45 CFR § 75.113.

from at least 35 states through activities such as annual convenings and/or learning communities. Within six months of the start of the award, assess the current state of partnership, knowledge, and need across states.

- Engage and convene state Title V, CHIP, and Medicaid staff to:
  - Understand the underlying legislative/regulatory authorities for each and be aware of the strategies that each uses to improve the health of MCH populations.
  - Build shared language and translate terminology across each program.
  - Identify shared priorities and goals.
  - Increase understanding of opportunities, gaps, roles, and responsibilities between state Medicaid, CHIP, and Title V.
  - Share innovative financing approaches, best practices, tools and templates, and emerging issues.
- Craft and execute a plan to continue to support collaboration outside of convenings between state Title V, CHIP, and Medicaid programs.
- Develop materials each year to advance collaboration, communication, and information sharing across all states such as:
  - Briefing documents and/or other resources and engagements to translate changes or opportunities in Medicaid and CHIP policy into a clear “how-to” guidance for states.
  - A repository of Medicaid state plan and waiver language that advances outcomes for or otherwise supports MCH populations.
- Incorporate the engagement and input of community members, including those with lived experience, to inform the development of shared priorities.
- Develop a data collection mechanism to track performance measures and report annually on the progress of knowledge building between state Title V, CHIP, and Medicaid.

- **Provide direct, state-specific, tailored support to state Title V, CHIP, and Medicaid programs to advance innovative financing strategies and improve access to quality care among MCH populations.**
  - Develop and implement a selection process to identify and engage states for one-on-one, tailored support to state Title V, CHIP, and Medicaid programs. The selection process should consider how to include states at different levels of current engagement, coordination, and collaboration across Title V, CHIP, and Medicaid programs.
  - Build joint state Title V, CHIP, and Medicaid program capacity to identify and act on innovative financing approaches including (but not limited to):

        - Adopting policies to expand eligibility and simplify enrollment.
        - Testing novel initiatives with Title V funding and sustaining successful approaches with Medicaid funding.
        - Braiding Title V, CHIP, and Medicaid funding to achieve patient-centered strategies.
        - Enhancing covered benefits, such as home visiting, group prenatal care, doulas, and social determinant of health approaches.
        - Implementing alternative models of care and payment arrangements.
        - Building quality improvement and performance measurement or other requirements into managed care contracting to advance the state's Title V priorities.
    - Provide hands-on support to advance state-specific priorities and help states execute financing initiatives. This may include, but is not limited to:
        - Supporting collaborations among at least 7 Title V, CHIP, and Medicaid programs per year.
        - Creating collaborations that leverage Title V funding to provide start-up resources and support for new approaches, workforce training, and other capacity that can, if successful, be sustained by Medicaid and CHIP.
        - Developing example Medicaid state plan, amendment, waiver, and managed care contract language, and other resources states need to execute financing strategies that advance Title V/Medicaid/CHIP shared priorities.
        - Providing consultation to identify opportunities, best practices, and address barriers.
        - Facilitating introductions, engagement, and relationship building between Title V, CHIP, and Medicaid to advance state-specific needs.
    - Develop materials each year to share lessons learned from one-to-one state consultations with other states, including guides and templates.
    - Develop a data collection mechanism to track performance measures and report annually on the progress of tailored support to states.

- **Provide one-to-one, direct support to improve interagency agreements and related processes, practices, and/or activities that guide coordination between state Title V and Medicaid programs.**
    - Develop and implement a selection process to identify and engage states to update interagency agreements (IAAs) between state Title V and Medicaid. Selection process should consider how to include states at different levels of

current engagement, coordination, and collaboration across Title V and Medicaid programs.

- Provide hands-on support directly to state Title V and Medicaid programs to update interagency agreements and increase consistency, accountability, and coordination, as well as address MCH priorities.
- Develop and disseminate materials each year to build state capacity to improve consistency, accountability, and coordination through interagency agreements. This may include, but is not limited to:
  - A template for interagency agreements available to all state Title V and Medicaid programs.
  - Exemplar interagency agreements.
- Develop a data collection mechanism to track performance measures and report annually on the progress of tailored support to states.

- **Ensure Sustainability beyond Funding Period**
  - Propose a plan for project sustainability after the period of federal funding ends, focusing on key elements of the project (e.g., those that have been effective in improving practices and outcomes and reducing disparities for MCH populations) to be sustained and key stakeholders to be engaged.

Performance Measurement: Measure and track program performance on key activities and program objectives.

- **Performance Measurement**: recipients are expected to measure and track progress on program goals and objectives outlined in the Purpose Section.
  - This includes Discretionary Grants Information System (DGIS) measures, including Health Equity, Technical Assistance (including recipient satisfaction), Partnerships and Collaboration, Guidelines and Policy, Engagement of Persons with Lived Experience, Knowledge Change, and Products and Publications. For more information on these measures, please see the Reporting section.
  - **Monitoring**: recipients are expected to track project-related processes, activities, and milestones, and use data to identify actual or potential challenges to implementation.

Program-Specific Instructions

Include application requirements and instructions from Section 4 of the *Application Guide* (budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract). Also include the following:

i. Project Abstract

Use the Standard OMB-approved Project Abstract Summary Form that you'll find in the workspace application package. Do not upload the abstract as an attachment or it may

count toward the page limit. For information you must include in the Project Abstract Summary Form, see Section 4.1.ix of the *Application Guide.*

NARRATIVE GUIDANCE

The following table provides a crosswalk between the narrative language and where each section falls within the review criteria. Make sure you've addressed everything. We may consider any forms or attachments you reference in a narrative section during the merit review.

Narrative Section	Review Criteria
Introduction	*Criterion 1: NEED*
Organizational Information	*Criterion 5: RESOURCES/CAPABILITIES*
Need	*Criterion 1: NEED*
Approach	*Criterion 2: RESPONSE*
Work Plan	*Criterion 2: RESPONSE* *Criterion 4: IMPACT*
Resolution of Challenges	*Criterion 2: RESPONSE*
Evaluation and Technical Support Capacity	*Criterion 3: EVALUATIVE MEASURES* *Criterion 5: RESOURCES/CAPABILITIES*
Budget Narrative	*Criterion 6: SUPPORT REQUESTED*

ii. Project Narrative

This section must describe all aspects of the proposed project. Make it brief and clear.

Provide the following information in the following order. Please use the section headers. This ensures reviewers can understand your proposed project.

- *Introduction -- Corresponds to Section V's Review Criterion 1: Need*
  - Briefly describe the purpose of the proposed project.
- *Organizational Information -- Corresponds to Section V's Review Criterion 5: Resources/Capabilities*
  - Briefly describe your mission, structure, and scope of current activities. Explain how these elements all contribute to the organization's ability to carry out the program requirements and meet program expectations.
  - Discuss the expertise of staff who will be assigned to this project as it relates to the scope of this project. Describe your proposed staff's roles and include a project organizational chart as Attachment 6.

- Discuss how you'll follow the approved plan, account for federal funds, and record all costs to avoid audit findings.
- Describe the collective experience and expertise of the team of collaborating individuals/organizations in providing national-level and state-specific support to states; state Medicaid, CHIP, and Title V programs; supporting interagency collaboration, such as interagency agreements; and providing customized support and creating tools and materials for wide dissemination. If applicable, provide evidence of success in prior initiatives and any lessons learned.
- Describe your organization's capacity and relevant experience supporting the writing, drafting, and updating of interagency agreements for state Title V and Medicaid programs.

- *Need – Corresponds to Section V's Review Criterion 1: Need*
  - Outline trends in outcomes among MCH populations at the national level and the implications for collaboration of state Title V, CHIP, and Medicaid programs.
  - Identify the challenges and opportunities related to improving collaboration between state Medicaid, CHIP, and Title V programs and how your organization is equipped to help address them.
  - Describe existing shared priorities among state Medicaid, CHIP, and Title V programs and opportunities for new shared priorities. Explain why cross-agency collaboration between these state programs is needed and how you will foster this collaboration.

  This section will help reviewers understand whom you will serve with the proposed project.

- *Approach – Corresponds to Section V's Review Criterion 2: Response*
  - Tell us how you'll address the stated needs and meet the program requirements and expectations described in this NOFO. 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.
  - Discuss how you plan to identify and engage states, and:
    - build knowledge and identify shared priorities,
    - provide direct, tailored support to state Medicaid, CHIP, and Title V programs,
    - Build at least 7 collaborations per year, and
    - advance state Title V/Medicaid IAAs.

- Provide specific, measurable, attainable, realistic, time-bound, inclusive, and equitable (e.g., SMARTIE) objectives for each proposed project goal.
- Identify and describe partners you plan to leverage or collaborate with to support this project and your methods for development of effective strategies for ongoing partner outreach, collaborations, and clear communication. Include specific strategies for outreach and collaboration efforts to involve patients, families, and communities.
- Describe strategies for ongoing training, promoting collaboration, and sharing information among Title V, Medicaid, and CHIP staff. Describe how you will expand the capacity of state Medicaid, CHIP, and Title V agencies to advance MCH financing initiatives given their limited bandwidth amidst multiple state agency priorities. Include how you will build knowledge, skills, partnerships, and resources, and support states in completing essential tasks to advance these initiatives.
- Include a plan to distribute reports, products, or project outputs to target audiences, and promote their use.
- Propose a plan for project sustainability after the period of federal funding ends. HRSA encourages recipients to sustain key elements of their projects (for example, strategies and interventions which have been effective in improving policies/practices and have led to improved outcomes for the priority population). An update on sustainability efforts will be required with submission of each annual progress report.
- Describe how you will incorporate the engagement and feedback of, and support and strengthen ongoing Title V, CHIP, and state Medicaid program connections to, community members and people with lived experience to understand and align their needs and priorities to state priorities.

- *Work Plan – Corresponds to Section V's Review Criteria 2. Response and 4. Impact*
    - Describe the activities or steps you will use to achieve each of the objectives during the period of performance, including how you will evolve and/or add new activities in later years of the period of performance.
    - Use a timeline that includes each activity and identifies who is responsible for each. As needed, identify how key stakeholders will help plan, design, and carry out all activities. The work plan and timeline should cover the entire 5-year period of performance.
- Resolution of Challenges – Corresponds to Section V's Review Criterion 2: *Response*
    - Discuss challenges that you are likely to encounter in designing and carrying out the activities in the work plan. Explain approaches that you'll use to resolve them.
- Evaluation and Technical Support Capacity – Corresponds to Section V's Review Criteria 3: *Evaluative Measures and 5: Resources/Capabilities*
    - Provide a performance measurement plan that demonstrates how you will, if awarded, fulfill the expectations and requirements for performance measurement described in the Program Requirements and Expectations section. This plan should include the following:
        - **Monitoring**: 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 measures (indicators, metrics) you will use to monitor progress.
        - **Performance Measurement**: your plan for measuring and tracking program goals and objectives outlined in the Purpose Section. The plan should include required and/or proposed measures outlined in the Program Requirements and Expectations Section and plans for the timely collection and reporting of all measures. Recipients should also provide a plan for collecting and reporting the number of individuals impacted by an implemented policy, where feasible.
        - Describe your capacity to collect and manage data in a way that allows for good data quality, accurate and timely monitoring, and performance measurement. Include a description of the available resources (for example, organizational profile, collaborative partners, staff skills and expertise, budget), systems, key processes you will use for monitoring and performance measurement (for example, data sources, data collection methods, frequency of collection, data management software) and how results will be shared with HRSA.

iii. Budget

The *Application Guide* directions may differ from those on Grants.gov.

Follow the instructions in Section 4.1.iv Budget of the *Application Guide* and any specific instructions listed in this section. Your budget should show a well-organized plan.

Reminder: The total project or program costs are all allowable (direct and indirect) costs used for the HRSA activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include MOE, if applicable).

Program Income

You must use any program income you generate from awarded funds for approved project-related activities. Use program income under the addition alternative (45 CFR § 75.307(e)(2)). Find post-award requirements for program income at 45 CFR § 75.307.

As required by the Further Consolidated Appropriations Act, 2024 (P.L. 118-47), Division D, Title II, § 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." Effective January 2024, the salary rate limitation is $221,900. As required by law, salary rate limitations may apply in future years and will be updated.

iv. Budget Narrative

See Section 4.1.v. of the *Application Guide.*

v. Attachments

Provide the following attachments in the order we list them.

Most attachments count toward the application page limit. Indirect cost rate agreement and proof of non-profit status (if it applies) are the only exceptions. They will not count toward the page limit.

Clearly label each attachment. Upload attachments into the application. Reviewers will not open any attachments you link to.

Attachment 1: Work Plan

Attach the project's work plan. Make sure it includes everything that Section IV.2.ii. Project Narrative details. If you'll make subawards or spend funds on contracts, describe how your organization will document funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of the *Application Guide)*

Keep each job description to one page as much as possible. Include the role, responsibilities, and qualifications of proposed project staff. Describe your organization's timekeeping process. This ensures that you will comply with federal standards related to recording personnel costs.

Attachment 3: Biographical Sketches of Key Personnel (Do not count towards the page limit)

Include biographical sketches for people who will hold the key positions you describe in *Attachment 2*. Keep it to two pages or less per person. Do **not** include personally identifiable information (PII). If you include someone you have not hired yet, include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement, Memoranda of Understanding

Provide any documents that describe working relationships between your organization and other entities and programs you cite in the proposal. Documents that confirm actual or pending contracts or agreements should clearly describe the roles of the contractors and any deliverable. Make sure you sign and date any letters of agreement.

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 need to submit the budget for the 5th year as an attachment. SF-424A Section B does not count in the page limit; however, any related budget narrative does count. See Section 4.1.iv of the *Application Guide.*

Attachment 6: Project Organizational Chart

Provide a one-page figure that shows the project's organizational structure.

Attachment 7: Tables and/or Charts

Provide tables or charts that give more details about the proposal (for example, Gantt or PERT charts, flow charts).

Attachment 8: Proof of Non-profit Status (Does not count towards the page limit)

If your organization is a non-profit, you need to attach proof. We will accept any of the following:

- A copy of a current tax exemption certificate from the IRS.
- A letter from your state's tax department, attorney general, or another state official saying that your group is a non-profit and that none of your net earnings go to private shareholders or others.
- A certified copy of your certificate of incorporation. This document must show that your group is a non-profit.

- Any of the above for a parent organization. Also include a statement signed by an official of the parent group that your organization is a non-profit affiliate.

Attachments 9–12: Other Relevant Documents (no more than 12)

Include any other documents that are relevant to the application. This may include letters of support, which are not required for eligibility. Letters must show a commitment to the project/program (in-kind services, dollars, staff, space, equipment).

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

A UEI is required to apply for this funding. You must register in the SAM.gov to receive your UEI.

You cannot use a DUNS number to apply. For more details, visit the following webpage: General Service Administration's UEI Update

After you register with SAM, maintain it. Keep your information updated when you have: an active federal award, application, or plan that an agency is considering.[25]

When you register, you must submit a notarized letter naming the authorized Entity Administrator.

We will not make an award until you comply with all relevant SAM requirements. If you have not met the requirements by the time we're ready to make an award, we will deem you unqualified and award another applicant.

If you already registered on Grants.gov, confirm that the registration is active and that the Authorized Organization Representative (AOR) has been approved.

To register in Grants.gov, submit information in two systems:

- System for Award Management (SAM) (SAM Knowledge Base)
- Grants.gov

Effective March 3, 2023, individuals assigned a SAM.gov Entity Administrator role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.
- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called "notarized letter") will no longer be able to assign the Entity Administrator role to a non-employee.

[25] Unless 2 CFR § 25.110(b) or (c) exempts you from those requirements or the agency approved an exemption for you under 2 CFR § 25.110(d)).

- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) more about this change on the BUY.GSA.gov blog to know what to expect.

For more details, see Section 3.1 of the *Application Guide.*

Note: Allow enough time to register with SAM and Grants.gov. We do not grant application extensions or waivers if you fail to register in time.

4. Submission Dates and Times

Application Due Date

Your application is due on *July 10, 2024, at 11:59 p.m. ET*. We suggest you submit your application to Grants.gov at least 3 calendar days before the deadline to allow for any unexpected events. See the *Application Guide's* Section 8.2.5 – Summary of emails from Grants.gov.

5. Intergovernmental Review

The Center for Maternal and Child Health Medicaid Partnerships must follow the terms of Executive Order 12372 in 45 CFR part 100.

See Section 4.1 ii of the *Application Guide* for more information.

6. Funding Restrictions

The General Provisions in Division D, Titles II and V, that reference the Further Consolidated Appropriations Act, 2024 (P.L. 118-47) apply to this program. See Section 4.1 of the *Application Guide* for information. Note that these and other restrictions will apply in fiscal years that follow, as the law requires.

You must have policies, procedures, and financial controls in place. Anyone who receives federal funding must comply with legal requirements and restrictions, including those that limit specific uses of funding.

- Follow the list of statutory restrictions on the use of funds in Section 4.1 (**Funding Restrictions**) of the *Application Guide.* We may audit the effectiveness of these policies, procedures, and controls.
- 2 CFR § 200.216 prohibits certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

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

V. Application Review Information

1. Review Criteria

We review your application on its technical merit. We have measures for each review criterion to help you present information and to help reviewers evaluate the applications.

We use six review criteria to review and rank the Center for Maternal and Child Health Medicaid Partnerships applications. Here are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction and Need

How well the application describes the problem and its contributing factors.

The extent to which the application:

- Describes the purpose of the proposed project.
- Describes the need for stronger collaboration between state Medicaid, CHIP, and Title V programs. This should provide the context and rationale for the proposed work plan.
- Demonstrates an understanding of the barriers to collaboration between state Medicaid, CHIP, and Title V programs, and opportunities that exist for award recipients to address potential challenges.
- Demonstrates a strong understanding of the need for incorporating engagement with, and strengthening ongoing connections to, community members and people with lived experience to meet Title V, CHIP, and state Medicaid program goals related to improving outcomes for MCH populations.

Criterion 2: RESPONSE (45 points) – Corresponds to Section IV's Approach, Work Plan, Resolution of Challenges and Section I's Purpose

Approach (20 points)
How well the applicant's proposed project responds to the program's "Purpose."

The extent to which the application:

- Proposes goals and objectives that are specific, measurable, attainable, realistic, time-bound, inclusive, and equitable (e.g., SMARTIE objectives) and will meet the purpose and requirements of the proposed project.
- Describes activities that can address the problem and attain the project objectives.
- Identifies a clear plan for developing and supporting at least 7 collaborations between state Medicaid, CHIP, and Title V entities on shared priorities per year.

- Describes how inputs and activities will be linked to outcomes related to strengthening coordination and collaboration between state Medicaid, CHIP, and Title V programs and advancing innovative financing strategies to improve outcomes and reduce health disparities for MCH populations.
- Provides appropriate measures for the improvements in coordination and collaboration between state Medicaid, CHIP, and Title V programs and innovative financing strategies focused on improving outcomes and reducing health disparities for MCH populations.
- Describes a realistic plan for sustainability, built throughout the entirety of the project, beyond the life of the period of performance.

Work Plan (20 points)

How well the applicant's proposed project describes the activities and timeline that will be used to achieve each of the objectives.

The extent to which the application:

- Provides a feasible work plan with sufficient and appropriate detail.
- Describes the expertise, roles, and makeup of partners and/or potential subrecipients who will be involved in completing specific tasks.
- Specifies high impact outcomes for all anticipated years of the period of performance.
- For a complete list of activities to include, refer to Section IV 2's Program Requirements and Expectations.

Resolution of Challenges (5 points)

How well the applicant's proposed project responds to the anticipated challenges.

The extent to which the application:

- Describes the challenges that are likely to be encountered in designing and implementing the activities described in the work plan, and promising approaches that will be used to resolve such challenges.
- Describes strategies for increasing engagement between state Title V, Medicaid, and CHIP programs despite differences in budgets and competing priorities.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity

How well the applicant's proposed project describes a robust performance measurement plan.

The extent to which the application describes:

- Clear monitoring procedures, and how performance measurement will be incorporated into planning, implementation, and reporting of project activities.
- A plan and ability to collect data on the measures specified by HRSA MCHB in the Program Requirements and Expectations and proposed measures 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 NOFO and are adequate to assess performance and progress towards the program goals and objectives of the NOFO.
- How performance measurement findings will be reported and used to achieve the outcomes of the NOFO.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's Work Plan

How well the applicant's proposal demonstrates how strong of an impact the project will have.

The extent to which the application describes:

- The potential impact of project results on coordination and collaboration between state Medicaid, CHIP, and Title V programs and innovative financing strategies focused on improving overall outcomes and reducing health disparities in MCH.
- The likelihood of sustainable policy and practice change(s) by state Medicaid, CHIP, and Title V programs that improve overall health outcomes and reduce health disparities in MCH.
- The likelihood of increased capacity among state Medicaid, CHIP, and Title V programs for coordination and collaboration and advancing innovative financing strategies for MCH populations.
- The effectiveness of their plan for the dissemination of resources, tools, and best practices.

Criterion 5: RESOURCES/CAPABILITIES (10 points) – Corresponds to Section IV's Organizational Information and Evaluation and Technical Support Capacity

How well the applicant's proposal describes the organization's experience and capacity to implement the project.

The extent to which the application describes or demonstrates:

- Project staff have the training or experience to carry out the project, including a team of individuals/organizations with collective expertise in:
    - providing national-level and state-specific support to states,
    - state Medicaid, CHIP, and Title V programs,
    - supporting interagency collaboration, such as interagency agreements, and
    - providing customized support and creating tools and materials for wide dissemination.
- The organization has the capabilities and expertise to affect state Medicaid, CHIP, and Title V policy to improve outcomes and decrease disparities for MCH populations.
- How the project will incorporate and/or strengthen connections to and feedback from community members and people with lived experience.

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

How well the applicant's proposed project responds to the program budget requirements.

The extent to which the application describes:

- A reasonable proposed budget for each year of the period of performance.
- Costs that are reasonable and align with the scope of work, as outlined in the budget and required resources sections.
- The budget line items and justifies them in the budget justification.
- Key staff have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

Subject matter experts provide an impartial evaluation of your application. Then, they pass along the evaluations to us, and we decide who receives awards. See Section 5.3 of the *Application Guide* for details. When we make award decisions, we consider the following when selecting applications for award:

- How high your application ranks
- Funding availability
- Risk assessments
- Other pre-award activities, as described in Section V.3 of this NOFO

We may:

- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a prime recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

3. Assessment of Risk

If you have management or financial instability that directly relates to your ability to carry out statutory, regulatory, or other requirements, we may decide not to fund your high-risk application (45 CFR § 75.205).

First, your application must get a favorable merit review. Then we:

- Review past performance (if it applies)
- Review audit reports and findings
- Analyze the cost of the project/program budget
- Assess your management systems
- Ensure you continue to be eligible
- Make sure you comply with any public policies.

We may ask you to submit additional information (for example, an updated budget) or to begin activities (for example, negotiating an indirect cost rate) as you prepare for an award.

However, even at this point, we do not guarantee that you'll receive an award. After a full review we'll decide whether to make an award, and if so, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and final. You cannot appeal them to any HRSA or HHS official or board.

As part of this review, we use SAM.gov Entity Information Responsibility / Qualification (formerly named FAPIIS) to check your history for all awards likely to be over $250,000. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

VI. Award Administration Information

1. Award Notices

The Notice of Award (NOA) is issued on or around the start date listed in the NOFO. See Section 5.4 of the *Application Guide* for more information.

2. Administrative and National Policy Requirements

See Section 2.1 of the *Application Guide*.

If you receive an NOA and accept the award, you agree to conduct the award activities in compliance/accordance with:

- All provisions of 45 CFR part 75, currently in effect.
- The termination provisions in 45 CFR 75.372. No other specific termination provisions apply.
- Other federal regulations and HHS policies in effect at the time of the award. In particular, the following provision of 2 CFR part 200, which became effective on or after August 13, 2020, is incorporated into this NOFO: 2 CFR § 200.301 Performance measurement.
- Any statutory provisions that apply.
- The Assurances (standard certification and representations) included in the annual SAM registration.

Accessibility Provisions and Non-Discrimination Requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS-690). To learn more, see the Laws and Regulations Enforced by the HHS Office for Civil Rights.

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. 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

Executive Order on Worker Organizing and Empowerment (E.O. 14025) encourages you to support worker organizing and collective bargaining. Bargaining power should be equal between employers and employees.

This may include developing policies and practices that you could use to promote worker power. Describe your plans and activities to promote this in the application narrative.

Subaward Requirements

If you receive an award, you must follow the terms and conditions in the NOA. You'll also be responsible for how the project, program, or activity performs; how you and others spend award funds; and all other duties.

In general, subrecipients must comply with the award requirements (including public policy requirements) that apply to you. You must make sure your subrecipients comply with these requirements. 45 CFR § 75.101 Applicability gives details.

Data Rights

All publications you develop or purchase with award funds must meet program requirements.

You may copyright any work that's subject to copyright and was developed, or for which ownership was acquired, under an award.

However, we reserve a royalty-free, nonexclusive, and irrevocable right to your copyright-protected work. We can reproduce, publish, or otherwise use the work for federal purposes and allow others to do so. We can obtain, reproduce, publish, or otherwise use any data you produce under the award and allow others to do so for federal purposes. These rights also apply to works that a subrecipient develops.

3. Reporting

Award recipients must comply with Section 6 of the *Application Guide* **and** the following reporting and review activities:

1) **DGIS Performance Reports.** Available through the 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.

   Please be advised the administrative forms and performance measures for MCHB discretionary grants have been updated and are currently undergoing OMB approval. The new performance measures are intended to better align data collection forms more closely with current program activities and include common process and outcome measures as well as program-specific measures that highlight the unique characteristics of discretionary grant/cooperative agreement projects that are not already captured. Recipients will only complete forms in this package that are applicable to their activities, to be confirmed by MCHB after OMB approval. The proposed updated forms are accessible at https://mchb.hrsa.gov/data-research/discretionary-grants-information-system-dgis.

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	September 30, 2024 – September 29, 2025 *(administrative data and performance measure projections, as applicable)*	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	September 30, 2025 – September 29, 2029	Beginning of each budget period (Years 2–5, as applicable)	120 days from the available date
c) Project Period End Performance Report	September 30, 2028 – September 29, 2029	Period of performance end date	90 days from the available date

2) **Federal Financial Report**. The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Visit Reporting Requirements | HRSA. More specific information will be included in the NOA

3) **Progress Report**(s). The recipient must submit a progress report to us annually. The NOA will provide details.

4) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in SAM.gov Entity Information Responsibility / Qualification (formerly named FAPIIS), as 45 CFR part 75 Appendix I, F.*3.* and 45 CFR part 75 Appendix XII require.

VII. Agency Contacts

Business, administrative, or fiscal issues:

Denise Boyer
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Call: 301-594-4256
Email: DBoyer@hrsa.gov

Program issues or technical assistance:

Maura Dwyer
Public Health Analyst, Office of Policy and Planning
Attn: Maternal and Child Health Policy Innovation
Maternal and Child Health Bureau
Health Resources and Services Administration
Call: 301-443-0830
Email: mdwyer@hrsa.gov

You may need help applying through Grants.gov. Always get a case number when you call.

Grants.gov Contact Center (24 hours a day, 7 days a week, excluding federal holidays)
Call: 1-800-518-4726 (International callers: 606-545-5035)
Email: support@grants.gov
Search the Grants.gov Knowledge Base

Once you apply or become an award recipient, you may need help submitting information and reports through HRSA's Electronic Handbooks (EHBs). Always get a case number when you call.

HRSA Contact Center (Monday – Friday, 7 a.m. – 8 p.m. ET, excluding federal holidays)
Call: 877-464-4772 / 877-Go4-HRSA
TTY: 877-897-9910
Electronic Handbooks Contact Center

The EHBs login process changed on May 26, 2023, for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs now uses **Login.gov** and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must have a Login.gov account for the new login process. For step-by-step instructions on creating a Login.gov account refer to the EHBs Wiki Help page.

VIII. Other Information

Technical Assistance

See TA details in Summary.

Tips for Writing a Strong Application

See Section 4.7 of the *Application Guide*.

Appendix: Page Limit Worksheet

The purpose of this worksheet is to give you a tool to ensure the number of pages uploaded into your application is within the specified page limit. (Do not submit this worksheet as part of your application.)

The Standard Forms listed in column 1 do not count against the page limit; however, attachments to the Standard Forms listed in column 2 do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the attachment uploaded in that form does count against the page limit.

Standard Form Name ***(Forms themselves do not count against the page limit)***	**Attachment File Name** ***(Unless otherwise noted, attachments count against the page limit)***	**# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	*My attachment = ___ pages*
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	*My attachment = ___ pages*
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	*My attachment = ___ pages*
Attachments Form	Attachment 1: Work Plan	*My attachment = ___ pages*
Attachments Form	Attachment 2: Staffing Plan and Job Descriptions for Key Personnel	*My attachment = ___ pages*
Attachments Form	Attachment 3: Biographical Sketches of Key Personnel	*My attachment = ___ pages*
Attachments Form	Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or contracts	*My attachment = ___ pages*
Attachments Form	Attachment 5: For Multi-Year Budgets--5th Year Budget	*My attachment = ___ pages*

Attachments Form	Attachment 6: Project Organizational Chart	*My attachment = ___ pages*
Attachments Form	Attachment 7: Tables and/or charts	*My attachment = ___ pages*
Attachments Form	Attachment 8: Proof of Non-profit Status (Does not count towards the page limit)	*My attachment = ___ pages*
Attachments Form	Attachment 9: Other Relevant Documents	*My attachment = ___ pages*
Attachments Form	Attachment 10: Other Relevant Documents	*My attachment = ___ pages*
Attachments Form	Attachment 11: Other Relevant Documents	*My attachment = ___ pages*
Attachments Form	Attachment 12: Other Relevant Documents	*My attachment = ___ pages*
Attachments Form	Attachment 13:	*My attachment = ___ pages*
Attachments Form	Attachment 14:	*My attachment = ___ pages*
Attachments Form	Attachment 15:	*My attachment = ___ pages*
Project Narrative Attachment Form	Project Narrative	*My attachment = ___ pages*
Budget Narrative Attachment Form	Budget Narrative	*My attachment = ___ pages*
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.
Page Limit for HRSA-24-105 is 50 pages		**My total = ____ pages**