U.S. Department of Health and Human Services

Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2024

Maternal and Child Health Bureau

Division of Services for Children with Special Health Needs

Early Hearing Detection and Intervention State/Territory Program

Funding Opportunity Number: HRSA-24-036

Funding Opportunity Type(s): Competing Continuation, New

Assistance Listing Number: 93.251

Application Due Date: November 6, 2023

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

Issuance Date: August 8, 2023

Modified 10/31 – Updated Grants.gov links on page 9

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See Section VII for a complete list of agency contacts.

Authority: 42 U.S.C. § 280g-1(a) (Title III, § 399M(a) of the Public Health Service 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.

SUMMARY

Funding Opportunity Title:	Early Hearing Detection and Intervention State/Territory Program
Funding Opportunity Number:	HRSA-24-036
Assistance Listing Number:	93.251
Due Date for Applications:	November 6, 2023
Purpose:	The purpose of this program is to enhance the state/territory Early Hearing Detection and Intervention (EHDI) system infrastructure to improve language acquisition for deaf and hard-of-hearing (DHH) children up to age 3. Funding will support state and territory EHDI systems of services so that DHH newborns, infants, and young children up to age 3 receive appropriate and timely services, including hearing screening, diagnosis, and early intervention (EI).
Program Objective(s):	Objectives for the EHDI State/Territory Program measure state/territory infrastructure to support newborn hearing screening and language acquisition in children ages 0-3 while emphasizing data collection, family engagement, provider education and partnerships.
Eligible Applicants:	• Any state • District of Columbia • Commonwealth of Puerto Rico • Northern Mariana Islands • Guam • American Samoa • U.S. Virgin Islands • Micronesia

	• Republic of the Marshall Islands
	• Republic of Palau
	
	In addition, you can apply if your organization is in the United States and is:
	
	• Public or private
	• Community-based
	• Tribal (governments, organizations, as those terms are defined at 25 U.S.C. § 450b)
	  ○ Native American tribal governments (federally recognized) are eligible.
	  ○ Native American tribal organizations (other than federally recognized tribal governments) are eligible.
	
	See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Anticipated FY 2024 Total Available Funding:	Up to $15,365,000 • EHDI State/Territory Program: $13,865,000 • EHDI Innovation Project Additional Activity: $1,500,000 *We're issuing this notice to ensure that, should funds become available for this purpose, we can process applications and award funds appropriately. You should note that we may cancel this program notice before award if funds are not appropriated.*
Estimated Number and Type of Award(s):	EHDI State/Territory Program: Up to 59: competing continuation or new grant(s) Optional EHDI Innovation Project Additional Activity: Up to 20 competing continuation or new grant(s)
Estimated Annual Award Amount:	**EHDI State/Territory Program with Optional EHDI Innovation Project Funding:** Up to $310,000 per award, subject to the availability of appropriated funds: • $235,000 base amount per award

	• $75,000 additional funds for optional EHDI Innovation Project Additional Activity
Cost Sharing or Matching Required:	No
Period of Performance:	April 1, 2024 through March 31, 2029 (5 years)
Agency Contacts:	**Business, administrative, or fiscal issues:** Djuana Gibson Grants Management Specialist Division of Grants Management Operations, OFAM Email: dgibson@hrsa.gov **Program issues or technical assistance:** Sandra Battiste, MPH Project Officer, Division of Services for Children with Special Health Needs Maternal and Child Health Bureau Email: SBattiste@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:

Wednesday, August 23, 2023
2–3 p.m. ET
Weblink: https://hrsa-gov.zoomgov.com/j/1610494635?pwd=dWh0anNXVjlFV3h4TldYaXpyUFJUZz09

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

Call-In Number: 1-833 568 8864 | Participant Code: 56291471
Meeting ID: 161 049 4635

We will record the webinar.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Early Hearing Detection and Intervention (EHDI) State/Territory Program. The purpose of this program is to enhance the state/territory EHDI system infrastructure to improve language acquisition for deaf and hard-of-hearing (DHH) children up to age 3. Funding will support state and territory EHDI systems of services so that DHH newborns, infants, and young children up to age 3 receive appropriate and timely services, including hearing screening, diagnosis, and early intervention (EI).

Program Goals

HRSA funds a portfolio of coordinated programs to improve outcomes for DHH children, including the Early Hearing Detection and Intervention State/Territory Program (HRSA-24-036), the Early Hearing Detection and Intervention (EHDI) National Centers (HRSA-24-035), and the Pediatric Audiology Competitive Supplement to the Leadership Education in Neuro-developmental and Related Disabilities (LEND) Program (HRSA-21-042).[1] Together, these programs ensure DHH infants and children up to age 3 are identified in a timely manner and appropriate follow-up services are received to optimize language, literacy, cognitive, social, and emotional development. When children are identified as DHH early and provided timely and appropriate intervention services, their outcomes improve in these areas.

In alignment with Section 2 of the Early Hearing Detection and Intervention Act of 2022 (P.L. 117-241), which reauthorized the program and amended existing law,[2] this funding opportunity will support state/territory-wide EHDI systems of services in developing and monitoring "statewide newborn, infant, and young child hearing screening, evaluation, diagnosis, and intervention programs and systems." Specifically, the successful applicant will:

- Engage EHDI system stakeholders at the state/territory level to improve language acquisition[3] outcomes,
- Disaggregate data to identify populations and address disparities in language acquisition outcomes,
- Provide a coordinated statewide infrastructure to ensure newborns are screened by 1 month of age, diagnosed by 3 months of age, enrolled in EI by 6 months of

[1] See Appendix
[2] Public Health Service Act, Title III, Section 399M (as added by P.L. 106-310, Sec. 702; as amended by P.L. 111-337 and P.L. 115-71)
[3] See Appendix.

age (1-3-6 recommendations[4]), and loss to follow-up/loss to documentation is reduced,

- Support state/territory-wide capacity for hearing screening in young children up to age 3,
- Develop mechanisms to support and engage families with DHH children and DHH adults throughout the statewide EHDI system of services, and
- Engage, educate, and train health professionals and service providers[5] in the statewide EHDI system about the 1-3-6 recommendations; the need for hearing screening up to age 3, the benefits of a family-centered medical home and the importance of communicating accurate, comprehensive, up-to-date, evidence-based information to families to facilitate the decision-making process to enroll in early intervention services.

Program Objectives

Your objectives should reflect the Program Goals set forth above and contribute towards the overall long-term goal of improving language acquisition for DHH children throughout your state/territory up to age 3. You are responsible to achieve, collect, and report on the following program objectives.

State/Territory Determined Objectives: These objectives should reflect the Program Goals and be based on the unique needs of your state/territory. In your application, propose at least one objective, including annual percent increases, in each of the following areas:

1. By the end of Year 1, you are expected to collect and report baseline data in the following:
    - Strengthening the infrastructure to coordinate services across the statewide EHDI system for DHH children to improve language acquisition outcomes, including but not limited to, the following actions:
        - Increasing data capacity and interoperability of data systems, which could include establishing language acquisition outcomes, collecting, and tracking data.
        - Improving training and educating health care and other service providers.
        - Building partnerships with other EHDI stakeholder organizations and entities. Such entities could include those that focus on early intervention, such as the Individuals with Disabilities Education Act

[4] See Joint Committee on Infant Hearing, (2007) Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs. Pediatrics Oct 2007, 120 (4) 898-921; DOI: 10.1542/peds.2007–2333.
[5] See appendix

(IDEA) Part C programs, family-based organizations, provider organizations, etc.

  - Strengthening mechanisms to engage families, including those traditionally underserved by EHDI, in DHH adult-to-family supports and services.

- Providing family-to-family supports and services across the EHDI system, which could include DHH adult-to-family supports and services.

2. By end of Year 5, you are expected to identify, collect, and report baseline data in the following area:

   - Language acquisition outcomes for the population of 3-year-old DHH children in your state/territory.

1-3-6-Benchmarks: Recipients are expected to collect and report annually on the 1-3-6 benchmarks below. New recipients will establish baseline data in Year 1. Continuing recipients will report the state/territory's data from the 2021 CDC (Centers for Disease Control and Prevention) EHDI Hearing Screening and Follow-up Survey (HSFS) as baseline data in Year 1.

By March 2029:

- Increase by 1 percentage point from baseline per year, or achieve at least a 95 percent screening rate, whichever is lower, the number of infants that completed a newborn hearing screen no later than 1 month of age.
- Increase by 10 percentage points from baseline, or achieve a minimum rate of 85 percent, whichever is lower, the number of infants that completed a diagnostic audiological evaluation no later than 3 months of age.
- Increase by 15 percentage points from baseline, or achieve a minimum rate of 80 percent, whichever is lower, the number of infants identified as DHH that are enrolled in EI services no later than 6 months of age.

For more details, see Program Requirements and Expectations.

2. Background

Authority

The Early Hearing Detection and Intervention State/Territory program is authorized by 42 U.S.C. § 280g-1(a), Title III, § 399M(a) of the Public Health Service Act.

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*

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

Health Equity

Health equity is "the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality."[6]

Children and Youth with Special Health Care Needs Blueprint for Change

The *Blueprint for Change: A National Framework for a System of Services for Children and Youth with Special Health Care Needs* establishes a national agenda to ensure that every child gets the services they need to play, go to school, and grow up to become a healthy adult. The *Blueprint for Change* outlines strategies in four critical areas that will strengthen the systems serving CYSHCN: health equity; quality of life and well-being for CYSHCN and their families; access to services; and financing of services.

The *Blueprint for Change* provides a framework to guide EHDI programs as they move towards tracking long-term developmental outcomes, including language acquisition for DHH children. This work requires partnering with families, those with lived experience, health care and other service providers, payers, and others in the field to build state and system-level capacity.

Learn more by reading the Blueprint for Change Pediatrics Supplement.

Program Background

Approximately 1.8 of every 1,000[7] U.S. newborns are documented as being identified early as congenitally deaf or hard-of-hearing (DHH). Children continue to be identified as DHH through early childhood and by kindergarten the prevalence more than

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[6] 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.

[7] Centers for Disease Control and Prevention. (2022, September 29). 2020 Summary of Diagnostics Among Infants Not Passing Hearing Screening. Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/ncbddd/hearingloss/2020-data/06-diagnostics.html

doubles.[8] Despite success in achieving near-universal newborn hearing screening rates, significant gaps remain, including timely diagnostic audiological evaluation, enrollment in IDEA Part C/Early Intervention (EI) services, and reducing loss to follow-up and documentation (LTF/D). Additional challenges include limited family engagement, DHH-specific support services,[9] parent knowledge about availability and importance of EI,[10] and pediatric provider knowledge of the 1-3-6 recommendations.[11,12]

When children are identified as DHH early and provided timely and appropriate intervention services, they have better outcomes than children identified later in life—particularly in the areas of vocabulary development, receptive language, expressive language, and social-emotional development.[13, 14, 15, 16, 17] Early identification and intervention play a critical role in kindergarten readiness and long-term academic outcomes, such as reading proficiency.[18,19] To improve developmental outcomes for DHH children, state/territory EHDI systems must partner with early childhood systems and service providers to track long term outcomes for this population.

The *Blueprint for Change* emphasizes the value and importance of partnering with families and individuals with lived experience at all levels of care to improve family and

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[8] Watkin, P., & Baldwin, M. (2012). The longitudinal follow up of a universal neonatal hearing screen: The implications for confirming deafness in childhood. International Journal of Audiology, 51(7), 519–528. https://doi.org/10.3109/14992027.2012.673237

[9] Family Leadership in Language and Learning (2018). Needs Assessment Report. Retrieved from: https://www.handsandvoices.org/fl3/resources/docs/HV-FL3_NeedsAssessment_19Jul2018_Final-opt.pdf.

[10] United States Government Accountability Office Report to Congressional Requestors. (2011). Deaf and Hard of Hearing Children – Federal Support for Developing Language and Literacy. GAO-11-357

[11] American Academy of Pediatrics (AAP) Early Hearing Detection and Intervention (EHDI) Pediatrician Perspectives: Executive Summary. August 2018.

[12] American Academy of Pediatrics (AAP) Early Hearing Detection and Intervention (EHDI) Pediatrician Perspectives: Executive Summary. August 2018.

[13] Yoshinaga-Itano C, Sedey AL, Wiggin M, Chung W. Early Hearing Detection and Vocabulary of Children With Hearing Loss. Pediatrics. 2017 Aug;140(2):e20162964. doi: 10.1542/peds.2016-2964. Epub 2017 Jul 8. PMID: 28689189; PMCID: PMC5595069.

[14] Carren J. Stika, Laurie S. Eisenberg, Karen C. Johnson, Shirley C. Henning, Bethany G. Colson, Dianne Hammes Ganguly, Jean L. DesJardin, Developmental outcomes of early-identified children who are hard of hearing at 12 to 18 months of age, Early Human Development, Volume 91, Issue 1, 2015, Pages 47-55, ISSN 0378-3782, https://doi.org/10.1016/j.earlhumdev.2014.11.005.

[15] Harris AB, Seeliger E, Hess C, Sedey AL, Kristensen K, Lee Y, Chung W. Early Identification of Hearing Loss and Language Development at 32 Months of Age. Journal of Otorhinolaryngology, Hearing and Balance Medicine. 2022; 3(4):8. https://doi.org/10.3390/ohbm3040008

[16] Allen TE, Morere DA. Early visual language skills affect the trajectory of literacy gains over a three-year period of time for preschool aged deaf children who experience signing in the home. PLoS One. 2020 Feb 27;15(2):e0229591. DOI: 10.1371/journal.pone.0229591

[17] Tomblin, J. Bruce; Harrison, Melody; Ambrose, Sophie E.; Walker, Elizabeth A.; Oleson, Jacob J.; Moeller, Mary Pat. Language Outcomes in Young Children with Mild to Severe Hearing Loss. Ear and Hearing: 2015.36:76S-91S. doi: 10.1097/AUD.0000000000000219

[18] Jareen Meinzen-Derr, Susan Wiley, Wendy Grove, Mekibib Altaye, Marcus Gaffney, Ashley Satterfield-Nash, Alonzo T. Folger, Georgina Peacock, Coleen Boyle; Kindergarten Readiness in Children Who Are Deaf or Hard of Hearing Who Received Early Intervention. Pediatrics October 2020; 146 (4): e20200557. doi:10.1542/peds.2020-0557

[19] Yoshinaga-Itano C, Sedey AL, Wiggin M, Chung W. Early Hearing Detection and Vocabulary of Children With Hearing Loss. Pediatrics. 2017 Aug;140(2):e20162964. doi: 10.1542/peds.2016-2964. Epub 2017 Jul 8. PMID: 28689189; PMCID: PMC5595069.

child well-being and quality of life.[20] The EHDI system of services relies on partnership between families and providers where information provided to families is high quality, "accurate, comprehensive, up-to-date, and evidence-based,"[21] and communicated in an appropriate, timely, culturally sensitive way. Meeting the needs of DHH children and their families requires improved communication among health and other allied service professionals. Families with DHH children also benefit from family-to-family support and DHH adult to family support services.

II. Award Information

1. Type of Application and Award

Application type(s): Competing Continuation, New

We will fund you via a grant.

2. Summary of Funding

We estimate $13,865,000 will be available each year to fund up to 59 recipients. This includes 1 recipient in each of the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, Guam, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau). You may apply for a ceiling amount of up to $235,000 annually (reflecting direct and indirect costs). An additional $1,500,000, subject to the availability of funds, will be awarded to up to 20 recipients at $75,000 each to implement an optional 1-year EHDI Innovation Project.

You may apply for a ceiling amount of up to $310,000 annually (reflecting direct and indirect), including $235,000 base amount and an additional $75,000 for the Optional EHDI Innovation Project). 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 April 1, 2024 through March 31, 2029 (5 years).

This program notice depends on the appropriation of funds. If funds are appropriated for this purpose, we will proceed with the application and award process.

Support beyond the first budget year will depend on:

- Appropriation
- Satisfactory progress in meeting the project's objectives

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[20] Coleman, C. L., Morrison, M., Perkins, S. K., Brosco, J. P., & Schor, E. L. (2022). Quality of Life and Well-being for Children and Youth with Special Health Care Needs and Their Families: A Vision for the Future. Pediatrics, 149 (Supplement 7). https://doi.org/10.1542/peds.2021-056150g

[21] Early Hearing Detection and Intervention Act of 2017, Public Health Service Act, Title III, Section 399M (as added by P.L. 106-310, Sec. 702; as amended by P.L. 111-337 and P.L. 115-71. Retrieved from: https://www.congress.gov/115/plaws/publ71/PLAW-115publ71.pdf

- A decision that continued funding is in the government's best interest

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

If you've 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

- Any state
- District of Columbia
- Commonwealth of Puerto Rico
- Northern Mariana Islands
- Guam
- American Samoa
- U.S. Virgin Islands
- Micronesia
- Republic of the Marshall Islands
- Republic of Palau

In addition, you can apply if your organization is in the United States and is:

- Public or private, non-profit
- Community-based
- Tribal (governments, organizations, as those terms are defined at 25 U.S.C. § 450b)
    - Native American tribal governments (federally recognized) are eligible.
    - Native American tribal organizations (other than federally recognized tribal governments) are eligible.

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

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-24-036 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're 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 **60 pages** when we print them (includes a **55**-page limit for the EHDI State/Territory Base Program and a **5**-page limit for EHDI Innovation additional funding materials, Attachment 9). We won't 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 don't 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 don't count toward the page limit, we'll make this clear in Section IV.2.v. Attachments.

If you use an OMB-approved form that isn't in the HRSA-24-036 workspace application package, it may count toward the page limit.

Applications must be complete and validated by Grants.gov under HRSA-24-036 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- When you submit your application, you certify that you and your principals[22] (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.[23]
- If you can't certify this, you must include an explanation in *Attachment 10–15: Other Relevant Documents*.

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

Program Requirements and Expectations

To maintain and strengthen the EHDI system of services, recipients are expected to (1) conduct activities throughout the period of performance to ensure the 1-3-6 guidelines are followed; and (2) conduct activities that advance the EHDI system to ensure all children identified as DHH improve language acquisition outcomes. To achieve this long-term outcome, recipients are expected to conduct activities in two phases:

- Phase I: Planning
- Phase II: Implementation and Building Sustainable Practices

Throughout the period of performance:

Successful recipients are expected to propose methods and strategies to achieve the following:

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[22] 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).
[23] See also 2 CFR parts 180 and 376, 31 U.S.C. § 3354, and 45 CFR § 75.113.

- Annually, at a minimum, convene a state/territory EHDI advisory committee[24] to guide the overall program. A minimum of 25 percent of the committee should be comprised of parents of DHH children and DHH adults.
- Develop, maintain, and promote a website or webpage for the state/territory program that is user-friendly, 508 compliant, with culturally appropriate information for families and professionals. The site must highlight accurate, comprehensive, up-to-date, evidence-based information to allow families to make important decisions for their children, including decisions with respect to the full range of assistive hearing technologies and communication modalities, as appropriate.
- Participate in the annual grantee meeting for state/territory EHDI Coordinators and Family Leaders, where you will budget for at least one or two staff (could include early intervention/IDEA Part C staff) and at least one Family Leader to attend.
- Participate in technical assistance, training, learning collaboratives, and other activities facilitated by the EHDI National Network (HRSA-24-035). Participation with the EHDI National Network can include but is not limited to developing and refining state determined objectives, developing a statewide infrastructure plan and work plan, data collection and reporting mechanisms, improving family engagement and leadership, and provider engagement and education. State/territory programs must report data to the Network, as needed or requested.
- Develop and implement a monitoring and evaluation plan to track progress to achieve project goals and objectives. These activities should be ongoing, and data should be shared in the annual progress and final reports. Use data to inform project activities, enhance program capacity, policy and systems building efforts. Submit patient level data (when applicable) and annual data to the CDC Annual Hearing Screening Follow-Up Survey, which is shared with HRSA.

Phase I – Planning: Phase I will take place in year one (1) of funding. This phase includes an assessment and analysis of the infrastructure to support your state/territory EHDI program to achieve the long-term goal to improve language acquisition outcomes for DHH children up to age 3 (plan described below). This includes establishing and maintaining partnerships necessary to track and report referrals and enrollment into services. Partners should include but are not limited to: health professionals, audiologists, speech language pathologists, EI providers, early care and education programs (for example, Early Head Start), state newborn screening programs, home visiting programs, professional provider organizations, birthing centers, hospitals and health systems, and other related state and local organizations who serve DHH children

[24] See appendix

and their families. Phase I should also include an assessment of how your EHDI-Information System (IS)[25] will collect data and track project performance.

At the end of Phase 1/Year 1, you will provide a statewide infrastructure plan to the EHDI National Network (HRSA-24-035) that describes the following:

- System-level gaps in your current infrastructure for 1-3-6 recommendations on screening, identification, enrollment to EI up to age 3.
- Readiness and capacity to implement activities to achieve your state/territory identified objectives, including data capacity and interoperability with other service sectors, partners, and supportive policies, etc.
- Underserved[26] populations and communities in your state.
- Needs of families served by your state/territory EHDI system, including family-to-family support and DHH consumer-to-family support.
- State/territory EHDI program role in building statewide capacity to screen children up to age 3.
- Mechanisms to increase access to language supports in DHH children up to age 3.
- Logic model presenting your conceptual framework to achieve project goals and objectives.
- Mechanisms to sustain project funding once HRSA funding ends.
- Work plan that outlines prioritized activities and identifies process and outcomes measures to reach state determined objectives. This work plan can be revised based on emerging needs identified in your state.

Phase II – Implementation and Building Sustainable Practices

Phase II will take place in years two (2) through five (5) of funding. This phase will focus on implementing and sustaining activities prioritized in the statewide infrastructure plan developed in Phase I. Guided by your state's/territory's needs and identified priorities, implementation should include the following:

- Engage all EHDI system stakeholders to improve language acquisition outcomes for DHH children.
- Strengthen the relationship with state/territory early intervention providers, which could include the IDEA Part C program at either the local and/or state level, through:
    - Developing and implementing data sharing agreements

[25] See appendix
[26] See appendix

- Maintaining mechanisms for formal communication, training, and referrals
- Maintaining referral mechanisms to early intervention services
- Collecting, tracking, and monitoring annual progress to reduce disparities in language acquisition outcomes for underserved populations using an EHDI Information System (EHDI IS), using disaggregated data to identify populations and address disparities.
- Promoting and supporting the development of resources, trainings, educational materials and/or other initiatives to reduce/eliminate the barriers to access EHDI services for underserved populations.

- Support and engage families with DHH children and DHH adults throughout the development, implementation, and evaluation of your state/territory EHDI program, through.
    - Conducting outreach and education to inform families about opportunities to engage with the EHDI system and collaborate with leaders and policy makers to address challenges and provide solutions.
    - Designating a point person to serve as Family Engagement Liaison, as your state/territory EHDI program's family lead for support and engagement activities. This individual will also coordinate and communicate with the Family Leadership in Language and Learning Center about state/territory needs.
    - At a minimum, allocating 20 percent* of awarded grant funds for family engagement and family support activities.[27]
- Engage and train health professionals and service providers in the EHDI system about the 1-3-6 recommendations; the need for hearing screening up to age 3; the benefits of a family-centered medical home; the importance of communicating accurate, comprehensive, up-to-date, evidence-based information to families; and the importance of enrolling children in early intervention services to increase access to language acquisition supports, through:
    - Developing partnerships and conducting outreach with health professionals and other allied service providers in the EHDI system.
    - Facilitating partnerships among families, health care professionals, and service providers to ensure that providers have up-to-date, evidence-based information to engage with families, including families that are traditionally underserved.

[27] See Appendix
*States/territories with a birth rate below 5,000 may allocate 10 percent for family support and engagement activities.

- Identify and measure practices and initiatives that improve access to language acquisition supports for DHH children up to age 3. Develop a plan to scale up these efforts to ensure all children identified as DHH in your state/territory are meeting language outcomes.
- Identify mechanisms, including financial support, that will allow your program to maintain or expand system-building efforts beyond the project period.

Optional EHDI Innovation Project

As part of this funding opportunity, you may also apply for an optional 1-year EHDI Innovation Project. Based on availability of funds, up to 20 competitive awards will be used to support innovative system enhancement efforts to build state/territory-level data and measurement capacity to improve language acquisition for DHH children identified up to age 3. This award should enhance your EHDI program's data capacity by accelerating your ability to collect and analyze data through the application of implementation science and change management in peer-to-peer learning collaboratives.

Optional projects could include:

- Building data system capacity and interoperability
- Identifying measures, developing, and collecting language acquisition data

Additional details in the Approach section.

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. Don't 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*

Narrative Section	Review Criteria
Organizational Information	*Criterion 2: RESPONSE* *Criterion 3: EVALUATIVE MEASURES* *Criterion 4: IMPACT* *Criterion 5: RESOURCES/CAPABILITIES* *Criterion 6: SUPPORT REQUESTED*
Need	*Criterion 1: NEED*
Approach	*Criterion 2: RESPONSE* *Criterion 3: EVALUATIVE MEASURES* *Criterion 4: IMPACT* *Criterion 6: SUPPORT REQUESTED*
Work Plan	*Criterion 2: RESPONSE* *Criterion 4: IMPACT*
Resolution of Challenges	*Criterion 2: RESPONSE*
Evaluation and Technical Support Capacity	*Criterion 3: EVALUATIVE MEASURES* *Criterion 4: IMPACT* *Criterion 5: RESOURCES/CAPABILITIES* *Criterion 6: SUPPORT REQUESTED*
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 including how you will improve language acquisition outcomes for DHH children in your state/territory by age 3.

- *Organizational Information -- Corresponds to Section V's Review Criteria 2: Response, 3: Evaluative Measures, 4: Impact, 5: Resources/Capabilities, and 6: Support Requested*

    - Succinctly describe your organization's current mission, structure, experience working with the EHDI system 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.
    - Describe how these elements all contribute to the organization's ability to meet the Program Requirements and Expectations. Include an organizational chart (*Attachment 5*) and staffing plan and job descriptions for key personnel (*Attachment 2*).
    - Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.
    - Describe your ability to facilitate partnerships with and engage families, Deaf-led organizations, health professionals, and allied service providers, particularly those from underserved communities.

- *Need-- Corresponds to Section V's Review Criterion 1: Need*

  This section will help reviewers understand the population of DHH children and their families, your state/territory EHDI system of services, and the communities you will serve with the proposed project. Use and cite data (for example, CDC Hearing Screening and Follow-up Survey and EHDI IS data) whenever possible to support the information provided.

    - Describe how your state/territory is performing regarding 1-3-6 recommendations, including the number of births.
    - Describe the needs of DHH children up to age 3 in your state/territory and their families, particularly communities who are underserved and have unmet health and social needs.
    - Describe your state/territory EHDI system of services, infrastructure (including data and data systems), relationships with key stakeholders, partnerships with family-based organizations, Deaf-led organizations/entities, and other statewide MCH programs.

- *Approach -- Corresponds to Section V's Review Criteria 2: Response, 3: Evaluative Measures, 4: Impact, and 6: Support Requested*

  Propose innovative and feasible methods and strategies that will be used to address the stated needs and meet the Program Requirements and Expectations. As appropriate, include the development of effective resources and tools to

achieve activities throughout the period of performance, Phase I (Planning) and Phase II (Implementation and Building Sustainable Practices).

Describe methods and strategies you will use to achieve the following:

Years 1–5

- Strengthen your state/territory EHDI system of services including collecting, analyzing, and reporting on the 1-3-6 recommendations and loss to follow-up/loss to documentation data.
- Convene a state/territory EHDI advisory committee,[1] that includes parents of DHH children and DHH adults.
- Develop and maintain a website that is user-friendly, 508 compliant, and is culturally appropriate.
- Participate in the Annual Early Hearing Detection and Intervention (EHDI) Coordinators Grantee Meeting.
- Participate in technical assistance, training, and learning collaboratives facilitated by the Network Centers (HRSA-24-035).
- Sharing relevant data and resources with the Network Centers.

- Phase I- Planning
  - Develop a statewide infrastructure plan (including the use of an EHDI IS) to address all components described in the Program Requirements and Expectation section.
  - Describe how your proposed methods and activities in the statewide infrastructure plan will impact your EHDI system of services.
- Phase 2- Implementation and Building Sustainable Practices
  - Describe how the identified needs in Phase I will be addressed during Phase II.
  - Identify and maintain partnerships with EHDI system stakeholders to improve language acquisition outcomes for DHH children.
  - Support engagement of families with DHH children and DHH adults throughout the EHDI system of services.
  - Improve data sharing with your state/territory program and early intervention (EI) providers.
  - Implement state or local-level data systems, which could include EHDI IS, and processes you will use to collect, track, and monitor progress to improve your ability to monitor language acquisition outcomes.

- Engage and educate health care professionals and service providers in the EHDI system.
- Measure and scale up implementation of practices and initiatives that improve access to language acquisition for DHH children up to age 3 and how you will financially support and/or maintain these efforts.

Optional EHDI Innovation Project *(not scored during merit review)*

To be considered for the optional project, submit a proposal (including a description of the need and proposed methods work plan, budget, and budget narrative for a 1-year activity to build state/territory-level data and measurement capacity to improve language acquisition outcomes for DHH children.

The plan should be innovative and lend itself to a promising practice in advancing data collection and reporting language outcomes for children identified as DHH. Please refer to the Program Requirements and Expectation section for a full description. If you apply for this optional project, the plan and budget should be included in *Attachment 9* and no longer than 5 pages. The proposed EHDI innovation project should not require a long period of start-up time and be implemented within 6 months of the award. This portion of the proposal will be evaluated separately from the rest of the application by HRSA staff.

If awarded, the Optional EHDI Innovation Project amount will be on the notice of award (NOA).

- *Work Plan (Attachment 1) -- Corresponds to Section V's Review Criteria 2: Response and 4: Impact*
  - Describe the activities or steps that you will use to achieve each of the activities proposed during the entire period of performance in the Approach section. Use a timeline that includes each activity and identifies responsible staff in each Phase of the proposed project.
  - As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application.
- *Resolution of Challenges -- Corresponds to Section V's Review Criterion 2: Response*

  Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.
- *Evaluation and Technical Support Capacity -- Corresponds to Section V's Review Criteria 2: Response, 3: Evaluative Measures, 4: Impact, 5: Resources/ Capabilities and 6: Support Requested*
  - Describe how your state/territory Core and State/Territory Determined Objectives will be monitored, tracked, and reported throughout the

project period. Data for the 1-3-6-Benchmarks and State/Territory Determined Objectives will be established and submitted within the first year of the project, then collected and reported annually for the duration of the project to monitor and evaluate overall effectiveness of the program. Describe the expected outcomes for the proposed project, including improving language acquisition for DHH children.

- Describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (for example, organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.
- Describe the systems and processes that will support your state/territory's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (for example, assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes, including Core and State Determined Objectives.
- Describe current evaluation experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Include a staffing plan and job descriptions for key personnel (*Attachment 2*).

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 Consolidated Appropriations Act, 2023 (P.L. 117-328), 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." Effective January 2023, the salary rate limitation is $212,100. 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.*

In addition, the EHDI State/Territory Program requires the following:

A. At a minimum, use 20 percent* of your funds to support family engagement and family support activities. Possible activities include: 1) providing funds to a statewide family-based organization(s) or program(s) that provide(s) family support services to families with DHH children; 2) conducting family engagement and family support activities within the state/territory EHDI Program if led by DHH adult consumers or families of DHH children; or 3) a combination of contracted and state/territory EHDI Program family engagement and support activities. Below is a list of possible activities:

    i. Programs and activities that provide direct family-to-family support services to parents and families with a child newly identified as DHH.

    ii. Programs and activities that provide direct DHH adult consumer-to-family support services to parents and families with a child newly identified as DHH.

    iii. Stipends to Family Leaders who have a DHH child to participate on the state/territory EHDI advisory committee.

    iv. Salary for Family Leaders who have a DHH child or DHH adult consumers to serve as a staff member for the EHDI Program conducting family engagement and family support.

    v. Other family support activities, pending approval from HRSA.

B. Budget for one or two staff (staff could include a representative from the state/territory early intervention/IDEA Part C program) and one Family Leader to attend the Annual EHDI Coordinator's Grantee Meeting for Early Hearing Detection and Intervention (EHDI) Coordinators and Family Leaders. Travel for the Family Leader must be supported by the EHDI Program and is not included in the mandatory minimum requirement of funds specified for family engagement and support.

C. Use no more than 5 percent of funding to purchase or maintain hearing screening equipment.

D. Include the cost of access accommodations as part of your project's budget. This includes but is not limited to sign language interpreters; plain language and health literate print materials in alternate formats (including Braille, large print,

*States/territories with a birth rate below 5,000 may allocate 10% for family support and engagement activities.

etc.); and cultural/linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings, clinical encounters, and conferences.

E. **Optional EHDI Innovation Project:** You may also apply for funds to support innovative efforts to build state/territory-level data capacity to address language acquisition for children identified as DHH up to age 3. Include a 1-year budget of up to $75,000. Should you choose to apply for this optional project, the approach, work plan, budget, and budget narrative should be included in *Attachment 9*.

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 won't count toward the page limit.

Clearly label each attachment. Upload attachments into the application. Reviewers won't open any attachments you link to.

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

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

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

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in *Attachment 2*, not to exceed two pages in length 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 4: 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 5: Project Organizational Chart

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

Attachment 6: Tables, Charts, etc.

This attachment should give more details about the proposal (for example, Gantt or PERT charts, flow charts).

Attachment 7: 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 8: Proof of Non-profit Status (Does not count against the page limit)

Attachment 9: Optional EHDI Innovation Project ***(not scored during merit review)***

Provide a plan and budget for the Optional EHDI Innovation Project as described in Section IV: Narrative and Program Requirements and Expectations. The attachment may be up to 5 pages in length. Please include a separate budget using the SF-424A for this attachment.

Attachments 10–15: Other Relevant Documents

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.[28]

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

We won't make an award until you comply with all relevant SAM requirements. If you haven't 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

[28] 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)).

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.
- 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 don't 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 *November 6, 2023, 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 EHDI State/Territory program doesn't need to 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 H of the Consolidated Appropriations Act, 2023 (P.L. 117-328) 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. Our process helps you understand the criteria we use in our review. 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 EHDI state/territory program 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

The extent to which the application demonstrates the needs of DHH children, progress on the 1-3-6 recommendations, barriers to achieving language acquisition outcomes, state/territory EHDI program infrastructure, and partnerships with key stakeholders, including family-based organizations and Deaf-led organizations/entities.

Criterion 2: RESPONSE (40 points) – Corresponds to Section IV's , Organizational Information, Approach, Work Plan, and Resolution of Challenges

Sub-criterion 1: Response to the Purpose section (15 points)

- The extent to which the proposed project responds to the Purpose included in the program description.
- The strength of the proposed goals and objectives and their relationship to the identified project—this includes a description identifying the (1) State Determined Objectives and (2) 1-3-6-Benchmarks listed in the Program Objectives section.
- The thoroughness of the work plan describing the theory of change for the proposed project and timeline for program implementation.
- The extent to which potential project challenges are described and approaches to resolve them.

Sub-criteria 2–4: The thoroughness, feasibility, and applicability of the methods and activities proposed to address the items described within the Approach section:

Sub-criterion 2: Years 1–5 activities to be implemented throughout the project period including: strengthening a coordinated EHDI system to ensure the 1-3-6 recommendations are met; collecting and reporting data; convening an advisory committee; developing an appropriate website' and participating with the Network Centers. (10 points)

Sub-criterion 3: Phase 1—Planning activities that include creating a statewide infrastructure plan. (5 points)

Sub-criterion 4: Phase 2—Implementation activities that will improve language acquisition for DHH children up to age 3, including collaborating with EHDI system stakeholders, supporting family engagement, data sharing with EI providers, training health care professionals and service providers and overall implementation of the statewide infrastructure plan. (10 points)

Criterion 3: EVALUATIVE MEASURES (20 points) – Corresponds to Section IV's Organizational Information, Approach, and Evaluation and Technical Support Capacity

The strength and effectiveness of the proposed performance measurement and evaluation plan, which 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 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 program's purpose and are adequate to assess performance and progress towards the program goals and objectives.
- The strength and effectiveness of the evaluation plan and 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, used to demonstrate the program's outcomes, and used for continuous program quality improvement.
- The applicant's capacity to collect, track, manage, and report proposed and required data over time, including available resources, systems, and processes.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's Organizational Information, Approach, Work Plan, and Evaluation and Technical Support Capacity

The extent to which the proposed project has a public health impact and the project will be effective, if funded. This may include the effectiveness of plans for dissemination of project results, the impact of the results on DHH children and their families, the extent to which project impacts language acquisition outcomes for DHH children up to age 3, the degree to which the project activities are replicable, and the sustainability of the

program beyond federal funding. See Program Requirements and Expectations. This also includes the extent to which the proposed project:

- Describes project sustainability and diffusion of replicable practices after the period of federal funding ends.
- The extent to which the activities described in the application can address the problem and achieve project objectives.

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

The extent to which the project personnel are qualified by training and/or experience to implement and carry out the project and understand the applicant's state/territory EHDI system of services, and data collection and systems.

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

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the activities, and the anticipated results, including:

The extent to which the applicant:

- Outlines a reasonable budget and required resources, given the scope of work.
- Identifies key personnel and allocates adequate time to the project to achieve project objectives.
- Describes funding to support at least one, but no more than two, staff and one Family Leader to attend the Annual EHDI Coordinator's Grantee Meeting. States/territories have the option of including a representative from an early intervention provider or IDEA Part C program as the second staff person to attend the Annual EHDI Meeting.
- Allocates at least 20 percent of the awarded budget to statewide family engagement and family support activities.
- Uses no more than 5 percent of funding to purchase or maintain hearing screening equipment.
- Allocates funds for accessibility accommodations.

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

Selection includes 1 recipient in each of the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, Guam, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau).

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)
- 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 don't 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 can't appeal them to any HRSA or HHS official or board.

We review information about your organization in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may comment on anything that a federal awarding agency previously entered about your organization. We'll consider your comments, and other information in FAPIIS. We'll use this to judge your organization's integrity, business ethics, and record of performance under federal awards when we complete the review of risk. We'll report to FAPIIS if we decide not to make an award because we have determined you do not meet the minimum qualification standards for an award (45 CFR § 75.212).

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 or started during the award period, with the exception of the termination provisions, which have been superseded by 2 CFR § 200.340(a)(1)-(4), effective on or after August 13, 2020.
- 2 CFR § 200.340(a)(1)-(4) apply to this award. No other termination provisions apply.
- Other federal regulations and HHS policies in effect at the time of the award or started during the award period. 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

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 HHS Office for Civil Rights website.

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

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.

If it applies, the NOA will address HRSA's rights regarding your award.

Health Information Technology (IT) Interoperability Requirements

Successful applicants under this NOFO agree that:

Where award funding involves:	**Recipients and subrecipients are required to:**
Implementing, acquiring, or upgrading health IT for activities by any funded entity	Use health IT that meets standards and implementation specifications adopted in 45 CFR part 170, Subpart B, if such standards and implementation specifications can support the activity. Visit https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-D/part-170/subpart-B to learn more.
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101,	Use health IT certified under the ONC Health IT Certification Program, if certified technology can support the activity. Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more.

Where award funding involves:	Recipients and subrecipients are required to:
4102, and 4201 of the HITECH Act	

If standards and implementation specifications adopted in 45 CFR part 170, Subpart B cannot support the activity, recipients, and subrecipients are encouraged to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at https://www.healthit.gov/isa/.

3. Reporting

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

1) **DGIS Performance Reports.** 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. 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-24-036&ActivityCode=H61.

   Please be advised the administrative forms and performance measures for MCHB discretionary grants are being 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	April 1, 2024—March 31, 2029 *(administrative data and performance measure projections, as applicable)*	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	April 1, 2024—March 31, 2025 April 1, 2025 – March 31, 2026 April 1, 2026 – March 31, 2027 April 1, 2027 – March 31, 2028	Beginning of each budget period (Years 2–5, as applicable)	120 days from the available date
c) Project Period End Performance Report	April 1, 2028—March 31, 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 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:

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

Program issues or technical assistance:

Sandra Battiste, MPH
Project Officer, Division of Services for Children with Special Health Needs
Attn: Early Hearing Detection and Intervention Program
Maternal and Child Health Bureau
Health Resources and Services Administration
Call: 301-443-0223
Email: SBattiste@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: Glossary of Key Terms

For the purposes of this funding opportunity:

- **Advisory Committee:** The membership of the committee should represent stakeholders across the EHDI system, including health care professionals (for example, clinicians who deliver pediatric primary care, pediatric specialists, nurses, EI providers, audiologists, etc.), parents/families of DHH children, DHH individuals, and educators/teachers of DHH children. The advisory committee should also include organizations that serve families of DHH children and other MCH-early childhood programs.
- **Change management:** The application of a structured process and set of tools for leading the people side of change to achieve a desired outcome.[29]
- **Children and youth with special health needs (CYSHCN)**: Children who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions. They also require health and related services of a type or amount beyond that required by children generally.[30]
- **Children who are deaf and hard-of-hearing (DHH)**: This notice of funding opportunity uses language consistent with the EHDI legislation. This includes the terms “children who are deaf and hard-of-hearing,” “deaf and hard-of-hearing children,” and “children identified as deaf or hard-of-hearing.”
- **Deaf/Hard-of-hearing**: Deaf and hard-of-hearing or DHH are used in this document to represent the entire spectrum of children with varying hearing levels (from mild to profound) and laterality and is intended to be inclusive of those who have other disabilities and/or conditions.
- **EHDI Information System (IS)**: An important tool that supports EHDI programs in their work to ensure that all deaf and hard-of-hearing (D/HH) infants and young children are identified early and receive intervention services. These systems can also provide a variety of relevant data reports that aid in surveillance and program performance assessments.[31]
- **EHDI system of services**: The EHDI system of services refers to families, consumers, providers, services, and programs that work towards developing coordinated and comprehensive state and territory systems so that families with newborns, infants, and young children who are deaf or hard-of-hearing receive

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[29] Lee, T. P. (2017). Discussing Change Management in Public Health. Retrieved from https://phnci.org/journal/discussing-changemanagement-in-public-health
[30] McPherson M, Arango P, Fox H, et al. A new definition of children with special health care needs. *Pediatrics*. 1998;102(1 Pt 1):137-140. doi:10.1542/peds.102.1.137
[31] Centers for Disease Control and Prevention (2021). The EHDI Information System: Overview and Key Considerations. https://www.cdc.gov/ncbddd/hearingloss/guidancemanual/chapter1.html

appropriate and timely services that include hearing screening, diagnosis, and intervention.

- **EHDI 1-3-6 Recommendations**: recommendations for all infants to have their hearing screened no later than 1 month of age; for those infants who do not pass the initial newborn hearing screen, a diagnostic audiological evaluation should be completed no later than 3 months of age; and infants confirmed to be DHH should be referred for enrollment in EI services no later than 6 months of age.[32]
- **Family engagement**: Defined as "patients, families, their representatives, and health professionals working in active partnership at various levels across the health care system to improve health and health care."[33]
- **Family support**: Defined as "the practices that ensure that the holistic nature of the process for families is sustained through the timelines, policies and procedures by the varying entities that the family encounters through hearing screening, diagnosis, EI, and beyond."[34]
- **Family Engagement and Family Support Activities**:
    a. Statewide family-based organization(s) or program(s) that provide(s) family support services to families with DHH children
    b. Conduct family engagement and family support activities within the state/territory EHDI Program if led by DHH adult consumers or families of DHH children
    c. Programs and activities that provide direct family-to-family support services to parents and families with a child newly identified as DHH.
    d. Programs and activities that provide direct DHH adult consumer-to-family support services to parents and families with a child newly identified as DHH.
    e. Stipends to Family Leaders who have a DHH child to participate on the state/territory EHDI advisory committee.
    f. Salary for Family Leaders who have a DHH child or DHH adult consumers to serve as a staff member for the EHDI Program conducting family engagement and family support activities.

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[32] Joint Committee on Infant Hearing, (2007) Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs. Pediatrics Oct 2007, 120 (4) 898-921; DOI: 10.1542/peds.2007–2333.
[33] Carman, K.L., Dardess, P., Maurer, M., Sofaer, S., Adams, K., Bechtel, C., & Sweeney, J. (2013). Patient and family engagement: A framework for understanding the elements and developing interventions and policies. Health Affairs, 32(2), 223-231).
[34] Global Coalition of Parents of Deaf/Hard of Hearing Children (2010). Position Statement and Recommendations for Family Support in the Development of Newborn Hearing Screening Systems (NHS)/Early Hearing Detection and Intervention (EHDI) Systems Worldwide.

g. Other family support activities, pending approval from HRSA.

- **Health care and allied service professionals:** Professionals who screen, diagnose, and provide services to infants, children, and families interacting with the EHDI system.
- **Hearing screening**: Hearing screening refers to the process of initial screening, diagnosis, and enrollment into early intervention (EI) services.
- **Implementation science:** The scientific study of methods to promote the systematic uptake of research findings and other evidence-based practice into routine practice and, hence, to improve the quality and effectiveness of health services.[35]
- **Language acquisition**: The development of the comprehension and use of language, which includes spoken, written, and/or other communication symbol systems.[36]
- **Provider**: A health professional and/or service provider refers to pediatricians, otolaryngologists, nurses, audiologists, speech language pathologists, early interventionists, and any other professionals involved in the EHDI system of care.
- **Underserved Populations**: Populations sharing a particular characteristic, as well as geographic communities, which have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life.[37]
- **Early Hearing Detection and Intervention (EHDI) National Centers (HRSA-24-035)**: include three centers that will demonstrate national leadership through technical assistance and training (TA/T), policy analysis and assessment, partnership building, communication, dissemination, and evaluation. The three focus areas include:

    a. **Implementation and Change Center** (ICC) will support state/territory EHDI programs using implementation science and change management methods to improve the EHDI system of services.

    b. **Family Leadership in Language and Learning Center** (FL3) will increase state capacity for family-to-family support, develop family

[35] Eccles, M.P & Mittman, B.S. (2006) Welcome to Implementation Science, Available at https://implementationscience.biomedcentral.com/articles/10.1186/1748-5908-1-1 (Last accessed February 7, 2023)
[36] American Speech-Language-Hearing Association. Language in Brief. American Speech-Language-Hearing Association. Retrieved from https://www.asha.org/practice-portal/clinical-topics/spoken-language-disorders/language-in-brief/#:~:text=Language%20is%20a%20rule-governed,e.g.%2C%20American%20Sign%20Language
[37] 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

leadership skills, and engage DHH adults as mentors to families across state/territory EHDI programs and other EHDI system stakeholders.

c. **Provider Education Center** (PEC) will improve confidence and training for health care and allied service professionals who screen, diagnose, and provide services to infants, children, and families interacting with the EHDI system.

- **Pediatric Audiology Competitive Supplement to Leadership Education in Neuro-developmental and Related Disabilities (LEND) Program (HRSA-21-042):** Supports the clinical and leadership training of pediatric audiology trainees within LEND programs as well as continuing education for practicing professionals.