

Notice of Funding Opportunity

Application due June 21, 2024

HRSA

Health Resources & Services Administration

Maternal and Child Health Bureau

Division of Healthy Start and Perinatal Services

Supporting Fetal Alcohol Spectrum Disorders Screening and Intervention

Opportunity number: HRSA-24-046



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Before you begin

If you believe you are a good candidate for this funding opportunity, secure your [SAM.gov](#) and [Grants.gov](#) registrations now. If you are already registered, make sure your registration is active and up-to-date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

[See Step 2: Get Ready to Apply](#)

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

[See Step 2: Get Ready to Apply](#)

Apply by June 21, 2024

Applications are due by 11:59 p.m. Eastern Time on June 21, 2024.



To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.



Step 1:

Review the Opportunity

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Basic information

Health Resources and Services Administration (HRSA)

Maternal and Child Health Bureau

Division of Healthy Start and Perinatal Services

Reduce alcohol use during perinatal by educating primary care providers, to improve outcomes for children with FASD.

Summary

The Supporting Fetal Alcohol Spectrum Disorders (FASD) Screening and Intervention program helps reduce alcohol use during pregnancy and improves outcomes for children with FASD nationwide, especially in communities where there's a high rate of binge drinking during pregnancy. The program focuses on educating Primary Care Providers (PCPs)^[1] and increasing the use of screening, intervention, and referral processes for high-risk pregnancies.

The program's goals include increasing PCPs' knowledge of the risks of drinking alcohol during pregnancy as well as promoting recommended screenings, interventions, and referral approaches. In addition, PCPs who provide health care to children and adolescents will develop skills to identify and manage FASD, with a particular emphasis on fostering effective communication with families. Through recruitment, education, and technical assistance, the program aims to make lasting positive changes.

Engaging a minimum of 80 practices over 5 years, the Supporting FASD Screening and Intervention program strives for widespread impact, particularly in communities^[2] that have high rates of binge drinking during pregnancy, including rural^[3] areas and medically underserved communities.^[4]



Have questions?
Go to [Contacts and Support](#).

Key facts

Opportunity name:

Supporting Fetal Alcohol Spectrum Disorders Screening and Intervention

Opportunity number:

HRSA-24-046

Federal assistance listing:

93.110

Statutory authority:

42 U.S.C. § 701(a)(2) (Social Security Act, Title V, § 501(a)(2)) "Special Projects of Regional and National Significance (SPRANS)"

Key dates

Application deadline:

June 21, 2024 at 11:59 p.m. ET

Informational call:

April 23, 2024

Expected award date:

August 16, 2024

Expected start date:

September 1, 2024

Funding detail

Application type: New

Expected total available funding: \$950,000

Expected number and type of awards: Up to one cooperative agreement

Funding range per award: Up to \$950,000

We plan to fund awards in five 12-month budget periods for a total 5-year period of performance of September 1, 2024, to August 31, 2029.

Eligibility

Who can apply

Eligible applicants

All domestic public or private, nonprofit, and for-profit entities are eligible to apply.^[5] This includes:

Institutions of higher education

- Public institutions of higher education
- Private institutions of higher education

Nonprofit entities

- Nonprofits having a 501(c)(3) IRS status
- Nonprofits with an IRS status other than 501(c)(3)

Private for-profit entities

- For-profit organizations
- Small businesses

Public entities

- State governments, including the District of Columbia, domestic territories, and freely associated states
- County governments
- City or township governments
- Special district governments
- Independent school districts

Tribes and tribal organizations

- Native American tribal governments
- Native American tribal organizations

Note: “Domestic” means the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Other eligibility criteria

Community-based organizations that meet one of the entity types listed are eligible.

Cost sharing

This program has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during merit review. We will hold you accountable for any funds you add, including through reporting.

Program description

Purpose

To support reducing alcohol use during pregnancy and improving developmental outcomes for children and adolescents with a suspected or diagnosed FASD,^[6] the program's long-term goals are to:

- Improve the ability of PCPs to screen for alcohol use during pregnancy, provide brief intervention, and refer high-risk people to specialty care.
- Improve the ability of PCPs serving children and adolescents to screen their patients for prenatal alcohol exposure and manage and provide referrals to necessary services for those identified with FASD.

The program objectives to be accomplished by the end of the period of performance in 2029 include:

- At least 90% of PCPs educated through this program have more knowledge about the hazards of drinking during pregnancy, options for screening for alcohol use, and prenatal alcohol exposure among children and adolescents suspected of FASD.
- At least 75% of PCPs educated through this program have applied this knowledge and use a recommended approach of screening, intervention, and referral to services.

Background

Alcohol use during pregnancy is a leading preventable cause of birth defects and developmental disabilities in the United States. Drinking any alcohol during pregnancy is unsafe and can lead to FASDs and other risks during both pregnancy and delivery.^[7]

- Approximately 1 in 7 pregnant adults (13.5%) reported current drinking^[8] and about 1 in 20 (5.2%) reported binge drinking^[9] during the past 30 days based upon data from the 2018–2020 Behavioral Risk Factor Surveillance System (BRFSS).^[10]
- Both measures were 2 percentage points higher than during 2015–2017.^[11]

PCPs can easily identify alcohol use during pregnancy and prenatal alcohol exposure in children. Alcohol screening and brief intervention by a PCP can help prevent or reduce alcohol exposure during pregnancy.^[12] However, PCPs may lack the knowledge, confidence, or capacity to identify, manage, and refer pregnant patients who may be using alcohol, and they may also lack the skillsets required for infants, children, and adolescents with FASD.

A study conducted by the Centers for Disease Control and Prevention (CDC) examined the prevalence of alcohol screening and brief intervention among women of reproductive age, specifically 18-49 years, using 2017 and 2019 BRFSS data. Although 80% of pregnant adults were asked about recent alcohol use at their last doctor's appointment, only 16% who reported current drinking were advised to quit or reduce their alcohol use.^[13]

There are various ways to screen and provide care to pregnant patients who are consuming alcohol and to children who may have FASD. The Supporting FASD Screening and Intervention program aims to educate PCPs about screening and intervention strategies, increase their use of these approaches, and improve their application.

Education and technical assistance (TA) modalities may include using telehealth technology including videoconferencing, tele-mentoring, or tele-consultation, as well as other web-based methods, audit and feedback, educational meetings, clinical decision supports, educational outreach visits, peer coaching, primary care practice transformation coaching,^[14] continuous quality improvement, such as providing certifications, continuing education credits, and certificates of completion.

Requirements and expectations

Funding under this program is expected to contribute to reducing alcohol-exposed pregnancies, increase early identification of FASD, and improve developmental outcomes for children and adolescents with FASD. To achieve the objectives stated in the [purpose](#) section, you are encouraged to propose innovative strategies through key partnerships and collaborations to:

- Recruit a minimum of 80 practices^[15] over the 5-year period of performance to participate in education and TA activities. These practices should consist of PCPs serving pregnant patients and PCPs serving children and adolescents, ideally located in communities with high rates of binge drinking during pregnancy. Of the minimum 80 practices recruited:
 - At least 40 practices should be comprised of PCPs serving pregnant patients.
 - At least 40 practices should be comprised of PCPs serving children and adolescents.
 - At least 50% of the PCPs educated through this program should be practicing in rural and safety net settings,^[16] particularly in underserved areas.
- If awarded, you are expected to recruit at least 10 practices serving pregnant patients and at least 10 practices serving children and adolescents within the first 6 months of the period of performance.

PCPs participating in other HRSA-supported initiatives, such as the State Maternal Health Innovation (State MHI) program or the Screening and Treatment for Maternal Mental Health and Substance Use Disorder (MMHSUD) program may also be included. To attract PCP participation and promote the benefits of the trainings, you should use innovative recruitment and retention strategies.

- Provide education to PCPs serving pregnant patients to:
 - Screen for alcohol use and provide brief interventions.^[17]
 - Refer high-risk patients to specialty care.
 - Provide guidance on abstaining from alcohol during pregnancy.
 - Communicate/collaborate with pediatric providers regarding known prenatal alcohol exposure.
- Provide education to PCPs serving children and adolescents to:
 - Screen children and adolescents for prenatal alcohol exposure among those suspected of FASD and manage and provide referrals to necessary services for those identified with FASD.
 - Provide maternal and family referrals, as needed, for alcohol or other substance misuse, mental health, or family support services.
 - Improve effective communication and shared decision-making^[18] with families caring for a child with a suspected or diagnosed FASD.
- Provide TA to participating PCPs and their practices on using strategies to improve and sustain practice changes in various areas, including but not limited to:
 - Integrating evidence-based screening, clinical guidelines, brief interventions, referral, documentation, and clinical decision support tools into practice workflows and electronic health records (EHR).
 - Coordinating with specialty and community services.
 - Establishing partnerships for referral networks.
- Convene a project advisory committee with diverse perspectives to guide project activities.
 - Recruit people and families living with FASD, parents in recovery from alcohol use disorder, and key stakeholders and experts in the field.
 - Conduct at least two annual meetings during each award year to gather valuable insights and feedback to enhance the project.
 - Empower the committee to actively contribute to decision-making processes. The committee is expected to play a vital role in guiding project activities.

page-break-before

- Increase the availability of evidence-based and evidence-informed FASD materials and tools.
 - Identify and incorporate existing evidence-based education and training materials, tools, clinical guidelines, and resources from federal agencies, national medical and professional associations, and stakeholders.
 - Build on existing resources, where appropriate, to fill any gaps or address specific needs.
 - Ensure the developed materials expand (without duplicating) the existing landscape of public health content.

Performance measurement, evaluation, and continuous quality improvement (CQI)

We expect you to measure your performance, evaluate your program, and conduct CQI activities. This includes:

- Measuring performance on key activities and program objectives.
 - Recipients will be expected to measure and track program performance on key activities and program objectives.
 - This includes Discretionary Grants Information System (DGIS) measures on Health Equity, TA, Partnerships and Collaboration, and Knowledge Change. For more information on these measures, please see the [reporting](#) section.
- Evaluating your program. You are expected to conduct a recipient-led evaluation.
 - List the steps of your plan for measuring and evaluating program activities that contribute to the program's objectives.
 - Provide a list of measures that will be used to monitor progress and the data source for each measure.
 - Outline how the data will be collected, analyzed, tracked, and reported to measure process and impact/outcomes.
 - List and describe the methods and resources your organization will use to collect and manage data (for example, assigned skill project personnel, data management software) in a way that allows for accurate and timely reporting.
 - Provide a detailed summary of key personnel of your organization highlighting current experience, skills, and knowledge, including project personnel, materials published, and previous work of a similar nature.
 - Highlight any potential obstacles to evaluating the program and your plan to address those obstacles.

- Engaging in continuous quality improvement. You are expected to conduct CQI activities that allow for:
 - Educating PCPs about the hazards of prenatal alcohol exposure and the options for screening for alcohol use during pregnancy and prenatal alcohol exposure among children and adolescents suspected of FASD.
 - Increased use of appropriate screening, intervention, skills, and referral to services by PCPs.

Cooperative agreement terms

Our responsibilities

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

- Participating in the planning and development of project activities, including in-person or virtual meetings, during the period of performance.
- Conducting ongoing reviews of the establishment and implementation of activities, procedures, measures, and tools for accomplishing the goals of the cooperative agreement.
- Participating, as appropriate, in conference calls, meetings and TA sessions that are conducted during the period of the cooperative agreement.
- Assisting with the establishment and facilitation of collaborative relationships with federal and state contacts, HRSA-funded awards, and other entities that may contribute to successful project outcomes.
- Reviewing and providing advisory input on written documents, including information and materials to support the activities conducted through the cooperative agreement, prior to submission for publication or public circulation.
- Helping you circulate project findings, best practices, and lessons learned from the project.

Your responsibilities

You must follow all relevant laws and policies. Your other responsibilities will include:

- Completing activities proposed in this NOFO.
- Meeting with the federal project officer within 3 weeks after award to review the current strategies and to ensure the project and goals align with HRSA priorities for this activity.
- Providing ongoing, timely communication and collaboration with the federal project officer, including holding regular check-ins.
- Providing the federal project officer with the opportunity to review and provide input on written documents.

- This includes information and materials to support the activities conducted through the cooperative agreement, from the start as part of concept development and including the review of drafts and final products prior to submission for publication or public circulation.
- Collaborating with HRSA to review activities, procedures and budget items, information and publications prior to circulation, contracts, and interagency agreements.
- Establishing contacts relevant to the project's mission, such as with federal and non-federal partners and other HRSA projects.
- Assuring that all recipient administrative data and performance measure reports, as designated by HRSA, will be completed and submitted on time.

Funding policies and limitations

Policies

Support beyond the first budget year will depend on:

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

Limitations

- For guidance on some types of costs we do not allow or restrict, see Budget in section 4.1.iv of the [Application Guide](#). You can also see 45 CFR part 75, [General Provisions for Selected Items of Cost](#).
- For-profit organizations cannot earn profit from the federal award. See [45 CFR 75.216\(b\)](#).

See [manage your grant](#) for other information on costs and financial management.

Indirect costs

Indirect costs are those incurred for a common or joint purpose across more than one project and that cannot be easily separated by project (like utilities for a building that supports multiple projects). Learn more at [45 CFR 75.414](#), Indirect Costs.

You determine indirect costs using one of two methods:

Method 1 – Approved rate. You currently have an indirect cost rate approved by your cognizant federal agency.

Method 2 – *De minimis* rate. [Per 45 CFR 75.414\(f\)](#), if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate.

This rate is 10% of modified total direct costs (MTDC). See [45 CFR 75.2](#) for the definition of MTDC. You can use this rate indefinitely. If you use this rate, you must use it for all federal awards unless you negotiate a rate.

Program income

Program income is money earned as a result of your award-supported project activities. You will have to use those funds to add to approved project activities. Find more about program income at [45 CFR 75.307](#).



Step 2:

Get Ready to Apply

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Get registered

SAM.gov

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI). SAM.gov registration can take several weeks. Begin that process today.

To register, go to [SAM.gov entity registration](#) and select **Get Started**. From the same page, you can also select on the Entity Registration Checklist for the information you will need to register.

Grants.gov

You must also have an active account with [Grants.gov](#). You can see step-by-step instructions at the Grants.gov [quick start guide for applicants](#).

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grant search at Grants.gov](#) and search for opportunity number HRSA-24-046.

After you select the opportunity, we recommend that you select the Subscribe button to get updates.

Application writing help

Visit HHS [Tips for Preparing Grant Proposals](#).

Visit [HRSA's How to Prepare Your Application](#) page for more guidance.

Join the webinar

For more information about this opportunity, join the webinar on:

- April 23, 2024
- 2 to 3:30 p.m. ET
- [Join on Zoom](#)

If you are not able to join through your computer, you can call in:

- Phone number: [833-568-8864](#) US toll-free
- Meeting ID: 161 592 1986
- Passcode: 6683 2184

We will record the webinar. If you are not able to join live, you can [replay the recording](#).

Need Help? See [Contacts and Support](#).



Step 3:

Write Your Application

In this step

Application contents and format

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Application contents and format

Applications include five main components. This section includes guidance on each.

There is a 50-page limit for the overall application.

Submit your information in English and express budget figures using U.S. dollars.

Make sure you include each of these:

Components	Submission Format	Included in the page limit?
Project abstract	Use the Project Abstract Summary form	No
Project narrative	Use the Project Narrative Attachment form	Yes
Budget narrative	Use the Budget Narrative Attachment form	Yes
Attachments	Insert each in the Other Attachments form	Yes, unless otherwise marked.
Other required forms	Upload using each required form	No

Required format

You must format your narratives and attachments using our required formats for fonts, size, margins, etc. See the formatting guidelines in section 4.2 of the [Application Guide](#).

Project abstract

Complete the information in the Project Abstract Summary Form. Include a short description of your proposed project. Include the needs you plan to address, the proposed services, and the population groups you plan to serve. For more information, see section 4.1.ix of the [Application Guide](#).

Project narrative

In this section, you will describe all aspects of your project.

Use the section headers and the order below.

Introduction

See merit review criterion 1: [Need](#)

Briefly describe the purpose of your project.

Organizational information

See merit review criterion 5: [Resources and capabilities](#)

- Briefly describe your mission, structure, and the scope of your current activities. Explain how they support your ability to carry out the program requirements and meet program expectations.
- Include your organizational chart that clearly shows how your organization is structured, as [Attachment 5](#).
- Describe your capacity and expertise to provide education and TA activities, connect stakeholders, and measure program performance.
- Describe current experience, skills, and knowledge of program personnel.
- Describe peer-review publications, other published materials, and previous work of a similar nature.
- Describe expertise and past work in topical areas such as:
 - Screening, brief intervention, and referral of pregnant patients to treatment for substance use and mental disorders
 - Screening children and adolescents for prenatal alcohol exposure, and management and referral of those identified with FASD
 - The family-centered medical home model
 - Child development
 - Referral network development
 - Trauma informed models and approaches to care, and related topics
- Demonstrate expertise and past success with quality improvement and delivering TA to implement and sustain practice change in primary care settings.
- Demonstrate expertise and past success with delivering adult education and TA using the modalities you are proposing in this application, including, but not limited to telehealth approaches, primary care practice transformation coaching, and others.
- Discuss how you'll follow the approved plan, account for federal funds, and record all costs to avoid audit findings.
- Describe organizations who will partner with you to fulfill the goals of the program and meet the proposed objectives.

- Include these key organizations/people who are willing to support your plan in [Attachment 4](#), per the listed instructions.
- Describe the administrative and organizational structure within which the project will function, including relationships with other relevant departments, institutions, organizations, agencies, or sub-recipients.
 - Overall organizational capacity may be demonstrated through partnerships with these other entities.
- Describe how you will collaborate and share resources with other organizations or sub-recipients.
- Describe how you will manage communication with any partners or sub-recipients.
 - All sub-recipients must report to your organization (the award recipient) and are held to the same award requirements.
- A project organizational chart must be included as [Attachment 6](#).
 - Use one-page and include any critical partnerships or other significant key stakeholders, and paths of oversight and communication with other organizations, or sub-recipients.
 - Include the percentage of work your organization will do, as well as that of your partners or sub-recipients.

Need

See merit review criterion 1: [Need](#)

- Describe the problem you will address by the proposed activities.
- Identify and evaluate the need in communities that have high rates of binge drinking during pregnancy for education and TA for PCPs to:
 - Screen for alcohol use during pregnancy, provide brief intervention, and refer high-risk patients to specialty care.
 - Screen children and adolescents suspected of FASD for prenatal alcohol exposure and manage and provide referrals to necessary services for those identified with FASD.
- Demonstrate that meeting unmet education needs among these PCPs will contribute to improved health outcomes for their patient populations.
- Describe the target population and their unmet health needs.
- Provide evidence supporting the selection of the PCP disciplines and geographic locations that the program will target, based on the prevalence of binge drinking during pregnancy, especially in rural and medically underserved areas, as requested in the [requirements and expectations section](#).

- Identify and describe major health care delivery system issues and conditions impacting the target populations of PCPs.
 - Examples include the challenges experienced by PCPs practicing in rural areas and medically underserved communities, developing referral networks, and addressing the social determinants of health of their patient populations.
- Demonstrate knowledge of rural and safety net settings serving pregnant patients, children, and adolescents that will be reached through the proposed program.

Approach

See merit review criteria 2: [Response](#) and 4: [Impact](#)

- Tell us how you'll address your stated needs and meet the program requirements and expectations described in this NOFO and meet each of the program objectives, requirements, and expectations.
- Include a description of any innovative methods that you will use to address the stated needs.
- Goals and objectives
 - List the specific objectives that respond to the stated need and purpose of this project.
 - Provide Specific, Measurable, Achievable, Realistic, Time-bound, Inclusive, and Equitable (SMARTIE) objectives for each proposed project goal.
- Outreach and Recruitment
 - Provide a detailed plan for recruiting and selecting at least 40 practices consisting of PCPs serving pregnant patients and another 40 practices comprising PCPs serving children and adolescents.
 - These practices should be in communities with high rates of binge drinking during pregnancy.
 - Provide a recruitment timeline for the 5-year period of performance. The recruitment plans for PCPs serving pregnant patients and those serving children and adolescents should be described separately.
 - The target settings, populations, and provider types should align with the needs identified in the [need](#) assessment section.
 - The proposal should include plans to recruit PCPs practicing in rural and safety net settings, as well as those participating in other HRSA-supported initiatives in rural areas and medically underserved communities.

- **You are expected to recruit at least 10 practices serving pregnant patients and at least 10 practices serving children and adolescents within the first six months of the period of performance.**
- Estimate the numbers and types of learners, and practice settings and locations of those who will participate in this education and TA program, over the course of the five-year period of performance.
- Describe how you will employ innovative recruitment and retention strategies, which may include providing maintenance of certification, continuing education (for example, CMEs, CEUs, etc.), certificates of completion, or other incentives for participation.
 - If offered, please specify how continuing education or certificates will be awarded.
- You are encouraged to develop strategic partnerships with any of the following to achieve recruitment or other program goals:
 - HRSA-funded partners, including but not limited to those listed in [Appendix A](#), who can support the recruitment of rural and safety net PCPs.
 - National medical and professional associations and stakeholders listed in the section on Learner Competencies, Education, and TA Content.
- Education and TA Modalities
 - Describe a variety of evidence-based modalities grounded in adult learning principles that you will use to increase the knowledge, skills, and confidence of the target populations of PCPs.
 - Outline how you will maximize the acceptance and application of evidence-based clinical guidelines and recommendations.
 - Note: Interdisciplinary modalities may include, but are not limited to, primary care practice transformation coaching, ^[19] telehealth approaches such as provider-to-provider tele-consultation, and tele-mentoring such as Project ECHO, didactic, skills-based, peer exchange, and continuous quality improvement approaches, including learning collaboratives. You should propose models that have the best evidence base for sustaining practice change in primary care settings.
 - Describe the duration of the modalities and frequency of learning sessions and/or collaboratives (for example, once a month for six months).
 - Describe what technologies you will use to meet the program objectives and key activities, including e-learning systems, course management software, web-based conferencing, social media, and social networking tools, among others.

- Learner Competencies, Education, and TA Content
 - Specify what you will expect the competency of learners to be at the completion of each modality within the education and TA activities. Describe the evidence-based education, training and TA materials, tools, clinical guidelines, curricula (if applicable) and resources you intend to use, or develop, to educate, implement and sustain practice change among:
 - PCPs serving pregnant patients
 - PCPs serving children and adolescents
 - The program should identify, incorporate, and build on (where appropriate) existing materials developed by federal agencies and national medical and professional associations and stakeholders. Education and training resources developed under this program should not duplicate existing public health content, tools, clinical guidelines, or resources.
 - Describe how you will partner with federal agencies with training content developed in this area, which may include, but are not limited to, the CDC, the National Institute for Alcohol Abuse and Alcoholism, the Indian Health Service, and the Substance Abuse and Mental Health Services Administration, in developing training materials.
 - Describe whether and how you will partner with professional associations, which may include, but not limited to, the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), and FASD United, in developing training materials.
 - Describe how education and training materials will be culturally and linguistically appropriate for the target populations of PCPs and their respective patient populations.
 - Describe how education and training materials will help PCPs address the social determinants of health and health disparities of their respective patient populations.
- Project Advisory Committee
 - Describe your plan to engage a project advisory committee to guide program activities. The advisory committee should be comprised of people and families living with FASDs, parents in recovery from alcohol use disorder, and other key stakeholders and local and national experts in the field.
 - Describe the composition of your committee, including the number of members, their roles, and responsibilities.
 - Detail the frequency of meetings, and how you will ensure that meetings will be accessible for individuals and families with lived experience.

- Elaborate on how the advisory committee will actively support the planning and implementation of essential activities.
- Include in [Attachment 4](#), while noting the overall page limitations, selected copies of letters from proposed advisory committee members indicating their willingness to participate in the plan presented in the application.
- Dissemination Plan
 - Provide a plan to circulate reports and project outputs, including peer-reviewed publications, and opportunities for information exchange to ensure that target audiences receive the information.

High-level work plan

See merit review criteria 2: [Response](#) and 4: [Impact](#)

- Describe how you'll achieve each of the objectives during the period of performance. You'll find these in the [approach](#) section.
- Provide a work plan and a timeline as [Attachment 1](#) that describes the activities or steps, including cultural competency efforts, that you will use to achieve each of the proposed objectives included in the [approach](#) section. The work plan and the timeline should cover the entire 5-year period of performance and identify the responsible staff.
 - Use a timeline that includes each activity and identifies responsible project personnel, including the personnel of any key partners.
 - Identify meaningful support and collaboration with key partners or stakeholders in planning, designing, and implementing all activities, including developing the application.
 - The work plan's activities should be supported by, aligned with, and appropriate for, the needs assessment, proposed budget, and organizational capacity.
- You will also include a more detailed work plan in your [attachments](#).

Resolving challenges

See merit review criterion 2: [Response](#)

- Discuss challenges that you are likely to encounter in your work plan and explain the approaches that you will use to resolve such challenges.
- Discuss potential challenges in recruiting and retaining providers and practices comprised of PCPs serving pregnant patients, as well as providers and practices comprised of PCPs serving children and adolescents. Describe the approaches that you will use to resolve potential challenges.

Evaluation and technical support capacity

See merit review criteria 3: [Evaluation measures](#) and 5: [Resources and capabilities](#)

- Describe the expected outcomes of the funded activities, aligning with project goals and objectives.
- Describe the systems and processes that you'll use to track performance outcomes.
- Describe how you'll collect and manage data in a way that allows for accurate and timely reporting of those outcomes. These might include assigned skilled staff or data management software.
- Describe your plan to evaluate ongoing processes and the progress towards the project's goals, as well as how you will evaluate overall, continuous program improvement.
- Describe evaluation barriers and your plan to address them.
- Document a plan for measuring program outcomes including but not limited to:
 - Increased knowledge among PCPs about harms of prenatal alcohol exposure and screening options.
 - Increased use of appropriate screening, intervention, and referral by PCPs educated through the program.
- Describe how the data will be collected, analyzed, tracked, and reported to measure process and impact/outcomes, and explain how the data will be used to inform program development and education and TA delivery.
- Describe the resources, systems, and processes that will support your organization's performance management requirements.
- Describe your organization's current experience, skills, and knowledge, including project personnel, materials published, and previous work of a similar nature.

Budget and budget narrative

See merit review criterion 6: [Support requested](#)

Your **budget** should follow the instructions in section 4.1.iv of the [Application Guide](#) and any specific instructions listed in this section. Your budget should show a well-organized plan.

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

The **budget narrative** supports the information you provide in Standard Form 424-A. See [other required forms](#). The merit review committee reviews both.

It includes added detail and justifies the costs you ask for. As you develop your budget, consider:

- If the costs are reasonable and consistent with your project's purpose and activities.
- The restrictions on spending funds. See [funding policies and limitations](#).

To create your budget narrative, see detailed instructions in section 4.1.v of the [Application Guide](#).

Attachments

Place your attachments in order in the Other Attachments form.

Attachment 1: Work plan

Counts toward page limit.

Attach the project's work plan and timeline. Make sure it includes everything required in the [project narrative](#) section.

Attachment 2: Staffing plan and job descriptions

Counts toward page limit.

See Section 4.1.vi of the [Application Guide](#).

Include a staffing plan that shows the staff positions that will support the project and key information about each. Justify your staffing choices, including education and experience qualifications and your reasons for the amount of time you request for each staff position.

For key personnel, attach a one-page job description. It must include the role, responsibilities, and qualifications.

Attachment 3: Biographical sketches

Does not count toward the page limit.

Include biographical sketches for people who will hold the key positions you describe in [Attachment 2](#).

For key personnel, include no more than two-page biographical sketches. Do not include personally identifiable information. If you include someone you have not hired yet, include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of agreement and memoranda of understanding

Counts toward page limit.

Provide any documents that describe working relationships between your organization and others you refer to in the proposal. Documents that confirm actual or pending contracts or agreements should clearly describe the roles of the contractors and any deliverables. Make sure you sign and date any letters of agreement. If letters of support are required for eligibility, include them in this attachment.

Attachment 5: Applicant organizational chart

Counts toward page limit.

Provide a one-page organizational chart highlighting the position of the Supporting Fetal Alcohol Spectrum Disorders Screening and Intervention program within the organizational structure.

Attachment 6: Project organizational chart

Counts toward page limit.

Provide a one-page diagram depicting the organizational structure of the project and indicating the management and responsible individual(s) for the Supporting Fetal Alcohol Spectrum Disorders Screening and Intervention program.

Attachment 7: Tables and charts

Counts toward page limit.

Provide tables or charts that give more details about the proposal. These might be Gantt, PERT, or flow chart.

Attachment 8: For multi-year budgets: 5th year budget

Does not count toward page limit.

After using columns (1) through (4) of the SF-424A, Section B for a 5-year period of performance, you need to submit the budget for the 5th year as an attachment.

SF-424A Section B does not count in the page limit; however, any related budget narrative does count. See Section 4.1.iv of the [Application Guide](#).

Attachment 9: Proof of nonprofit status

Does not count toward page limit.

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

- A copy of a current tax exemption certificate from the IRS.
- A letter from your state's tax department, attorney general, or another state official saying that your group is a nonprofit and that none of your net earnings go to private shareholders or others.
- A certified copy of your certificate of incorporation. This document must show that your group is a nonprofit.
- Any of the above for a parent organization. Also include a statement signed by an official of the parent group that your organization is a nonprofit affiliate.

Attachment 10-15: Other relevant documents (no more than 15)

Counts toward page limit.

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

Other required forms

You will need to complete some standard forms. Upload the standard forms listed below at Grants.gov. You can find them in the NOFO [application package](#) or review them and any available instructions at [Grants.gov forms](#).

Forms	Submission Requirement
Application for Federal Assistance (SF-424)	With application
Budget Information for Non-Construction Programs (SF-424A)	With application
Attachments	With application
Disclosure of Lobbying Activities (SF-LLL)	If applicable, with the application or before award.
Project/Performance Site Location Form	With application
Grants.gov Lobbying Form	With application
Key Contacts	With application



Step 4:

Learn About Review and Award

In this step

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Application review

Initial review

We review each application to make sure it meets basic requirements. We will not consider an application that:

- Is from an organization that does not meet all eligibility criteria.
- Requests funding above the award ceiling shown in the [funding range](#).
- Is submitted after the [deadline](#).

Also, we will not review any pages over the page limit.

Merit review

A panel reviews all applications that pass the initial review. The members use the criteria below.

Criterion	Total number of points = 100
1. Need	10 points
2. Response	30 points
3. Evaluation measures	15 points
4. Impact	15 points
5. Resources and capabilities	25 points
6. Support requested	5 points

Criterion 1: Need

10 points

See project narrative's [introduction](#) and [need](#) sections.

- How well the application describes the problem and its contributing factors, including the need/demand for education and TA for the target population of PCPs in communities that have high rates of binge drinking during pregnancy especially in rural and underserved areas.
- How well the application describes:
 - The clinical educational needs of the target population of PCPs and the recommended approach of screening, intervention, and referral to services, for their respective patient population.

- The TA needs of the target population of PCPs to implement and sustain practice change required to address the topics proposed.
- How well the application shows clear demonstration of knowledge of rural and safety net settings serving pregnant patients, children, and adolescents.

Criterion 2: Response

30 points

See project narrative's [approach](#), [high-level work plan](#), and [resolving challenges](#) sections.

Approach (15 points)

- The strength, feasibility, completeness, and innovation of the proposed approach, as well as its effectiveness in addressing the problem and attaining the project objectives.
- The strength and reasonableness of the proposed education and technical assistance modalities, along with their content, and their effectiveness in meeting the education needs and learner competencies of the target populations of PCPs.
- The degree to which the education and TA content is evidence-based, incorporates and builds on existing materials, and does not duplicate existing public health content or resources.
- Development and utilization of culturally and linguistically appropriate materials, and the extent to which those materials will support PCPs to address the social determinants of health of their respective patient populations.
- The strength of the proposed roles and responsibilities of the Project Advisory Committee, ensuring alignment with the project's stated goals and objectives.
- The extent to which the Project Advisory Committee will comprise of people and families living with FASDs, parents in recovery from alcohol use disorder, and other key stakeholders and local and national experts in the field.
- The extent to which the circulation plan is feasible and complete.
- The degree to which the proposed outreach and recruitment strategies of PCP practices are complete, feasible, innovative, and capable of reaching the target geographic locations, ideally in communities that have high rates of binge drinking among pregnant people especially in rural areas.
- The explanation for how the recruitment of at least 10 practices serving pregnant patients and at least 10 practices serving children and adolescents will be complete within the first 6 months of the period of performance.
- The explanation of how a minimum of 40 practices comprised of PCPs serving pregnant patients and another minimum of 40 practices comprised of PCPs

serving children and adolescents, over the course of the 5-year period of performance.

Work plan (10 points)

- The extent to which the work plan is clear and specific in its details, including the identification of responsible project personnel and activities.
- The feasibility of the work plan, considering the extent to which it proposes reasonable timelines that are achievable and align with the objectives proposed in the [approach](#) section.
- The extent to which the plan integrates strategic partners and collaborates with key stakeholders to plan, design, and implement all project activities, including developing the application.

Resolving challenges (5 points)

- The ability to forecast and fully describe the challenges you are likely to encounter, including specific challenges in recruiting, and retaining practices for participation.
- The feasibility, innovation, and completeness of the approaches you will use to resolve such challenges.
- How well you identify and describe potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

Criterion 3: Evaluation measures

15 points

See project narrative's [evaluation and technical support capacity](#) section.

- How well you describe clear monitoring and evaluation procedures, including for planning, implementation, and reporting.
- The clarity, detail, and feasibility of your plan to collect data on measures required in performance measurement, evaluation, and continuous quality improvement. This includes how well the measures align with the program's purpose and are adequate to assess performance and progress.
- The strength and effectiveness of the evaluation plan and proposed method.
- The quality of the plan to report performance measurement and evaluation findings. This includes how they will use them to show outcomes and for continuous quality improvement.
- Your capacity to collect, track, manage, and report on process and outcome measures, as well as your proposed evaluation plan measures.

- The strength of your explanation regarding how the data will be used to inform program development, service delivery, and quality improvement.
- How strong and effective the method is to monitor and evaluate project results.
- Evidence that the measures will assess how well program objectives have been met and to what extent the results are attributed to the project.
- How effectively the experiences of patients, as well as people and families living with FASDs, parents in recovery from alcohol use disorder, and other key stakeholders and local and national experts in the field, are incorporated into evaluation approaches.

Criterion 4: Impact

15 points

See project narrative's [approach](#) and [high-level work plan](#) sections.

- The feasibility and effectiveness of the plan to disseminate reports, products, and/or project outputs and identify opportunities for information sharing to ensure key target audiences receive the project information.
- The feasibility of the plan to attain the project objectives.
- The degree to which the project activities are replicable and can inform public policies and programs.
- The likelihood that project activities will continue beyond the federal funding.
- The strength and feasibility of the partnerships and collaborations with those doing existing work in the field (for example, HRSA-funded partners in [Appendix A](#)).

Criterion 5: Resources and capabilities

25 points

See project narrative's [organizational information](#) and [evaluation and technical support capacity](#) sections.

Technical support capacity (13 points)

- The extent to which project staff have the training or experience to carry out the project.
- Clear demonstration of current experience, skills, and knowledge, including project personnel, materials published, and previous work of a similar nature.
- The strength of training and/or experience of project personnel responsible for measuring performance and refining, collecting, and analyzing data for evaluation to fulfill the proposed data-related and measurement activities.

Organizational information (12 points)

- Strength and feasibility of your organization's partners, and the expertise and experience of project staff to address the objectives and goals of the program.
- The extent to which the proposed partners, including sub-recipients, are appropriate to meet program goals. If applicable, please describe your relationships to, roles and responsibilities for program activities, and demonstrated commitments from (for example, letter of agreement in [Attachment 4](#)), any entity that is a critical partner in this program.
- Demonstrated expertise and successful track record in delivering education and TA, creating linkages among stakeholders, and evaluating performance to enhance provider capacity in areas such as:
 - Screening, brief intervention, and referral for pregnant patients with substance use and mental disorders
 - Screening children and adolescents for prenatal alcohol exposure
 - Management and referral of people suspected of FASD
 - The family-centered medical home model
 - Child development
 - Referral networks development
 - Implementation of trauma-informed care models and related topics
 - Utilization of various TA modalities such as telehealth approaches, quality improvement collaboratives, primary care practice transformation coaching, and other methodologies
- Demonstrated expertise and past success engaging pediatric and maternity care practices in measurable improvement to implement and sustain practice change in primary care settings.
- The extent to which project staff have the training or experience to carry out the project.
- The extent to which your organization has capabilities to fulfill the needs of the proposed project.
- Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.

Criterion 6: Support requested

5 points

See [budget and budget narrative](#).

- How reasonable the proposed budget is for each year of the period of performance.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable and align with the scope of work.
- The extent to which key staff have adequate time devoted to the project to achieve project objectives.

Risk review

Before making an award, we review the risk that you will not manage federal funds in prudent ways. We need to make sure you've handled any past federal awards well and demonstrated sound business practices. We:

- Review any applicable past performance
- Review audit reports and findings
- Analyze the cost of the budget
- Assess your management systems
- Ensure you continue to be eligible
- Make sure you comply with any public policies

We may ask you to submit additional information.

As part of this review, we use SAM.gov Entity information [responsibility/qualification](#) to check your history for all awards likely to be over \$250,000. You can comment on your organization's information in SAM.gov. We'll consider your comments before deciding about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see [45 CFR 75.205](#).

Selection process

When making funding decisions, we consider:

- Merit review results. These are key in making decisions but are not the only factor.
- The amount of available funds.
- Assessed risk.
- The larger portfolio of agency-funded projects, including the diversity of project types and geographic distribution.

We may:

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

Award notices

We issue Notices of Award (NOA) on or around the [start date](#) listed in the NOFO. See Section 5.4 of the [Application Guide](#) for more information.



Step 5:

Submit Your Application

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Application submission and deadlines

See [find the application package](#) to make sure you have everything you need.

Make sure you are current with SAM.gov and UEI requirements. When you register or update your SAM.gov registration, you must agree to the [financial assistance general certifications and representations](#), and specifically with regard to grants. Make sure that your SAM.gov registration is accurate for both contracts and grants, as these registrations differ. See [get registered](#). You will have to maintain your registration throughout the life of any award.

Deadlines

Application

You must submit your application by June 21, 2024 at 11:59 p.m. ET.

Grants.gov creates a date and time record when it receives the application. If you submit the same application more than once, we will accept the last on-time submission.

You may submit more than one application if each proposes a distinct project. We will only review your last validated application for each distinct project before the deadline.

Submission method

Grants.gov

You must submit your application through Grants.gov. See [get registered](#).

For instructions on how to submit in Grants.gov, see the [quick start guide for applicants](#). Make sure that your application passes the Grants.gov validation checks, or we may not get it. Do not encrypt, zip, or password protect any files.

See [Contacts and Support](#) if you need help.

Other submissions

Intergovernmental review

This NOFO is subject to [Executive Order 12372](#), Intergovernmental Review of Federal Programs.

If your state has a process, you will need to submit application information for intergovernmental review under [Executive Order 12372](#). Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. Some states have this process and others do not.

To find out your state's approach, see the [list of state single points of contact](#). If you find a contact on the list for your state, contact them as soon as you can to learn their process. If you do not find a contact for your state, you do not need to do anything further.

This requirement never applies to American Indian and Alaska Native tribes or tribal organizations.

Mandatory disclosure

You must submit any information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. See Mandatory Disclosures, [45 CFR 75.113](#).

To tell us about a violation, write to us:

HRSA via attachment as part of your application

AND

Office of Inspector General at grantdisclosures@oig.hhs.gov.

For full details, visit [HHS OIG Grant Self Disclosure Program](#).

Application checklist

Make sure that you have everything you need to apply:

Component	How to Upload	Included in page limit?
☐ Project abstract	Use the Project Abstract Summary Form.	Yes
☐ Project narrative	Use the Project Narrative Attachment form.	Yes
☐ Budget narrative	Use the Budget Narrative Attachment form.	Yes
Attachments	Insert each in a single Attachments form.	
☐ Attachment 1: Work plan		Yes
☐ Attachment 2: Staffing plan and job descriptions		Yes
☐ Attachment 3: Biographical sketches		No
☐ Attachment 4: Letters of agreement and MOUs		Yes
☐ Attachment 5: Applicant organizational chart		Yes
☐ Attachment 6: Project organizational chart		Yes
☐ Attachment 7: Tables and charts		Yes
☐ Attachment 8: Multi-year budgets—5th year budget		No
☐ Attachment 9: Proof of nonprofit status		No
☐ Attachment 10: Other relevant documents		Yes
Other required forms	Upload using each required form.	
☐ Application for Federal Assistance (SF-424)		No
☐ Budget Information for Non-Construction Programs (SF-424A)		No
☐ Attachments		No
☐ Disclosure of Lobbying Activities (SF-LLL)		No

Component	How to Upload	Included in page limit?
☐ Project/Performance Site Location Form		No
☐ Grants.gov Lobbying Form		No
☐ Key Contacts		No



Step 6:

Learn What Happens After Award

In this step

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Post-award requirements and administration

Administrative and national policy requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the Notice of Award.
- The regulations at [45 CFR part 75](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.
- The termination provisions in 45 CFR 75.372. No other specific termination provisions apply.
- The HHS [Grants Policy Statement](#) (GPS). This document is incorporated by reference in your Notice of Award. If there are any exceptions to the GPS, they'll be listed in your Notice of Award.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Administrative and National Policy Requirements](#).
- See the requirements for performance management in [2 CFR 200.301](#).

Non-discrimination and assurance

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

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

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

Reporting

If you are successful, you will have to follow the reporting requirements Section 6 of the [Application Guide](#). The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

We will require progress reports each year.

- **DGIS Performance Reports:** Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where you will report annual performance data to HRSA. You submit a DGIS Performance Report annually, by the specified deadline.
 - Please be advised the administrative forms and performance measures for MCHB discretionary grants have been updated and are currently undergoing OMB approval. The new performance measures are intended to better align data collection forms more closely with current program activities and include common process and outcome measures as well as program-specific measures that highlight the unique characteristics of discretionary grant/cooperative agreement projects that are not already captured.
 - Recipients will only complete forms in this package that are applicable to their activities, to be confirmed by MCHB after OMB approval. The proposed updated forms are accessible on [HRSA's DGIS](#).

Table 1: Reporting

Type of Report	Reporting Period	Available Date	Report Due Date
New competing performance report	September 1, 2024 – August 31, 2029 (administrative data and performance measure projections, as applicable)	Period of performance start date	120 days from the available date
Non-competing performance report	September 1, 2025 – August 31, 2028	Beginning of each budget period (Years 2–5, as applicable)	120 days from the available date
Project period end performance report	September 1, 2024 – August 31, 2029	Period of performance end date	90 days from the available date

- **Federal Financial Report:** The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Visit [Reporting Requirements | HRSA](#). More specific information will be included in the NOA.
- **Progress Report(s):** The recipient must submit a progress report to us. The NOA will provide details.
- **Final Project Period Narrative Report:** The recipient must submit a final narrative progress report to HRSA following the end of the period of performance. The report will be submitted in the EHBs and should include final outcomes related to the program goals and objectives, including accomplishments and barriers. Further information will be available in the NOA.
- **Integrity and Performance Reporting:** The NOA will contain a provision for integrity and performance reporting in [FAPIIS](#), as [45 CFR part 75 Appendix I, F.3](#), and [45 CFR part 75 Appendix XII](#) require.



Contacts and Support

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Agency contacts

Program and eligibility

M. Sonsy Fermin

Project Officer

Maternal and Child Health Bureau

Email: wellwomancare@hrsa.gov

301-443-1702

Financial and budget

Marc Horner

Grant Management Specialist

HRSA Division of Grants Management Operations, OFAM

Email: mhorner@hrsa.gov

301-443-4888

HRSA contact center

Monday to Friday

7 a.m. to 8 p.m. ET

Except for federal holidays.

877-464-4772 (877-Go4-HRSA)

TTY: 877-897-9910

Grants.gov

Grants.gov provides 24/7 support. You can call 1-800-518-4726 or email

support@grants.gov. Hold on to your ticket number.

SAM.gov

If you need help, you can call 866-606-8220 or live chat with the [Federal Service Desk](#).

Helpful websites

- [HRSA's How to Prepare Your Application page](#)
- [HRSA Application Guide](#)
- [HRSA Grants page](#)
- [HHS Tips for Preparing Grant Proposals](#)

Appendix A: HRSA-funded partners

[HRSA's Health Center Program](#)

[Bureau of Primary Health Care National Health Center Training and Technical Assistance Partners \(NTTAP\)](#)

[Health Center Controlled Networks \(HCCNs\)](#)

[Primary Care Associations \(PCAs\)](#)

[Maternal and Child Health: Title V Maternal and Child Health Services Block Grant Program state contacts](#)

[Federal Office of Rural Health Policy](#)

[State Offices of Rural Health \(SORHs\)](#)

[Rural Health Information Hub \(RHlhub\)](#)

[Rural Health Research Gateway](#)

[HIV/AIDS: TargetHIV](#)

[Women's Preventive Services Initiative](#)

[Healthy Start](#)

[Maternal, Infant, and Early Childhood Home Visiting \(MIECHV\) Program](#)

[State Maternal Health Innovation Program: Maternal Health Taskforces](#)

[Pediatric Mental Health Care Access](#)

[Screening and Treatment for Maternal Mental Health and Substance Use Disorder](#)

[National Maternal Mental Health Hotline](#)

Appendix B: Resources and informational websites

[Bright Futures \(American Academy of Pediatrics \(AAP\)\) CDC FASDs: Information for Healthcare Providers](#)

[Healthy People 2023](#)

[HRSA's National Consortium of Telehealth Resource Centers](#)

[FASD United](#)

[National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#)

[Screening, Brief Intervention, and Referral to Treatment \(SBIRT\)](#)

[The FASD Toolkit, AAP](#)

[National Institute on Alcohol Abuse and Alcoholism \(NIAAA\) Fetal Alcohol Exposure](#)

Endnotes

Select the endnote number to jump to the related section in the document.

[1] PCPs can be broadly defined to include any medical providers offering care to pregnant people, adolescents, and children, including specialties such as, but not limited to, maternity care, family medicine, pediatric, and nursing providers, particularly those practicing in rural areas and medically underserved communities.

[2] Communities to be served under this NOFO include those located in states, territories, and freely associated states, and tribes, and tribal organizations, as described.

[3] The Health Resources and Services Administration (HRSA) defines rural at this link:
<https://www.hrsa.gov/rural-health/about-us/what-is-rural>

[4] For purposes of this NOFO, a medically underserved community is one which may be designated as a Health Professional Shortage Area, Medically Underserved Area, or Medically Underserved population. For additional information, <https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation>.

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

[6] FASDs are difficult to diagnose and require multidisciplinary assessments. There is no one test to diagnose FASDs, and many other disorders can have similar symptoms (<https://www.cdc.gov/ncbddd/fasd/facts.html>). Therefore, throughout this document, the program goals and objectives related to PCPs screening children and adolescents are articulated as increased knowledge, skills, confidence in screening for prenatal alcohol exposure among children and adolescents suspected of FASD.

[7] Bailey BA, Sokol RJ. Prenatal alcohol exposure and miscarriage, stillbirth, preterm delivery, and sudden infant death syndrome. *Alcohol Research & Health*. 2011;34(1):86-91.

[8] Current drinking is defined as having at least one drink of any alcoholic beverage in the past 30 days.

[9] Binge drinking is defined as consuming four or more drinks on at least one occasion in the past 30 days.

[10] Gosdin LK, Deputy NP, Kim SY, Dang EP, Denny CH. Alcohol consumption and binge drinking during pregnancy among adults aged 18–49 years — United States, 2018–2020. *MMWR*. 2022;71(1):10-13. <http://dx.doi.org/10.15585/mmwr.mm7101a2>

[11] Denny CH, Acero CS, Naimi TS, Kim SY. Consumption of alcohol beverages and binge drinking among pregnant women aged 18–44 years — United States, 2015–2017. *MMWR*. 2019;68(16):365–368. <http://dx.doi.org/10.15585/mmwr.mm6816a1>

[12] O'Connor EA, Perdue LA, Senger CA, Rushkin M, Patnode CD, Bean, SI, Jonas, DE. Screening and behavioral counseling interventions to reduce unhealthy alcohol use in adolescents and adults: Updated evidence report and systematic review for the US Preventive Services Task Force. *JAMA*. 2018;320(18):1910-1928. <https://doi.org/10.1001/jama.2018.12086>

[13] Luong J, Board A, Gosdin L, Dunkley J, Thierry JM, Pitasi M, Kim SY. Alcohol use, screening, and brief intervention among pregnant persons — 24 U.S. jurisdictions, 2017 and 2019. *MMWR*. 2023;72(3):55-62. <http://dx.doi.org/10.15585/mmwr.mm7203a2>

[14] Integrating Chronic Care and Business Strategies in the Safety Net: A Practice Coaching Manual. <https://www.ahrq.gov/ncepcr/care/chronic-manual/index.html>, Retrieved 7/25/23.

[15] For the purposes of this NOFO, a practice is defined broadly as an ambulatory clinical setting in which one, two, or more clinicians provide health care in a single-specialty (for example, primary care) or multispecialty practice (for example, offering various types of medical specialty care within one organization).

[16] For this NOFO, safety net setting are facilities or organizations that play a crucial role in providing care to underserved or vulnerable populations, including those without insurance or with limited financial resources.

[17] For this NOFO, brief intervention is defined as engaging a patient in a short counseling conversation, providing feedback, and advice.

[18] Shared decision-making promotes family and clinician collaboration, with ultimate goals of improved health and satisfaction. Adams RC, Levy SE, and AAP Council on Children With Disabilities. Shared Decision-Making and Children With Disabilities: Pathways to Consensus. Pediatrics 2017;139; DOI: 10.1542/peds.2017-0956

[19] Tools and Resources for Practice Transformation and Quality Improvement, <https://www.ahrq.gov/ncepcr/tools/transform-qi/index.html>.