

**U.S. Department of Health and Human Services**



Health Resources & Services Administration

Maternal and Child Health Bureau

Division of Home Visiting and Early Childhood Systems

**Home Visiting Research and Development Platform**

**Funding Opportunity Number:** HRSA-22-080

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

**Assistance Listings (AL/CFDA) Number:** 93.870

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2022

**Application Due Date: February 22, 2022**

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

**Issuance Date: November 23, 2021**

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See [Section VII](#) for a complete list of agency contacts.

Authority: 42 U.S.C. § 711(h)(3) (Title V, § 511(h)(3) of the Social Security Act)

## 508 COMPLIANCE DISCLAIMER

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

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Home Visiting Research and Development Platform through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. The purpose of this program is to support a practice-based research network for scientific collaboration and innovative research. Research conducted through this program should increase the evidence base for and strengthen the capacity of home visiting programs to measurably improve family health and well-being outcomes and improve equity in access to services and in family and community outcomes.

|                                                     |                                                                                                                                                                                                |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Funding Opportunity Title:                          | Home Visiting Research and Development Platform                                                                                                                                                |
| Funding Opportunity Number:                         | <b>HRSA-22-080</b>                                                                                                                                                                             |
| Due Date for Applications:                          | February 22, 2022                                                                                                                                                                              |
| Anticipated Total Annual Available FY 2022 Funding: | <b>\$1,500,000</b>                                                                                                                                                                             |
| Estimated Number and Type of Award(s):              | One (1) cooperative agreement                                                                                                                                                                  |
| Estimated Annual Award Amount:                      | Up to \$1,500,000 per year                                                                                                                                                                     |
| Cost Sharing/Match Required:                        | No                                                                                                                                                                                             |
| Period of Performance:                              | July 1, 2022 through June 30, 2027 (5 years)                                                                                                                                                   |
| Eligible Applicants:                                | Eligible applicants include public and private nonprofit entities.<br><br>See <a href="#">Section III.1</a> of this notice of funding opportunity (NOFO) for complete eligibility information. |

## **Application Guide**

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in [HRSA's SF-424 Application Guide](#), available online, except where instructed in this NOFO to do otherwise.

## **Technical Assistance**

HRSA has scheduled the following technical assistance:

### *Webinar*

Day and Date: Wednesday, December 15, 2021

Time: 3 – 4:30 p.m. ET

Call-in number and registration for this webinar will be available here:

<https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/program-implementation-and-fiscal-management-resources>.

HRSA will record the webinar and make it available at:

<https://mchb.hrsa.gov/fundingopportunities/default.aspx>.

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# I. Program Funding Opportunity Description

## 1. Purpose

This notice announces the opportunity to apply for funding under the FY 2022 Home Visiting Research and Development (HV R&D) Platform through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program.

The purpose of this program is to support a practice-based research network (PBRN) that engages in scientific collaboration and innovative research. Research conducted through this program should increase the evidence base for and strengthen the capacity of home visiting programs to measurably improve family health and well-being outcomes and improve equity in access to services and in family and community outcomes. The recipient will accomplish this through the following six objectives:

- 1) **Develop and maintain a practice-based research network** of home visiting and early childhood researchers, home visiting programs, home visiting model developers, MIECHV recipients, and other relevant stakeholders;
- 2) **Advance the use of innovative research methods** in home visiting, including methods that utilize rapid-cycle and iterative approaches that support the translation of research findings into actionable and meaningful policy and practice improvements;
- 3) **Promote the use of data sharing and interoperability through data collaboratives** and other partnerships to better answer questions of broad interest to the field;
- 4) **Respond to emerging priorities in the field** by conducting timely and relevant research, and translate these research findings into practice;
- 5) **Mentor the next generation of early childhood researchers** with explicit focus on increasing the diversity of researchers in the field, and;
- 6) **Expand the field of precision home visiting**<sup>1</sup> through intellectual leadership, dissemination, and technical assistance, including by engaging a range of relevant stakeholders in formal and informal capacities.

## 2. Background

### About MCHB and Strategic Plan

The 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:

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<sup>1</sup> Precision home visiting differentiates what works, for whom, and in what contexts to achieve specific outcomes. It focuses on the components of home visiting services, rather than on complex models of home visiting that are administered uniformly.

**Goal 1:** *Assure access to high quality and equitable health services to optimize health and well-being for all MCH populations*

**Goal 2:** *Achieve health equity for MCH populations*

**Goal 3:** *Strengthen public health capacity and workforce for MCH*

**Goal 4:** *Maximize impact through leadership, partnership, and stewardship*

This program addresses MCHB's goals to assure *access to high quality and equitable health services to optimize health and well-being for all MCH populations* (Goal 1), strengthen public health capacity and workforce for MCH (Goal 3), and maximize impact through leadership, partnership, and stewardship (Goal 4). The HV R&D Platform provides funding to support precision home visiting research to better understand how home visiting programs impact families. By assuring high quality and equitable health services, the health and well-being for MCH populations can be optimized. Additionally, the HV R&D Platform aims to leverage breakthrough impact research<sup>2</sup> to produce knowledge that will strengthen public health capacity and the home visiting and early childhood systems workforce.

To learn more about MCHB and the bureau's strategic plan, visit <https://mchb.hrsa.gov/about>.

This program is authorized by 42 U.S.C. § 711(h)(3) (Title V, § 511(h)(3) of the Social Security Act (the Act)). This provision establishes the MIECHV Program, which gives expectant parents and families living in communities at risk for poor maternal and child health outcomes the necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn. In particular, § 511(h)(3) requires HRSA to carry out a continuous program of research and evaluation activities in order to increase knowledge about the implementation and effectiveness of home visiting programs. HRSA may carry out such activities directly, or through grants, cooperative agreements, or contracts.

The HV R&D Platform, previously awarded in FY 2017, was created to support the use of implementation science principles to address common challenges in the replication and scale-up of evidence-based home visiting programs. Efforts to scale-up evidence-based practices in real world settings are often hindered by an unclear and unspecific theory of change that does not coherently connect the core components of an intervention to the intended behaviors of practitioners, and ultimately to the outcomes

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<sup>2</sup> Center on the Developing Child at Harvard University (2016). *From Best Practices to Breakthrough Impacts: A Science-Based Approach to Building a More Promising Future for Young Children and Families*. Retrieved from <https://developingchild.harvard.edu/resources/from-best-practices-to-breakthrough-impacts/>.

sought by the program.<sup>3,4</sup> The field requires common data models and ontologies<sup>5</sup> of behavior and systems-level changes in order to support the development of coherent and consistent interventions that pair specific core components with the family and community characteristics they are most likely to address. While significant progress has been made in the development of home visiting ontologies, further work is needed to ensure that existing ontologies are comprehensive across a wider range of program components, behaviors, and outcomes.

Additionally, the limited inclusion of diverse study samples in much of the home visiting research literature limits our understanding of the applicability of study findings for communities that differ from those included in the specific research studies.<sup>6,7</sup> Advancing precision research with a specific focus on understanding the differential impacts of home visiting services on various sub-populations is a key strategy to address disparities in access to services and outcomes and to advance equity. One principle of precision research is to expand the scope of how we define sub-populations, beyond traditional sub-groups with easily measured characteristics, to focus on latent characteristics that may be more meaningful to understanding differences in outcomes across sub-groups. The HV R&D Platform has developed a paradigm that articulates the theoretical relationship between family and community characteristics, interventions, and outcomes.<sup>8</sup> However, further empirical research is needed in order to prioritize and test these relationships across the most salient sub-groups and intervention components.

A key hallmark of breakthrough impact research is the focus on the co-creation of research projects. Co-creation means the meaningful inclusion of a variety of perspectives in all aspects of the research endeavor, being mindful of and working to dismantle historical and societal norms that situate power with the researcher and “otherize” the families and communities receiving the services the research intends to impact. Incorporating family and community voice in all aspects of research, from prioritizing research questions to selecting data collection methods and interpreting findings, results in research that is equitable, pragmatic, and meaningful to those most directly impacted. The HV R&D Platform is intended to continue to provide an example

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<sup>3</sup> Supplee, L.H., Parekh, J., and Johnson, M. (2018). Principles of Precision Prevention Science for Improving Recruitment and Retention of Participants. *Prevention Science*, 19(5):689-694.

<sup>4</sup> Michie, S., Johnston, M., Francis, J., Hardeman, W., Eccles, M., (2008) “From Theory to Intervention: Mapping Theoretically Derived Behavioural Determinants to Behaviour Change Techniques” *Applied Psychology* 57(4): 660-680.

<sup>5</sup> For the purposes of this funding opportunity, an ontology is defined as a set of data categories, definitions, and concepts that reflect core components of early childhood home visiting interventions.

<sup>6</sup> Castro, F., Barrera, M., and Steiker, L., (2010) “Issues and Challenges in the Design of Culturally Adapted Evidence-Based Interventions” *Annual Review of Clinical Psychology* 6: 213-239.

<sup>7</sup> Gottfredson, D., Cook, T., Gardner, F., Gorman-Smith, D., Howe, G., Sandler, I., and Zafft, K., (2015) “Standards of Evidence for Efficacy, Effectiveness, and Scale-Up Research in Prevention Science: Next Generation” *Prevention Science* 6(7): 893-926.

<sup>8</sup> For more information on precision home visiting, visit <https://www.hvresearch.org/precision-home-visiting/>

for the research community in how to effectively and meaningfully include family and community voices in research enterprises.

For the purpose of this notice of funding opportunity (NOFO), health equity means 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.<sup>9</sup> MCHB is committed to promoting equity in health programs for mothers, children, and families. As such, the definition of equity provides a foundation for the development of programs that intend to reach underserved communities and improve equity among all communities.

The HV R&D Platform will continue to support the creation and sustainability of an interdisciplinary research forum for scientific collaboration and infrastructure building related to home visiting research that is designed to improve the life outcomes among parents, infants, and young children. The HV R&D Platform is intended to significantly extend the evidence-base and, subsequently the practice, of home visiting through research that is informed by and reflects principles of:

- 1) Co-creation;
- 2) Specificity and precision;
- 3) Rapid-cycle and iterative methods;
- 4) Targeting research to identify who benefits most;
- 5) Use of an “active ingredients” approach by identifying the components of interventions that lead to improved outcomes; and
- 6) Innovation beyond interventions and into systems.

In order to accomplish this work, the HV R&D Platform has, since 2017, developed infrastructure to support the field of precision home visiting, including research on the core components of effective interventions. Recent advances in early childhood development and the growing field of precision public health have prompted new questions about better precision in aligning interventions with specific family and community characteristics for specific intended outcomes.<sup>10</sup> One of the goals of this project is to accelerate the speed at which research indicates how and why the tailoring of interventions can be most effective. Precision home visiting research, including the principles outlined above, has the capacity to produce more effective and efficient

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<sup>9</sup> 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>.

<sup>10</sup> <https://www.ucsf.edu/precision-public-health-summit-first-1000-days>

programming that is better positioned to respond to the diverse strengths and needs of families and target appropriate services based on those characteristics.<sup>11</sup>

Additionally, the HV R&D Platform will continue to support home visiting research scholars and a practice-based research network of local home visiting programs, and convene national meetings of home visiting researchers and practitioners, to disseminate findings and share successful research practices. The HV R&D Platform is also well positioned to respond to emerging research needs within the field. For example, during the early months of the COVID-19 pandemic, the HV R&D Platform was able to produce some of the first descriptive research about how local home visiting programs were pivoting to continue to provide services and describe the initial challenges facing local programs and families. The HV R&D Platform will continue to nimbly respond to changing and emerging research needs and utilize its practice-based research network to support these needs. More information about the current HV R&D Platform can be found at <https://www.hvresearch.org/>.

## **II. Award Information**

### **1. Type of Application and Award**

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

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

#### **HRSA program involvement will include:**

- Making available the services of experienced HRSA and other federal personnel as member(s) of the project leadership team and in the planning and development of the project;
- Participating in all major areas of the HV R&D Platform activities, including providing guidance and expertise in the development of guidelines, recommendations, action plans, and dissemination plans;
- Participating in the selection of members to the HV R&D National Advisory Council;
- Reviewing measures and tools established and implemented to accomplish the goals of the project;
- Participating, as appropriate, in regular conference calls, meetings, and webinars to be conducted during the project;
- Reviewing and editing written documents developed by the recipient; and
- Participating with the recipient in the dissemination of project findings, including by co-authoring articles, presentations, briefs, and other dissemination materials.

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<sup>11</sup> Supplee, L., and Duggan, A., (2019) "Innovative Research Methods to Advance Precision in Home Visiting for More Efficient and Effective Programs." *Child Development Perspectives* 13(3): 173-179.

### **The cooperative agreement recipient's responsibilities will include:**

- Completing activities proposed in response to the NOFO in its entirety and the [review criteria](#);
- Participating in regular conference calls, meetings, and webinars with HRSA during the project;
- Participating in select conferences and meetings, including national home visiting conferences, the MIECHV All-Grantee Meeting, and a national meeting of MCHB research recipients on an annual basis; and
- Collaborating with HRSA during the ongoing review of written documents, including collaborating in disseminating project findings through articles, presentations, briefs, or other dissemination materials.

## **2. Summary of Funding**

HRSA estimates approximately \$1,500,000 to be available annually to fund one (1) recipient. You may apply for a ceiling amount of up to \$1,500,000 total cost (includes both direct and indirect, facilities and administrative costs) per year.

The period of performance is July 1, 2022 through June 30, 2027 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the MIECHV Program in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

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

## **III. Eligibility Information**

### **1. Eligible Applicants**

Eligible applicants include domestic public or private, non-profit entities.

### **2. Cost Sharing/Matching**

Cost sharing/matching is not required for this program.

### **3. Other**

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

- Exceeds the ceiling amount
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)

NOTE: Multiple applications from an organization are not allowable.

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, before the Grants.gov application due date as the final and only acceptable application.

## IV. Application and Submission Information

### 1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](https://www.grants.gov) using the SF-424 workspace application package associated with this NOFO following the directions provided at [Grants.gov: HOW TO APPLY FOR GRANTS](#).

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-22-080 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

### 2. Content and Form of Application Submission

#### Application Format Requirements

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

See Section 8.5 of the HRSA *SF-424 Application Guide* for the Application Completeness Checklist.

#### Application Page Limitation

The total size of all uploaded files included in the page limit shall be no more than the equivalent of **80 pages** when printed by HRSA. The page limit includes the project and budget narratives, and attachments required in the *Application Guide* and this NOFO.

Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form (SF) “Project\_Abstract Summary.” Standard OMB-approved forms included in the workspace application package do not count in the page limit. If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-080, it may count against

the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 80 will not be read, evaluated, or considered for funding.**

**Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-22-080 before the deadline.**

### **Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in [45 CFR § 75.371](#), including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 8: Other Relevant Documents*.

See Section 4.1 viii of HRSA's [SF-424 Application Guide](#) for additional information on all certifications.

### **Program-Specific Instructions**

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

#### **i. Project Abstract**

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment or it will count toward the page limitation. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

Provide a summary of the application in the Project Abstract box using 4,000 characters or less. Because the abstract is often distributed to provide information to the public and Congress, prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including [USAspending.gov](#).

Include the following sections:

**Annotation:** Provide a three-to-five-sentence description of your project that identifies the project's goal(s), a description of the needs that are addressed, and the activities used to attain the goals.

**Problem:** Describe the principal needs and problems addressed by the project.

**Purpose:** State the purpose of the project.

**Goal(s) And Objectives:** Identify the major goal(s) and objectives for the project. Typically, the goal(s) are stated in a sentence, and the objectives are presented in a numbered list.

**Methodology:** Briefly describe the major activities used to attain the goal(s) and objectives.

## **NARRATIVE GUIDANCE**

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

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

### **ii. *Project Narrative***

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments,

and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

Use the following section headers for the narrative:

- **INTRODUCTION** -- Corresponds to Section V's Review Criterion(1) [Need](#)

State the purpose of the project and identify the project goals and objectives. You should introduce your understanding of 1) evidence-based home visiting, 2) principles of precision research, 3) use of innovative research methodologies, 4) development of data models and ontologies, 5) the role of authentic researcher-community partnerships, and 6) the use of diversity and inclusion principles and practices in advancing equity in home visiting research and practice.

Contextualize the purpose, goals, and objectives of this project within the larger research field of home visiting and early childhood systems and explain how the proposed project will contribute to meaningful and impactful advances in both knowledge and practice.

- **NEEDS ASSESSMENT** -- Corresponds to Section V's Review Criterion (1) [Need](#)

Define the scope of existing breakthrough impact research on home visiting interventions that leads to increased precision and improved outcomes for families and communities. Identify existing gaps, and develop a concrete list of research priorities that address existing gaps. The list of priorities should be based on the existing research literature and informed by your significant experience in the field of home visiting research.

Address how the proposed HV R&D Platform will bridge gaps between and scale existing research investments. The proposal should clearly articulate the need for engaging diverse groups of stakeholders, including MIECHV Program recipients, evidence-based home visiting model developers, members of the academic research community, local practitioners who implement evidence-based home visiting programs, and family/community voices in transdisciplinary research. Family and community stakeholders should be inclusive of both those that participate in home visiting services and those that have been historically un/underserved by home visiting in order to engage perspectives about how to improve home visiting services.

Identify the need to develop and test data models and ontologies to help refine theories of change that link core components of interventions with family and community characteristics and intended outcomes. Discuss how the proposed project can support improved data sharing and interoperability within the field.

Describe emerging priorities in the field of home visiting that would benefit from additional research. Describe how the HV R&D Platform is well positioned to respond to emerging priorities by maintaining a practice-based research network.

Address the need for mentoring and supporting a diverse cadre of early childhood researchers to promote diversity of thought and experience in the HV R&D Platform, and the field of home visiting research more broadly.

▪ **METHODOLOGY** -- Corresponds to Section V's Review Criterion (2) [Response](#)

Propose methods for achieving the key objectives of the project. Use the key objectives identified in [Section I](#) to structure this section of the application.

Address relevant aspects, described below, under each objective:

- Provide a list of methods that will be used to achieve the proposed objectives.
- Provide a list of anticipated products that will be created to achieve the proposed objectives.
- Describe the process for identifying and engaging proposed subrecipients in order to complement the skill set of key personnel, including a plan to effectively monitor subrecipient performance and compliance with applicable federal requirements and programmatic expectations. You are encouraged to propose partnerships with organizations representing diverse backgrounds and viewpoints, including Historically Black Colleges and Universities (HBCUs), Tribal Colleges and Universities (TCUs), Hispanic Serving Institutions (HSIs), and other traditionally underrepresented populations.
- Describe your strategy for engaging a diverse array of stakeholders to advise and contribute to project activities. At a minimum, stakeholders should include: MIECHV Program recipients, evidence-based home visiting model developers, members of the academic research community, local practitioners who implement evidence-based home visiting programs, and family/community voices.
- Describe how your organization will interact with federal staff to ensure successful completion of each activity.
- Propose a plan for project sustainability after the period of federal funding ends, including through extramural research funding.
- Describe dissemination activities applicable to the specific objective.

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

Describe the activities or steps that will be used to achieve the methods proposed during the entire period of performance in the Methodology section. As appropriate, identify meaningful support and collaboration with key stakeholders, including families participating in home visiting services and local home visiting program staff, in planning, designing and implementing all activities. Describe how these stakeholders participated in the development of the application and, further, the extent to which these contributors reflect the diversity of the relevant stakeholders.

Describe how you plan to develop and implement the specific plans called for under the key objectives in [Section I](#). For example, the work plan should include a description of the steps proposed to ensure a diverse cadre of early career researchers will be identified and supported through mentorship to provide meaningful contributions to the HV R&D Platform.

Provide in Attachment 1 a time line that includes each activity and identifies responsible staff.

### **Logic Models**

Submit a logic model for designing and managing the project (Attachment 1). A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:

- Goals of the project (e.g., reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
- Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a time line used during program implementation; the work plan provides the “how to” steps. You can find additional information on developing logic models at the following website:

[https://www.acf.hhs.gov/sites/default/files/documents/prep-logic-model-ts\\_0.pdf](https://www.acf.hhs.gov/sites/default/files/documents/prep-logic-model-ts_0.pdf).

- **RESOLUTION OF CHALLENGES** -- Corresponds to Section V’s Review Criterion (2) [Response](#)

In this section, discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan and approaches to resolve such challenges. Also describe how the expertise of proposed staff and subrecipients will contribute to the resolution of such challenges.

Identify potential barriers to advancing the use of precision home visiting concepts and methods and how the HV R&D Platform will support resolution of those challenges, including through intellectual leadership, dissemination, and technical assistance.

Identify potential barriers to promoting the use of data sharing and interoperability through formal data collaboratives among home visiting stakeholders and how your past experience may contribute meaningful insights to support the resolution of those challenges.

Identify potential barriers to supporting mentorship for a diverse cadre of early career researchers, including potential challenges in developing partnerships with institutions serving historically underrepresented populations.

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

Describe the plan for supporting the evaluation of research projects in the context of breakthrough impact principles of 1) co-creation; 2) specificity and precision; 3) rapid-cycle and iterative methods; 4) targeting research to identify who benefits most; 5) use of an "active ingredients" approach, and; 6) innovation beyond interventions and into systems. The performance evaluation should use specific performance indicators to monitor ongoing processes and the progress towards meeting the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.

Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes.

Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe how the data will be used to inform program development and continuous quality improvement. Describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

- **ORGANIZATIONAL INFORMATION** -- Corresponds to Section V's Review Criterion (5) [Resources/Capabilities](#)

Provide information on your organization's current mission and structure, scope of current activities, including an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations.

Outline your understanding of evidence-based home visiting and transdisciplinary research networks used for scientific collaboration and infrastructure building among diverse stakeholders. You should demonstrate knowledge of breakthrough impact research, as described previously in this NOFO.

Briefly describe your experience with supporting methodological innovation in practice-based research contexts through intellectual leadership, dissemination, and technical assistance.

Provide specific information about the organization's experience with implementing innovative, rapid-cycle, and iterative research methodologies to improve the precision of home visiting interventions and your experience implementing projects of similar size and scope. Include in your response, your organization's experience with using evaluation findings to support practical recommendations for improving public policy and program implementation.

Provide specific information about the organization's experience with developing and testing data models and ontologies to support the development of coherent theories of change with broad applicability across a range of behavior and systems-level changes. Describe your experience in using data models and ontologies to support data sharing and interoperability strategies.

Describe your experience in the mentorship of early career researchers, with a specific emphasis on being responsive to the unique perspectives and professional development needs of researchers from diverse and historically underrepresented populations.

Describe how the proposed personnel demonstrate adequate training and experience to successfully achieve the objectives of the project, including specific expertise related to:

- The recruitment and engagement of PBRN membership;
- The coordination and engagement of a National Advisory Council;
- Research and technical writing;
- Communications and dissemination of research findings; and
- Technical expertise related to the expansion and scale-up of PBRNs.

### iii. **Budget**

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

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

The Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 Salary Limitation does **not** apply to this program.

#### iv. **Budget Narrative**

See Section 4.1.v. of HRSA's [SF-424 Application Guide](#).

In addition, the HV R&D Platform program requires the following:

Provide a narrative that explains the amounts requested under each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. You must submit a budget justification for the entire period of performance (Years 1 – 5). Line item information must be provided to explain the costs entered in the SF-424A. Be careful about how each item in the “other” category is justified. The budget justification must be concise. Do NOT use the budget justification to expand the project narrative.

Include the following in the budget justification:

*Personnel Costs:* Explain personnel costs by listing each staff member who will 1) be supported from funds and 2) in-kind contributions. If personnel costs are supported by in-kind contributions, please indicate the source of funds. Include the full name of each staff member (or indicate a vacancy), position title, percentage of full-time equivalency, and annual salary. Required personnel include, at a minimum:

- 1) Program director responsible for the oversight and day-to-day management of the proposed program;
- 2) Project manager/coordinator and additional staff responsible for monitoring programmatic activities and use of funds. This team should include staff devoted to recruitment and engagement of PBRN membership, coordination and engagement of stakeholder groups, research and technical writing, communications/dissemination of research findings, technical expertise related to the expansion and scale of practice-based research networks, development of data models and ontologies, data sharing and interoperability strategies, and professional development and mentorship of early career researchers; and
- 3) Staff responsible for the evaluation and reporting of programmatic activities.

NOTE: Final personnel charges must be based on actual, not budgeted labor.

*Travel:* The budget should reflect the travel expenses associated with participating in meetings that address the objectives of this project, including travel for stakeholder groups to participate in relevant in-person meetings organized by the HV R&D Platform. Plan for key personnel to attend one national in-person meeting of the Maternal, Infant, and Early Childhood Home Visiting grant program each budget year in the Washington, DC area.

In addition, you should budget for travel expenses associated with participating in meetings that address maternal and child health research efforts and other proposed trainings and workshops Budget for one national meeting of MCHB research recipients per year in the Washington, DC area for up to two people (the project director and one other attendee) for 2 days. Meeting attendance is an award

requirement.<sup>12</sup>

*Supplies:* The budget should include a clear description and justification for all supplies to be purchased to support the objectives of the project.

*Contractual:* You must ensure that your organization or institution has in place and follows established and adequate procurement systems with fully developed written procedures for awarding and monitoring all subrecipients. Provide a clear explanation as to the purpose of each subaward, how the costs were estimated, and the specific deliverables. REMINDER: You must notify potential subrecipients that entities receiving subawards must be registered in SAM and provide your organization with their DUNS number. "Subaward" means a legal instrument to provide support for the performance of any portion of the substantive project or program for which a recipient receives this award and that the recipient awards to an eligible subrecipient.

Timely Federal Funding Accountability and Transparency Act (FFATA) reporting is required by the federal award recipient to the FFATA Subaward Reporting System at <http://www.fsrs.gov>. The recipient must have policies and procedures in place to ensure compliance with FFATA. For more FFATA information, please visit HRSA's FFATA page at <http://www.hrsa.gov/grants/ffata.html>.

Consultants can also be listed in this section. For each consultant, specify the scope of their work, the hourly rate, and the number of hours of expected effort.

*Other:* All other expenses should be explained and clearly justified in this section.

**v. Program-Specific Forms**

Program-specific forms are not required for application.

**vi. Attachments**

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

**Attachment 1: Work Plan Timeline and Logic Model**

Submit a work plan timeline and logic model used for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the linkages among program elements.

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<sup>12</sup> If planned meetings must be held virtually due to extenuating circumstances, any unused funds may be re-allocated with the approval of your Project Officer.

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 subrecipient 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: For Multi-Year Budgets—5<sup>th</sup> 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 5<sup>th</sup> 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 7: Progress Report

**(FOR COMPETING CONTINUATIONS ONLY)**

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

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

(1) The period covered (dates)

- (2) Specific objectives - Briefly summarize the specific objectives of the project.
- (3) Results - Describe the program activities conducted for each objective.  
Include both positive and negative results or technical problems that may be important.

#### Attachments 8–15: Other Relevant Documents

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

### **3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)**

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the \*DUNS number will be replaced by the UEI, a “new, non-proprietary identifier” requested in, and assigned by, the System for Award Management ([SAM.gov](https://sam.gov)). For more details, visit the following webpages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration’s UEI Update](#).

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

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

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

\*Currently, the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<https://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://sam.gov/content/home> | [SAM.gov Knowledge Base](#))

- Grants.gov (<https://www.grants.gov/>)

For more details, see Section 3.1 of HRSA's [SF-424 Application Guide](#).

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages instead, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through [SAM.gov](#).

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

#### **4. Submission Dates and Times**

##### **Application Due Date**

The due date for applications under this NOFO is *February 22, 2022 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

#### **5. Intergovernmental Review**

The Home Visiting Research and Development Platform is a program that is subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's [SF-424 Application Guide](#) for additional information.

#### **6. Funding Restrictions**

You may request funding for a period of performance of up to 5 years, at no more than \$1,500,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) and Division A of the FY 2022 Extending Funding and Emergency Assistance Act (P.L. 117-43) do **not** apply to this program.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and

restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

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

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

## **V. Application Review Information**

### **1. Review Criteria**

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

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review, except for the progress report submitted with a competing continuation application, which will be reviewed by HRSA program staff after the objective review process.

Six (6) review criteria are used to review and rank the Home Visiting R&D Platform program applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (10 points) – Corresponds to Section IV's [Introduction](#) and [Needs Assessment](#)

- The extent to which the application demonstrates an understanding of evidence-based early childhood home visiting and the scope of innovative research methodologies, including precision research on home visiting interventions.
- The extent to which the application demonstrates how the proposed project will contribute to meaningful, impactful, and practical advances in the knowledge and practice of early childhood home visiting.
- The extent to which the application demonstrates an understanding of the use of data models and ontologies to promote coherence between behavior and

systems-level changes, family and community characteristics, and intended outcomes.

- The extent to which the application provides adequate understanding of the importance of engaging diverse stakeholders in meaningful research-practice partnerships.
- The extent to which the application identifies relevant emerging research priorities in the early childhood home visiting field.
- The extent to which the application demonstrates an understanding of the importance of recruiting and mentoring a diverse cadre of early career MCH researchers from historically underserved populations.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's [Methodology](#), [Work Plan](#), and [Resolution of Challenges](#)

Criterion 2.A: Methodology (10 points)

- The extent to which the proposed project responds to the Purpose and Objectives included in the program description in Section I.
- The extent to which the proposed subrecipient partners complement the skill sets of key personnel and reflect partners from organizations representing diverse backgrounds and viewpoints.
- The extent to which the application demonstrates a thoughtful and comprehensive approach to engaging relevant stakeholders through formal and informal mechanisms to contribute to project activities.
- The extent to which the application demonstrates a sustainability plan that is realistic, actionable, and identifies options for extramural research funding from multiple sources.

Criterion 2.B: Work Plan (10 points)

- The extent to which the application demonstrates a clear connection between the proposed goals and objectives and their relationship to the proposed activities and intended outcomes of the project.
- The extent to which the key activities, products, and associated time lines support the intended outcomes of the project and are linked by clear and justifiable theory or evidence.
- The extent to which the application describes the need to engage key stakeholders, including MIECHV recipients, evidence-based home visiting model developers, the academic research community, local practitioners, and families and community members both served and un/underserved by home visiting

programs in the development and implementation of transdisciplinary precision research.

- The extent to which the logic model demonstrates clear connections between proposed goals, inputs, activities, and intended outputs and outcomes.

Criterion 2.C: Resolution of Challenges (10 points)

- The extent to which the application identifies potential barriers to advancing the use of precision home visiting concepts and methods and how the application proposes to support the resolution of those challenges through intellectual leadership, dissemination, and technical assistance.
- The extent to which the application identifies potential barriers to data sharing and interoperability through data collaboratives and the adequacy of the proposed solutions to those challenges.
- The extent to which the application identifies relevant barriers to supporting the mentorship of a diverse cadre of early career researchers, including strategies to develop partnerships with institutions serving historically underrepresented populations.

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

- The extent to which the application demonstrates appropriate strength and effectiveness of the method proposed to monitor and evaluate the project results within the context of breakthrough impact principles of: 1) co-creation; 2) specificity and precision; 3) rapid-cycle and iterative methods; 4) targeting to identify who benefits most; 5) use of an “active ingredients” approach, and; 6) innovation beyond interventions and into systems.
- The extent to which the application demonstration evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.
- The extent to which the application demonstrates a commitment to utilizing performance indicators to contribute to continuous quality improvement through regular monitoring of processes and progress toward meeting goals, objectives, and development of products.

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

- The extent to which the dissemination and technical assistance activities described in the Work Plan align with the Purpose, Objectives, and Key Activities included in the program description in Section I.

Criterion 5: RESOURCES/CAPABILITIES (30 points) – Corresponds to Section IV's [Evaluation and Technical Support Capacity](#) and [Organizational Information](#)

- The extent to which the organization demonstrates a history of high-quality and rigorous research in early childhood home visiting programs through personnel with a record of substantial extramural funding for research projects and a record of publication in peer-reviewed research journals and/or government reports.
- The extent to which the organization demonstrates expert knowledge of transdisciplinary research networks used for scientific collaboration and infrastructure building.
- The extent to which the organization demonstrates expert knowledge of breakthrough impact research which utilizes principles of 1) co-creation; 2) specificity and precision; 3) rapid-cycle and iterative methods; 4) targeting to identify who benefits most; 5) use of an “active ingredients” approach by identifying the components of interventions that lead to improved outcomes, and; 6) innovation beyond interventions and into systems.

- The extent to which the organization demonstrates experience supporting methodological innovation in practice-based research and has experience providing field-wide intellectual leadership, dissemination, and technical assistance.
- The extent to which project personnel have demonstrated experience in using innovative, rapid-cycle, and iterative research methods to produce evaluation findings that contribute to practical recommendations to improve public policy and program implementation.
- The extent to which the application demonstrates organizational experience in developing data models and ontologies that support the creation of coherent theories of change with broad applicability across a wide range of behavior and systems-level changes.
- The extent to which project personnel have demonstrated experience in the successful mentorship of diverse early career researchers, as demonstrated through professional publications, placements, or advancement.
- The extent to which project personnel are qualified by training and/or experience to implement and carry out the project, including the capabilities of the organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.
- The extent to which proposed subrecipients contribute specialized and expert knowledge and experience to supplement and enhance the organization's existing expertise, including through providing a diversity of thought and experience to complement proposed key personnel.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's [Budget Narrative](#)

- The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the research activities, and the anticipated results.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- The extent to which the appropriate number and type of personnel are proposed in order to adequately achieve intended results.

## **2. Review and Selection Process**

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's [SF-424 Application Guide for more details](#).

## **3. Assessment of Risk**

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

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

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

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

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

## VI. Award Administration Information

### 1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of July 1, 2022. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

### 2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 Application Guide](#).

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

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

### Accessibility Provisions and Non-Discrimination Requirements

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

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

protection and associated anti-discrimination laws, see [Conscience Protections for Health Care Providers](#) and [Religious Freedom](#).

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

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

### **[Executive Order on Worker Organizing and Empowerment](#)**

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

### **Requirements of Subawards**

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

### **Data Rights**

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

### **Human Subjects Protection**

Federal regulations ([45 CFR part 46](#)) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

- Refer to instructions provided in HRSA's [SF-424 R&R Application Guide](#), Appendix Supplemental Instructions for Preparing the Protection of Human Subjects Section of the Research Plan and Human Subjects Research Policy for specific instructions on preparing the human subjects section of the application.
- Refer to HRSA's [SF-424 R&R Application Guide](#) to determine if you are required to hold a Federal Wide Assurance (FWA) of compliance from the Office of Human Research Protections (OHRP) prior to award. You must provide your Human Subject Assurance Number (from the FWA) in the application. If you do not have an assurance, you must indicate in the application that you will obtain one from OHRP prior to award.
- In addition, you must meet the requirements of the HHS regulations for the protection of human subjects from research risks, including the following: (1) discuss plans to seek IRB approval or exemption; (2) develop all required documentation for submission of research protocol to IRB; (3) communicate with IRB regarding the research protocol; (4) communicate about IRB's decision and any IRB subsequent issues with HRSA.
- IRB approval is not required at the time of application submission but must be received prior to initiation of any activities involving human subjects. Do not use the protection of human subjects section to circumvent any page limitation in the [Methodology](#) portion of the Project Narrative section.

### 3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **DGIS Performance Reports.** Available through the HRSA Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report **annually**, by the specified deadline. To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are available at <https://ehbcmn.hrsa.gov/DocumentService/api/anonymousdocument/ccbb08ba-44e6-48b6-a2c7-ec4e376c6c5f>. The type of report required is determined by the project year of the award's period of performance.

| Type of Report                                  | Reporting Period                                                                                        | Available Date                                             | Report Due Date                  |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------|
| <b>a) New Competing Performance Report</b>      | 7/1/2022 – 6/30/2027<br><i>(administrative data and performance measure projections, as applicable)</i> | Period of performance start date                           | 120 days from the available date |
| <b>b) Non-Competing Performance Report</b>      | 7/1/2022 – 6/30/2023<br>7/1/23 – 6/30/24<br>7/1/24 -6/30/25<br>7/1/25 – 6/30/25                         | Beginning of each budget period (Years 2–5, as applicable) | 120 days from the available date |
| <b>c) Project Period End Performance Report</b> | 7/1/2026 – 6/30/2027                                                                                    | Period of performance end date                             | 90 days from the available date  |

The full OMB-approved reporting package is accessible at <https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection> (OMB Number: 0915-0298 | Expiration Date: 06/30/2022).

- 2) **Progress Report(s).** The recipient must submit a progress report narrative to HRSA **annually** via the Non-Competing Continuation Renewal in the EHBs, which should address progress against program outcomes (e.g., accomplishments, barriers, significant changes, plans for the upcoming budget year). Submission and HRSA approval of a progress report will trigger the budget period renewal and release of each subsequent year of funding. Further information will be available in the NOA.

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

## VII. Agency Contacts

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

Tya Renwick  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration

5600 Fishers Lane, Mailstop 10SWH03  
Rockville, MD 20857  
Telephone: (301) 594-0227  
Email: [trenwick@hrsa.gov](mailto:trenwick@hrsa.gov)

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

Kyle Peplinski, MA  
Branch Chief, Policy, Data, and Technical Assistance Coordination  
Attn: Division of Home Visiting and Early Childhood System  
Maternal and Child Health Bureau  
Health Resources and Services Administration  
5600 Fishers Lane, Room 18N160  
Rockville, MD 20857  
Telephone: (301) 443-7758  
Email: [kpeplinski@hrsa.gov](mailto:kpeplinski@hrsa.gov)

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center  
Telephone: 1-800-518-4726 (International callers dial 606-545-5035)  
Email: [support@grants.gov](mailto:support@grants.gov)  
[Self-Service Knowledge Base](#)

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

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

## **VIII. Other Information**

### **Technical Assistance**

#### *Webinar*

Day and Date: Wednesday, December 15, 2021  
Time: 3 – 4:30 p.m. ET

Call-in number and registration for this webinar will be available here:  
<https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/program-implementation-and-fiscal-management-resources>.  
HRSA will record the webinar and make it available at:  
<https://mchb.hrsa.gov/fundingopportunities/default.aspx>.

### **Tips for Writing a Strong Application**

See Section 4.7 of HRSA's [\*SF-424 Application Guide\*](#).

## Appendix: Glossary of Selected Terms

**Active Ingredients Approach** – Active ingredients approach refers to the process of what components of interventions work for different individuals or populations in different settings. These ingredients can be based on strong theory or existing evidence.<sup>13</sup>

**Breakthrough Impacts** – Breakthrough impacts refer to the “fundamental importance of continuous experimentation (with adequate protections and informed consent) and learning from failure, the need for constructive dissatisfaction with small incremental gains, and the critical value of an unwavering demand for increasingly greater impacts until the problem is fully addressed.”<sup>14</sup>

**Co-Creation** – Co-creation is a model for scientific collaboration that includes contributions from the scientific, practice, community, and policy communities. Teams of collaborators come together to develop replicable interventions, test those interventions, and identify challenges and opportunities in a cyclical pattern.<sup>15</sup>

**Home Visiting Evidence of Effectiveness (HomVEE)** - The Department of Health and Human Services uses Home Visiting Evidence of Effectiveness (HomVEE) to conduct a thorough and transparent review of the home visiting research literature. Using the HHS criteria for evidence of effectiveness, HomVEE provides an assessment of the evidence of effectiveness for home visiting program models that target families with pregnant women and children from birth to kindergarten entry (that is, up through age five). Additional information about HomVEE is available at <http://homvee.acf.hhs.gov>.

**Ontology** – For the purposes of this funding opportunity, an ontology is defined as a set of data categories, definitions, and concepts that reflect core components of early childhood home visiting interventions.

**Precision Home Visiting** - Precision home visiting differentiates what works, for whom, and in what contexts to achieve specific outcomes. It focuses on the components of home visiting services, rather than on complex models of home visiting that are administered uniformly.

**Precision Interventions** – Precision interventions refers to the ability of an intervention to be isolated and studied for its effect on specific risk, demographic, or other factors in

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<sup>13</sup> This definition is based on terminology provided by the Center on the Developing Child at Harvard University (<http://developingchild.harvard.edu/>).

<sup>14</sup> Quote from the Center on the Developing Child at Harvard University (2016). *From Best Practices to Breakthrough Impacts: A Science-Based Approach to Building a More Promising Future for Young Children and Families*. p. 40. Retrieved from <http://developingchild.harvard.edu/>.

<sup>15</sup> This definition is based on terminology provided by the Center on the Developing Child at Harvard University (<http://developingchild.harvard.edu/>).

relation to specific intended outcomes. Interventions must have clearly defined theories of change linking key components in order to generate testable hypotheses.<sup>16</sup>

**Innovation** – An innovation is defined as a process, product, strategy, or practice that improves (or is expected to improve) significantly upon the outcomes reached with current/status quo options and that can ultimately reach widespread effective usage.<sup>17</sup>

**Rapid Cycle and Iterative** – Rapid cycle and iterative refers to a process and methodology for conducting research that includes small scale and short-duration tests that share and learn from preliminary, intermediate, and long-term results on an ongoing basis.<sup>18</sup>

**Strong theory** – Strong theory means a rationale for the proposed process, product, strategy, or practice that includes a logic model. Additionally, the rationale should reflect a **theory of change, which is** a detailed hypothesis about specific changes we expect will result from implementing a new strategy. Carefully articulated theories of change provide roadmaps, which can continue to be refined and tested, for guiding decisions about program design and evaluation. They also help innovators test and identify what works for certain populations and not for others, which can inform both the scaling of specific strategies and the search for new ideas.<sup>19</sup>

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<sup>16</sup> This definition is based on terminology provided by the Center on the Developing Child at Harvard University (<http://developingchild.harvard.edu/>).

<sup>17</sup> This definition is based on terminology provided by the U.S. Department of Education's Investing in Innovation Fund.

<sup>18</sup> This definition is based on terminology provided by the Center on the Developing Child at Harvard University (<http://developingchild.harvard.edu/>).

<sup>19</sup> This definition is based on terminology provided by the U.S. Department of Education's Investing in Innovation Fund and Harvard University's Center on the Developing Child (<http://developingchild.harvard.edu/innovation-application/key-concepts/theories-of-change/>).