FREQUENTLY ASKED QUESTIONS (FAQs)

for

Community Level Innovations for Improving Health Outcomes Initiative

Opportunity Number: MP-CPI-24-001

Prospective applicants should review the NOFO in its entirety.

#	Question & Response	NOFO Page Reference
1. ELIGIBILITY		
1a	**What applicants are eligible and how will they be defined for this funding opportunity?**	
	Any private nonprofit or public entity located in a State is eligible to apply for an award under this NOFO. "State" includes, in addition to the several States, only the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Trust Territory of the Pacific Islands, and any agency or instrumentality thereof exclusive of local governments. (42 U.S.C. § 201(f) (PHS Act, Section 2(f)), 45 C.F.R. § 75.2). Eligible entities include private nonprofit or public faith-based organizations, community-based organizations, and American Indian/Alaska Native/Native American (AI/AN/NA) organizations. Additional examples of eligible Organizations include: • State governments • County governments • City or township governments • Special district governments • Independent school districts • Public and State controlled institutions of higher education • Native American tribal governments (Federally recognized) • Public housing authorities/Indian housing authorities • Native American tribal organizations (other than Federally recognized tribal governments) • Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education	10
1b	**Are eligible communities just those with high proportions of racial and ethnic minorities? Who will decide?**	
	All eligible entities that submit applications will advance through the screening process, and those with eligible applications, will advance to objective review. Your statement of need and the data you present to	32-34

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	support it and other required elements are vital in determining how well your application does in the merit review process. The Deputy Assistant Secretary for Minority Health will provide recommendations for funding to the Grants Management Officer to conduct risk analysis. In providing these recommendations, the Deputy Assistant Secretary for Minority Health will take into consideration the following additional factors: • Balance of SDOH domains and chosen Leading Health Indicators (LHIs). • Geographic distribution of projects. Grants and Acquisitions Management (GAM) Division will evaluate, in accordance with 45 C.F.R. § 75.205, each application recommended for funding by the program official indicated in Review and Selection Process for risks before issuing an award. This evaluation may incorporate results of the evaluation of eligibility or the quality of an application. Upon completion of risk analysis and concurrence of the Grants Management Officer, OASH will issue Notices of Award. No award decision is final until a Notice of Award is issued. All award decisions, including the level of funding if an award is made, are final and you may not appeal.	
1c	**Would multiple implementation sites in different geographic areas using the same intervention be eligible?**	
	The geographic site(s) for project implementation is to be determined by the prospective applicant. To be considered for review, applications must be responsive to the Expected Performance Goals and Outcomes and the Application Responsiveness Criteria.	7-9, 11
1d	**Are for-profit organizations eligible to participate in this funding opportunity?**	
	No. Only public or private nonprofit entities.	10
1e	**Are there any other criteria used to qualify applications?**	
	Yes. Your application will be disqualified if it does not clearly state two Social Determinants of Health (SDOH) domains and at least one but no more than two LHIs that will be the focus of the proposed innovation.	11
2. PREPARING TO APPLY		
2a	**What is the deadline for submitting an application in response to this funding opportunity?**	
	Applications are due May 15, 2024, by 6:00 PM Eastern Time. To receive consideration, you must submit your application electronically via Grants.gov no later than this due date and time.	26

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	Your submission time will be determined by the date and time stamp provided by Grants.gov when you complete your submission. If you fail to submit your application by the due date and time, we will not review it, and it will receive no further consideration.	
2b	**Is a Letter of Interest (LOI) required or recommended?**	
	No. LOIs are not required or recommended for this NOFO.	
2c	**Where can I find the NOFO and related documents?**	
	To locate the NOFO, go to www.grants.gov and click the "Search Grants" tab in the upper left of the screen. On the next screen, look for the "BASIC SEARCH CRITERIA" fields under SEARCH GRANTS header in the upper left corner. Enter "MP-CPI-24-001" in the Opportunity Number field and click the SEARCH button.	
2d	**How can I stay up to date on any updates or changes to the notice of funding opportunity (NOFO), additional information and resources, and other developments?**	
	The best way to stay up to date is to subscribe to this NOFO on grants.gov. Please go to www.grants.gov and click the "Search Grants" tab in the upper left of the screen. On the next screen, look for the "BASIC SEARCH CRITERIA" fields under SEARCH GRANTS header in the upper left corner. Enter "MP-CPI-24-001" in the Opportunity Number field and click the SEARCH button. Click on the link under the Opportunity Number header. You will see a red "Subscribe" icon in the right corner. You will then be prompted to either enter your username and password or establish one, after which you'll be able to subscribe and get alerts.	
2e	**Who should I contact if I still have questions about the NOFO?**	
	Who to contact will depend on the nature of your question. For programmatic questions, contact Paul Rodriguez at Paul.Rodriguez@hhs.gov. Please copy Duane Barlow on your email. For financial and grants-related questions, contact Duane Barlow at Duane.Barlow@hhs.gov. Please copy Paul Rodriguez on your email.	44
2f	**Who should I contact if I have issues with the grants.gov portal or the electronic application process?**	
	Please contact Grants.gov Applicant Support:	44

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	Email: support@grants.gov Telephone: 1-800-518-4726	
2g	**What registrations are needed to apply to this funding announcement?**	
	Your organization must register online in the System for Award Management (SAM). Grants.gov will reject submissions from applicants with nonexistent or expired SAM Registrations. A step-by-step description of the requirements for registering your organization to be able to apply for this and other funding announcements, along with the expected time for each step, can be found here: https://www.grants.gov/applicants/applicant-registration.	25-26
2h	**Do contracted partners or subcontractors need to be SAM certified?**	
	Per section D. APPLICATION AND SUBMISSION INFORMATION, 4. Unique Entity Identifier and System for Award Management (SAM) of the NOFO: If you anticipate applying for this opportunity, ensure your organization has an active registration SAM well before the application deadline and that it will be active through the competitive review period. We will not provide deadline extensions for applicants based on delayed registrations. We cannot make an award unless you have an active SAM registration. In accordance with 2 C.F.R. § 25.205, if you have not complied with this requirement, we: • May determine that you are not qualified to receive an award; and • May use that determination as a basis for making an award to another applicant. Should you successfully compete and receive an award, all first-tier subrecipients must have a UEI number at the time you, the recipient, make a subaward to them.	25
2i	**Can you explain the page limits? What does or does not count for which limits?**	
	Your project narrative is limited to 30 pages and does not include your Project Abstract Summary. Since your project narrative plus appendices cannot exceed 50 pages, that leaves 20 pages for your appendices. The appendices should include the items listed here: • Work Plan • Logic Model • Project Population(s) of Focus • Memorandums of Agreement and/or Letters of Commitment • Organizational Chart	11-12

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	• Curriculum Vitae/Resume for Key Project Personnel • References Cited You must submit these appendices as a single electronic file uploaded to the Attachments section of your Grants.gov application. The SF-424, SF-424A, SF-424B, SF-LLL, Project Abstract Summary, and Budget Narrative (including budget tables) do not count towards your 50-page limit.	
2j	**Are applicants required to submit memorandums of agreement (MOAs) and Letters of Commitment (LOCs)?**	
	If available at the time of submission, signed MOAs or signed LOCs may be submitted for each partner (or one signed MOA with all partners) and include specific roles, responsibilities, resources, and contributions of partner(s) to the project. If the applicant is unable to submit signed MOAs, the applicant may submit an unsigned MOA(s). If you are not providing these documents with your application, please indicate the anticipated date that you will have fully executed documents available for submission. Fully executed MOAs and data sharing agreements identified for essential roles in the project will be required within the first 30 days of the period of performance.	23-24
2k	**Are applicants required to submit detailed budgets for Sub-Awardees/Subrecipient as part of the application?**	
	Yes. Subrecipient/contract and consultant activities must be described in sufficient detail to describe accurately the project effort that each will conduct.	20-22
2l	**Are major medical equipment, construction, or vehicles eligible expenses**	
	Awards under this NOFO will fund social and supportive services that address SDOH. Costs of medical services will be unallowable. Per section H. OTHER INFORMATION, 3. Glossary of the NOFO: **Medical Services** – Clinical services provided in an outpatient clinic and or inpatient hospital setting by a licensed practitioner. In contrast, non-medical social and support services include community-based strategies that address social determinants of health (SDOH). Trained individuals, such as CHWs or promotores/as de salud provide non-medical social and support services. The terms and conditions of a potential award will be governed by the relevant grant regulation, 45 CFR 75 —UNIFORM ADMINISTRATIVE	47

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	REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR HHS AWARDS. Per 45 CFR 75.439 - Equipment, & 2 – Definitions: (a) See 75.2 for the definitions of Equipment & Special purpose equipment - ***Equipment*** means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or $5,000. - ***Special purpose equipment*** means equipment which is used only for research, medical, scientific, or other technical activities. Examples of special purpose equipment include microscopes, x-ray machines, surgical instruments, and spectrometers. Per 45 CFR 75.439 – Equipment (b) The following rules of allowability must apply to equipment and other capital expenditures: (1) Capital expenditures for equipment are unallowable as direct charges, except with the prior written approval of the HHS awarding agency or pass-through entity. (2) Capital expenditures for special purpose equipment are allowable as direct costs, provided that items with a unit cost of $5,000 or more have the prior written approval of the HHS awarding agency or pass-through entity. (4) When approved as a direct charge pursuant to the paragraphs of this section, capital expenditures will be charged in the period in which the expenditure is incurred, or as otherwise determined appropriate and negotiated with the HHS awarding agency. Construction, or vehicles eligible expenses are not allowable for potential awards associated with this funding opportunity.	
3. APPLICATION REVIEW		
3a	**How will my application be reviewed?**	
	An independent merit review panel will evaluate applications that are not disqualified and meet the responsiveness criteria outlined in the notice of funding opportunity. In addition to the independent review, Federal staff will review each application for programmatic, budgetary, and grants management compliance. The Deputy Assistant Secretary for Minority	32

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	Health provides recommendations for funding to the Grants Management Officer to conduct risk analysis. Upon completion of the risk analysis and concurrence of the Grants Management Officer, HHS/OASH issues Notices of Award.	
3b	**Are there salary limitations for staff paid for by this grant?**	
	Yes. You should not budget award funds to pay the salary of an individual at a rate more than Federal Executive Pay Limitation ($212,100.00 USD). This salary rate limitation also applies to subawards/subcontracts under an HHS/OASH award.	28-29
3c	**Are budgets scored as part of the review process?**	
	Yes. Budgets will be scored by independent merit review panels. Also, Federal staff will review budgets for compliance with regulatory requirements.	32
3d	**How does the funding range relate to the estimated total funding amount?**	
	We anticipate the total amount of funds available to be $8,000,000 for an estimated 14 competitive awards. Funding available for the first budget period will have a ceiling of $600,000 per award and a floor of $475,000.	2
3e	**Can we submit multiple applications?**	
	Yes. If you successfully submit multiple applications from the same organization for the same project, we will only review the last application received by the deadline.	11
3f	**Can we appeal if we are not selected?**	
	No. All award decisions, including the level of funding if an award is made, are final and you may not appeal.	34
4. PROGRAM		
4a	**What is the purpose of this initiative? What are the expectations of the OMH?**	
	The Community Level Innovations for Improving Health Outcomes (CLIIHO) initiative is intended to demonstrate that community level innovations that reduce barriers related to SDOH can increase use of preventive health services and make progress toward LHI targets. OMH expects innovations in social and supportive services that address social determinants of health (SDOH) to reduce health disparities for populations of focus. Innovations should include collaborative community	1-7

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	networks that are prepared to strengthen community support services, provide health resources, and help connect individuals to preventive health services. They should also represent novel approaches like including trained trusted messengers who work within the community to help bridge gaps to health resources, promote the use of preventive health services, and encourage healthy choices.	
4b	**Are medical service costs allowed under this funding opportunity?**	
	No, medical service costs are not allowable. Medical services are defined in comparison to social and support services in the NOFO glossary. For the purposes of this NOFO, medical services are clinical services provided in an outpatient clinic and or inpatient hospital setting by a licensed practitioner. In contrast, non-medical social and support services include community-based strategies that address social determinants of health (SDOH). Trained individuals, such as CHWs or promotores/as de salud provide non-medical social and support services.	2, 7, 29, 47
4c	**What are preventive services?**	
	For the purposes of this NOFO, preventive services include routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems. For additional information about preventive care as a focus of Healthy People 2030, see https://health.gov/healthypeople/objectives-and-data/browse-objectives/preventive-care.	
4d	**Are we supposed to address each of the expectations from the NOFO in our application?**	
	Yes, award recipients under this announcement should meet each of the expectations in the execution of their funded projects.	16-19
4e	**What is the Disparity Impact Statement (DIS) expectation? What is the purpose of the DIS?**	
	Successful recipients will develop a disparity impact statement (DIS) using local data and input to identify populations at highest risk for health, social, economic, or other disparities. Disparity impact statements are a part of a comprehensive data-driven approach for identifying and addressing health disparities to promote health equity for racial and ethnic minority populations. A DIS refers to the demographic, cultural, and linguistic data that identify the population(s) in which health disparities exist and the quality improvement plan designed to address the noted disparities.	36-37, 47, 58

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4f	**When is the DIS developed and submitted to OMH?**	
	The DIS is developed submitted by grant recipients, typically within 30 days of award. OMH may include the DIS in the special terms and requirements on any awards made under this NOFO.	36-37
4g	**What is the health disparity profile and what is its purpose?**	
	The health disparity profile uses baseline population data and other existing data to describe how the health disparities identified among the population(s) of focus relate to the selected LHIs and SDOH domains. It serves as a comparison point for data collected during the course of project to help measure outcomes. The health disparity profile should be created within the first three months of the project.	9
4h	**Are we required to use community level public health improvement models in the development of our innovation?**	
	Recipients are strongly encouraged to use community level public health improvement models, such as the Community Readiness model or Community Organization model, that are useful in planning activities to improve the health of underserved populations. These models involve community members and partner organizations in creating supportive networks for health promotion and improvement. They can also facilitate novel approaches for community level innovations.	6-7
4i	**How many LHIs and SDOH domains should be addressed by applicants?**	
	Applicants should use available national and local data to explain your selection of two SDOH domains and at least one but no more than two LHIs of focus for the project (you must identify these in the Project Abstract Summary).	16
4j	**Are recipients expected to demonstrate progress towards LHI targets?**	
	Yes. Recipients should use data to show reductions in barriers related two SDOH domains and increased use of preventive health services that result in progress towards the selected LHI targets among the population(s) of focus. Using the National CLAS Standards will help to ensure that project implementation is culturally and linguistically appropriate for the population(s) of focus.	8, 17-18, 30

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4k	**Should we conduct a process and outcomes evaluation? How will we measure the outcomes of this project?**	
	We expect recipients to evaluate processes and outcomes to assess project effectiveness and impact over the period of performance. The process evaluation should determine whether the recipient implemented the community level innovation as planned. The outcome evaluation should determine whether it reached the population(s) of focus and its impact on health outcomes for that population(s). Over the course of the project, we expect recipients to describe changes over time in disparities among the population(s) of focus related to the selected LHI(s) and SDOH domains. Recipients should compare baseline data and data collected and include relevant measurable outcomes. A measurable outcome is an observable end-result that describes the impact of a particular project. A measurable outcome is not a measurable output, such as the number of partners committed or the number of health measures.	8, 18, 31
4l	**Is an external independent evaluator a required role?**	
	We strongly recommend that evaluation activities be led by an independent evaluator, with input from key project staff, community members or representatives, and members of the collaborative network to ensure accountability, validity, and reliability of evaluation processes and results.	19
4m	**Are we required to partner with other agencies/organizations?**	
	We encourage collaborative community networks as part of these innovations. We fund projects that include community networks prepared to strengthen community support services, provide health resources, and help connect individuals to preventive health services. Collaborative networks are also a key component of project development, implementation, and evaluation. Network membership should include: • Community-based organizations (CBOs) that provide social and supportive services that reduce SDOH related barriers to preventive health services • CBOs with experience in health promotion for populations experiencing health disparities • Medical organizations (e.g., safety net providers or other medical providers that have trusted relationships with the population(s) of focus).	5, 7, 19, 32

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	We encourage recipients to partner with institutions of higher education that have trusted relationships with the population(s) of focus to conduct evaluation activities.	
4n	**Do I have to publish and disseminate my findings?**	
	We expect recipients to document and share project findings and results (e.g., best practices, lessons learned) with the population(s) of focus, the public, and other interested parties. Recipients should publish the findings and results in scholarly articles or brief reports. Publications should describe the community level innovation and the related impact on health outcomes and health disparities. Recipients are encouraged to involve the partner network and population(s) of focus in the development of publications to ensure transparency and credibility of the results. Published articles should be freely, immediately, and equitably accessible to the public. We also expect recipients to share project information with other OMH recipients within the period of performance. OMH-hosted opportunities for sharing findings typically include virtual and in-person meetings.	8-9, 18, 31
4o	**What are OMH-hosted opportunities to share findings?**	
	Examples of OMH-hosted opportunities to share findings include Communities of Practice where awardees share information about their work and learn from each other, Awardee Meetings, etc.	
4p	**How does sustainability planning fit into the period of performance?**	
	The period of performance is 48 months, made up of four 12-month budget periods. Each year, recipients will be required to report on progress and milestones as part of an annual noncompeting continuation application. After 36 months, we anticipate offering a competitive continuation opportunity for an additional 12-month budget period (I.e., a fifth budget period) to support selected successful projects in their transition to sustainability. Funding available for the additional budget period is not guaranteed nor expected to be at the same level of previous budget periods.	3
4q	**Can this grant be applied to an existing or ongoing project, or to replace funding for a project that is ending?**	
	No. Community level innovations funded by this initiative should demonstrate novel approaches that reduce SDOH-related barriers to increase use of preventive health services and make progress toward Leading	

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	Health Indicator (LHI) targets. The funds from this NOFO cannot be used to supplement or replace existing work.	
4r	**Is this the first funding from OMH for this initiative? Have there been previous grants that focused on similar strategies?**	
	This NOFO was posted to grants.gov on March 5, 2024. Examples of current OMH initiatives can be found on the OMH website at https://minorityhealth.hhs.gov/.	
4s	**Will OMH reissue this NOFO in future years or is it a one-time opportunity?**	
	At this time, OMH does not anticipate re-competing this funding opportunity.	