U.S. Department of Health and Human Services

Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2024

Maternal and Child Health Bureau

Division of Healthy Start and Perinatal Services

Supporting Healthy Start Performance Project

Funding Opportunity Number: HRSA-24-038

Funding Opportunity Type(s): Competing Continuation, New

Assistance Listing Number: 93.926

Application Due Date: December 29, 2023

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

Issuance Date: September 29, 2023

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

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See Section VII for a complete list of agency contacts.

Authority: 42 U.S.C. § 254c-8 (Title III, § 330H of the Public Health Service Act)

508 COMPLIANCE DISCLAIMER

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

SUMMARY

Funding Opportunity Title:	Supporting Healthy Start Performance Project
Funding Opportunity Number:	HRSA-24-038
Assistance Listing Number:	93.926
Due Date for Applications:	December 29, 2023
Purpose:	The purpose of the Supporting Healthy Start Performance Project (SHSPP) is to provide training and technical assistance to support Healthy Start (HS), Healthy Start Initiative - Enhanced (HSE), and Catalyst for Infant Health Equity grant recipients in improving their service delivery, meeting outcome measures, and building program capacity to work with community partners to improve health and social service systems to reduce maternal and infant health disparities.
Program Objective(s):	By May 31, 2029, the SHSPP will: • Increase the number of grant recipients provided with training and technical assistance on implementation strategies to increase fair access to quality community-based services. • Increase the number of training materials and resources on perinatal health topics for grant recipients. • Increase opportunities for peer-to-peer learning and information sharing among grant recipients. • Increase the number of grant recipients who receive training and technical assistance on data collection and data use for quality

	improvement, performance monitoring, and local evaluation.
Eligible Applicants:	You can apply if your organization is in the United States and is: • Public or private; • Community-based; and/or • Tribal (governments, organizations). See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.
Anticipated FY 2024 Total Available Funding:	Supporting Healthy Start Performance Project: $3,500,000 SHSPP TA Enhancement: Up to $800,000 *We're issuing this notice to ensure that, should funds become available for this purpose, we can process applications and award funds appropriately. You should note that we may cancel this program notice before award if funds are not appropriated.*
Estimated Number and Type of Award(s):	Supporting Healthy Start Performance Project: Up to 1 competing continuation, new cooperative agreement SHSPP TA Enhancement (Optional): Recipient may receive additional funding for TA Enhancement, subject to the availability of appropriated funds.
Estimated Annual Award Amount:	Up to $3,500,000 per award for the Supporting Healthy Start Performance Project, subject to the availability of appropriated funds Up to $800,000 for the SHSPP TA Enhancement, subject to the availability of appropriated funds
Cost Sharing or Matching Required:	No

Period of Performance:	Supporting Healthy Start Performance Project: June 1, 2024 through May 31, 2029 (5 years) SHSPP TA Enhancement: June 1, 2024 through May 31, 2029 (5 years)
Agency Contacts:	**Business, administrative, or fiscal issues:** David Colwander Grants Management Specialist Division of Grants Management Operations, OFAM Health Resources and Services Administration Call: 301-443-7858 Email: Dcolwander@HRSA.gov **Program issues or technical assistance:** Kristal Dail, MPH Public Health Analyst, Division of Healthy Start and Perinatal Services Maternal and Child Health Bureau Call: 301-287-0236 Email: kdail@hrsa.gov Rochelle Logan, DrPH, MPH, CHES Supervisory Public Health Analyst, Division of Healthy Start and Perinatal Services Maternal and Child Health Bureau Call: 240-381-5834 Email: rlogan@hrsa.gov

Application Guide

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

Technical Assistance

We have scheduled the following webinar:

Tuesday, October 17, 2023
1:00 – 3:00. p.m. ET
Weblink: https://hrsa-gov.zoomgov.com/j/1603453343?pwd=UmgzRk5NZFd2NlVOMDRFWFFkbSs5dz09

Attendees without computer access or computer audio can use the following dial-in information: Call-In Number: 1 833 568 8864 Meeting ID: 20958161

We will record the webinar, which will be 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 Supporting Healthy Start Performance Project (SHSPP). The purpose of the SHSPP is to provide training and technical assistance (TA) to support grant recipients in improving their service delivery, meeting outcome measures, and building program ability to work with community partners to improve health and social service systems to reduce maternal and infant health disparities. These grant recipients include those funded under the following programs: Healthy Start (HS), Healthy Start Enhanced (HSE), and Catalyst for Infant Health Equity (Catalyst).

To carry out these activities, the SHSPP recipient will serve as the Healthy Start Technical Assistance and Support Center (TASC)[1]. As the TASC, the SHSPP will aid in strengthening the implementation of HS grant recipient activities by providing ongoing training and TA to grant recipients.

The HS, HSE, and Catalyst programs have an increased emphasis on addressing social determinants of health (SDOH)[2] to improve disparities in maternal and infant health outcomes. Training and TA strategies provided by the SHSPP are expected to acknowledge and respond to SDOH affecting HS grant recipients across the country.

Program Goal:
The goal of the SHSPP is to strengthen the ability of grant recipients in their implementation of strategies and programs that improve perinatal outcomes by increasing equitable access to quality community-based services.

Program Objectives
The objectives to be carried out during the period of performance include:

By May 31, 2029, the SHSPP will:

- Increase the number of grant recipients provided with training and technical assistance on implementation strategies to increase fair access to quality community-based services.
- Increase the number of training materials and resources on perinatal health topics for grant recipients.
- Increase opportunities for peer-to-peer learning and information sharing among grant recipients.

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[1] The TASC operates the Healthy Start EPIC Website. The Healthy Start EPIC website is an online database where grant recipients can access training, consultation, and technical resources to support the implementation of each program.
[2] https://www.cdc.gov/about/sdoh/index.html

- Increase the number of grant recipients who receive training and technical assistance on data collection and data use for quality improvement, performance monitoring, and local evaluation.

For more details on the program requirements and expectations to support and monitor the program goals and objectives, see Program Requirements and Expectations.

The FY24 Healthy Start competition (HRSA-24-033) includes a new expectation for HS projects to provide group-based prenatal/postpartum health and parenting education, which can lead to positive perinatal outcomes**.** The purpose of the enhancement is to further advance efforts around reducing maternal and infant health disparities. The optional **SHSPP TA Enhancement** seeks to provide additional, more focused support to build HS capacity around group-based interventions for FY24 HS recipients, as well as HSE and Catalyst recipients.

The SHSPP TA Enhancement activities may include but are not limited to the following:

(1) Assessment of recipient needs

(2) One-on-one TA to HS projects

(3) Identifying best practices

(4) Support in the implementation of group-based health and education programs

Note: the recipient may be asked to submit a revised budget and workplan for enhancement activities at the time funding is made available, based on the needs of grant recipients for SHSPP TA Enhancement. Proposed activities should be consistent with those listed in Section V's Review Criteria within the Review and Selection Process section, on page 29 and Attachment 9 Project Narrative.

2. Background

Authority

The Supporting Healthy Start Performance Project is authorized by 42 U.S.C. § 254c-8 (Title III, § 330H of the Public Health Service Act).

Infant Mortality, Perinatal Health, and Social Determinants of Health

Approximately four million births occur each year in the U.S.[3] While most women have a safe pregnancy and deliver a healthy infant, there are persistently higher rates of infant mortality and maternal morbidity among Black and American Indian/Alaska Native populations. The highest infant mortality rates in the country are among Black infants and AI/AN infants (10.38 and 7.68 infant deaths per 1,000 live births in 2020, respectively), with rates that are significantly higher than that of White infants (4.40 infant deaths per 1,000 live births in 2020).[4]

[3] https://www.cdc.gov/nchs/fastats/births.htm
[4] https://www.cdc.gov/nchs/data/nvsr/nvsr71/nvsr71-05.pdf

Excess non-Hispanic Black and non-Hispanic AI/AN infant deaths are those that occur due to higher mortality rates compared to non-Hispanic White infants, and can be referred to as deaths attributable to disparity or deaths that need to be prevented to achieve equity. Each year, approximately 3,500 more infant deaths occur due to higher mortality rates among non-Hispanic Black and non-Hispanic AI/AN infants than White infants[5].

Inequities in access to health promoting resources such as education, employment, and health care contribute to racial/ethnic disparities in perinatal health and infant death. Research suggests a correlation between individual outcomes and health disparities across racial groups, indicating that they are shaped by interpersonal, institutional, community, and policy factors such as racism, providers' cultural competence, access to quality health care, neighborhood quality, and economic and housing opportunities.[6] Several social determinants of health frameworks (for example, National Birth Equity Framework,[7] Vital Conditions for Well-Being,[8] and Healthy People 2030[9]) have been developed to help communities, medical and public health professionals, and others better understand and address the multiple factors that contribute to disparate health outcomes.

The Healthy Start Initiative

Since its start as a demonstration project in 1991, HS has provided grants to communities with infant mortality rates at 1.5 times the U.S. national average and with high rates of other adverse perinatal outcomes (for example, low birthweight, preterm birth, maternal morbidity, and mortality). The purpose of HS is to reduce infant mortality rates and improve perinatal outcomes, focusing on project areas with average annual rates of infant mortality that are high or above the national average. HS uses a community-based approach to deliver direct and enabling services that facilitate access to health care and community services. HS works to eliminate the disparities in health status between the general population and individuals who are members of racial and ethnic minority groups.

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[5] **Excess Infant Deaths** is a statistical term used in public health to refer to infant deaths that occur due to higher mortality rates than non-Hispanic White infants and can be referred to as deaths attributable to disparity or deaths that need to be prevented to achieve equity in infant mortality rates. Excess deaths are calculated by multiplying excess death rates by the number of births (for example, [Black IM rate – White IM rate] X Black births).

[6] National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on Community-Based Solutions to Promote Health Equity in the United States; Baciu A, Negussie Y, Geller A, et al., editors. Communities in Action: Pathways to Health Equity. Washington (DC): National Academies Press (US); 2017 Jan 11. 3, The Root Causes of Health Inequity. Available from: https://www.ncbi.nlm.nih.gov/books/NBK425845

[7] https://www.marchofdimes.org/professionals/mom-and-baby-action-network.aspx

[8] https://winnetwork.org/vital-conditions

[9] https://health.gov/healthypeople/priority-areas/social-determinants-health

Currently, HRSA funds HS programs in 101 communities across 35 states and the District of Columbia.

Healthy Start Initiative – Enhanced

Launched in 2023, the purpose of HSE is to improve health outcomes before, during, and after pregnancy and reduce the well-documented racial/ethnic differences in rates of infant death and adverse perinatal outcomes. HSE is intended to support projects in diverse communities and populations (for example, rural, urban, non-Hispanic Black, American Indian/Alaskan Native [AI/AN]) experiencing the greatest disparities in maternal and infant health outcomes).

Catalyst for Infant Health Equity

The purpose of the Catalyst for Infant Health Equity program is to support the implementation of existing action plans that apply data-driven policy and innovative systems strategies to reduce IM disparities and prevent excess infant deaths. Recipients are expected to implement action plans that address the social determinants of health (that is, environmental, social, and economic conditions), and/or the structural determinants of health (for example, institutions, systemic barriers, policies) that contribute to disparities in IM.

Healthy Start Technical Assistance and Support Center (TASC)

The recipient of the SHSPP will be expected to serve as the TASC and provide training, technical assistance, and support to the HS, HSE, and Catalyst grant recipients.

This notice of funding opportunity (NOFO) aims to address some of the lessons learned from previous periods of performance of the HS, HSE, and Catalyst programs, including the need to:

- Support grant recipients in planning, implementing, and measuring program activities through evidence-based services and best practices.
- Promote effectiveness, consistency, and quality of content in grant recipient services and program activities used for grant recipients, participants, and community partners.
- Strengthen the grant recipients' workforce through effective professional development techniques that ensure knowledge, skills, and competencies.

The SHSPP TA Enhancement will provide additional TA to build HS capacity around group-based interventions. Examples of enhancement activities include but are not limited to providing an assessment of grantee needs, one-on-one TA to HS projects, identifying best practices, and providing support in the implementation of group-based health and education programs across HS, HSE, and Catalyst recipient programs.

About MCHB and Strategic Plan
The HRSA Maternal and Child Health Bureau (MCHB) administers programs with focus areas in maternal and women's health, adolescent and young adult health, perinatal and infant health, child health, and children with special health care needs. To achieve its mission of improving the health and well-being of America's mothers, children, and families, MCHB is implementing a strategic plan that includes the following four goals:

Goal 1: *Assure access to high quality and equitable health services to optimize health and well-being for all MCH populations*
Goal 2: *Achieve health equity for MCH populations*
Goal 3: *Strengthen public health capacity and workforce for MCH*
Goal 4: *Maximize impact through leadership, partnership, and stewardship*

To learn more about MCHB and the bureau's strategic plan, visit Mission, Vision, and Work | MCHBhttps://mchb.hrsa.gov/about-us/mission-vision-work.

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.

In addition to the usual monitoring and technical assistance (TA) provided directly to award recipients, HRSA program involvement will include:

- Having experienced HRSA personnel available as participants in the planning and development of the project, including participation in and planning of any meetings conducted as part of project activities
- Participating, as appropriate, in conference calls, meetings, training, and TA sessions that are conducted during the period of the cooperative agreement
- Coordinating the partnership and communication with federally funded maternal health programs and other federal entities that may be relevant for the successful completion of tasks and activities identified in the approved scope of the cooperative agreement
- Conducting ongoing review of the establishment and implementation of activities, procedures, measures, and tools for accomplishing the goals of the cooperative agreement

- Reviewing and providing input on written documents, including information and materials for the activities conducted through the cooperative agreement, prior to submission for publication or public dissemination
- Participating with the award recipient in the dissemination of project findings, best practices, and lessons learned from the project
- Providing consultation regarding the collection of information and administrative data designated by HRSA

In addition to adhering to all applicable federal regulations and public policy requirements, the cooperative agreement recipient's responsibilities will include:

- Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per page 26 of the HRSA SF-424 Application Guide
- Providing the federal project officer with the opportunity to review and discuss any publications, audiovisuals, and other materials produced, as well as meetings planned, through this cooperative agreement. Such review should start at the time of concept development and include review of drafts and final products prior to dissemination
- Completing activities proposed in response to the Program Requirements and Expectations section of this notice of funding opportunity
- Participating with HRSA in face-to-face meetings, virtual meetings, and conference calls conducted during the period of the cooperative agreement
- Consulting with the federal project officer when scheduling any meetings that pertain to the scope of the cooperative agreement and at which the project officer's attendance would be appropriate (as determined by the project officer)
- Collaborating with HRSA on ongoing review of activities, procedures, budget items, contracts, and sub-awards
- Leveraging existing products or resources developed by the previously funded entity, as well as internal and external resources, to maximize the TA Center's efficiency and effectiveness
- Convening and leading a minimum of eight face-to-face annual meetings during the period of performance for participating grant recipients. As appropriate, meetings should include agencies that administer block grant programs under Title V of the Social Security Act to promote cooperation, integration, and dissemination of information with Statewide systems and with other community services funded under the Maternal and Child Health Block Grant.

- Participating in evaluation activities provided by the designated HRSA evaluation contractor, if applicable
- Completing all administrative data and performance measure reports, as designated by HRSA and in a timely manner
- Supporting HRSA's efforts to advance identified priorities for the MCH population related to addressing perinatal outcomes

2. Summary of Funding

We estimate $3,500,000 will be available each year to fund one recipient. You may apply for a ceiling amount of up to $3,500,000 annually (reflecting direct and indirect costs). In addition, up to $800,000 is expected to be available annually to fund a SHSPP TA Enhancement project. You may apply for a ceiling amount of up to $800,000 annually in additional funding for the SHSPP TA Enhancement.

Type of Award	Estimated Number of Awards	Estimated Amount of Award per Grantee	Anticipated Total Availability of Funds
Supporting Healthy Start Performance Project	1	$3,500,000	$3,500,000
SHSPP TA Enhancement (optional)	1	Up to $800,000	Up to $800,000

This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is June 1, 2024, through May 31, 2029 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the Supporting Healthy Start Performance Project and the SHSPP TA Enhancement in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

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

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

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

III. Eligibility Information

1. Eligible Applicants

You can apply if your organization is in the United States and is:

- Public or private;
- Community-based; and or
- Tribal (governments, organizations).

2. Cost Sharing or Matching

Cost sharing or matching is not required for this program.

3. Other

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

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

Multiple Applications

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

IV. Application and Submission Information

1. Address to Request Application Package

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

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

Select "Subscribe" and enter your email address for HRSA-24-038 to receive emails about changes, clarifications, or instances where we republish the NOFO. You will also be notified by email of documents we place in the RELATED DOCUMENTS tab that may affect the NOFO and your application. *You're responsible for reviewing all information that relates to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

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

Application Page Limit

The total number of pages that count toward the page limit shall be no more than **60 pages** when we print them. The page limit for the optional SHSPP TA Enhancement is 10 pages* and includes the project narrative, budget narrative, and other descriptive information as described under Attachment 9.

Supporting Healthy Start Performance Project	60 pages
SHSPP TA Enhancement	10 pages **does not count in the 60-page limit*

We will not review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using Section III. Eligibility Information of the NOFO.

These items do not count toward the page limit:

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

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

If you use an OMB-approved form that is not in the HRSA-24-038 workspace application package, it may count toward the page limit.

Applications must be complete and validated by Grants.gov under HRSA-24-038 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- When you submit your application, you certify that you and your principals[10] (for example, program director, principal investigator) can participate in receiving award funds to carry out a proposed project. That is, no federal department or

[10] See definitions at eCFR :: 2 CFR 180.995 -- Principal. and eCFR :: 2 CFR 376.995 -- Principal (HHS supplement to government-wide definition at 2 CFR 180.995).

agency has debarred, suspended, proposed for debarment, claimed you ineligible, or you have voluntarily excluded yourself from participating.
- If you fail to make mandatory disclosures, we may take an action like those in 45 CFR § 75.371. This includes suspending or debarring you.[11]
- If you cannot certify this, you must include an explanation in *Attachment 12-15: Other Relevant Documents*.

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

Program Requirements and Expectations

The recipient of the SHSPP will act as the Healthy Start Technical Assistance Support Center (TASC). As the HS TASC, the SHSPP recipient should bring innovative ideas to advance the goals outlined in the HS, HSE, and Catalyst programs, to include strategies to support providing direct and enabling services for participants, setting up, and maintaining a community consortium, and implementing action plans on SDOH.

Training and Technical Assistance

Specifically, the SHSPP is expected to provide training and technical assistance to grant recipients, using a SDOH centered approach, on the following:

- Recruitment and retention of HS and HSE participants who live within the grant recipients' selected project area.
- Preventive screening services and prenatal care (for example, providing and/or contracting for wellness visits, prenatal/postpartum care and screening for maternal depression, intimate partner violence, sexually transmitted infections, diabetes, hypertension etc.).
- Referrals and linkages to clinical care and support services.
- Addressing SDOH using warm hand-offs in transferring care.
- Navigation support to keep participants in clinical care and maintain connection to services addressing SDOH.
- Case management/care coordination services for women of reproductive age and fathers/partners.
- Development and implementation of group-based health and parenting education classes.
- Health promotion, education, and prevention activities aimed at increasing family health and wellness and promoting best perinatal health outcomes.

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

- Accessing preventive health services, behavioral health care, and other specialty services.
- Development and submission of Community Consortium plans and action plans to address SDOH.
- Implementing systems-level changes/actions to address SDOH and reduce racial/ethnic disparities.
- Supporting programs in developing Specific, Measurable, Attainable, Realistic, Timely, Inclusive, and Equitable (SMARTIE) objectives.
- Strengthening the grant recipient workforce through effective professional development techniques that ensure knowledge, skills, and competencies.

Grant recipients can request training and technical assistance on any of the requirements/expectation of recipients outlined in the NOFOs for the HS, HSE, and Catalyst programs.

The SHSPP is expected to provide training and technical assistance on the above grant recipient activities through one or more of the modalities listed below:

- **Individualized Training and Technical Assistance:** The SHSPP is expected to provide individualized training and TA for grant recipients on one or more specific health promotion topics (Appendix C) to strengthen the implementation of program goals. Individualized training and TA support may be provided virtually and/or on-site to support the specific needs of grant recipients. Individualized training and TA support should be designed to address unique factors that inform SDOH within each grantee's service area.
- **Group Training and Technical Assistance:** Group Training and TA may include Web-based opportunities for grant recipients such as live and pre-recorded webinars, eLearning modules as well as in person training sessions.
- **Communities of Practice (CoPs)**: The recipient of the SHSPP is required to facilitate Community of Practice activities for HS and HSE grant recipients. These activities may focus on peer support across HS and HSE projects, sharing of best practices in partnership engagement, plan implementation, and creation of new knowledge.
- **Project Director Mentorship Program**: The Project Director Mentorship Program provides peer-to-peer learning and mentoring support to HS and HSE Project Directors to improve organizational leadership and program performance. The award recipient of the SHSPP award is expected to create a mentoring program for individual HS and HSE grant recipients and develop objectives and expected outcomes for the mentoring opportunities. The SHSPP award recipient is also expected to develop curricula and training and facilitate peer-to-peer

mentoring for project directors in HS and HSE programs (for example, HS grant recipient with 90 percent retention of HS participants providing mentoring to HS grant recipient with 40 percent retention of HS participants).

The SHSPP recipient is expected to contract or hire individuals to serve as a Subject Matter Experts (SMEs). A SME[12] is defined as a "person with bona fide expert knowledge about what it takes to do a particular job." SMEs will provide free, in-depth virtual and/or on-site technical assistance to an individual grant recipient or group of grant recipients, with an eye toward practical application of evidence-based practices targeting HS, HSE, and Catalyst goals and performance measures. SMEs must be available to provide technical assistance on the health promotion topics listed in Appendix C.

Healthy Start EPIC Website[13]

The Healthy Start EPIC website is an online database where grant recipients can access training, consultation, and technical resources to support the implementation of each program. The recipient of the SHSPP is expected to ensure the Healthy Start EPIC website:

- Acts as an up-to-date repository of technical assistance tools and resources outlining best practices on specific health education topics.
- Provides a mechanism for grant recipients to request individualized training and TA support to achieve HS, HSE, and Catalyst program goals.
- Provides access to recordings of past training and TA offerings for on-demand use by grant recipients, as needed.

CAREWare[14] for Healthy Start and Healthy Start Enhanced

CAREWare is a free, electronic health and social support services information system available at no cost to HS and HSE grant recipients to meet their data collection and reporting requirements.

[12] https://www.directives.doe.gov/terms_definitions/subject-matter-expert-sme
[13] https://healthystartepic.org/
[14] https://healthystartepic.org/healthy-start-implementation/careware-for-healthy-start/

SHSPP is expected to provide support to HS and HSE grant recipients using CAREWare through the following activities:

- Provide technical support to facilitate access to and utilization of the CAREWare system. Collaborate with the system developer/owner, jProg, to remedy technical issues. Technical support may include resources such as a help desk, dedicated support email address, and/or phone number, user guides, and instruction manuals, among others.
- Provide training and TA to grant recipients as needed to build their ability to collect and report data using CAREWare.
- Gather system enhancement requirements with HRSA/DHSPS partners. Work with jProg to implement enhancements to meet the required reporting needs of grant recipients and to improve system performance. This includes reports/tools that generate annual/semi-annual performance measures, quarterly Healthy Start Monitoring and Evaluation Data System (HSMED) compliant files, and updated grant recipient data collection forms, among others.
- Conduct regular, ongoing project management meetings with the DHSPS CAREWare lead to develop annual workplans for CAREWare enhancement, provide status updates on open activities, and discuss technical assistance requests/resolutions.
- Support recipients who would like to transition their data to CAREWare by providing demonstrations of the system, conducting training, and assisting in transition planning.

Convening of Grant Recipients

The SHSPP award recipient will be expected to convene and lead a minimum of eight face-to-face and/or virtual meetings during the period of performance for HS, HSE and Catalyst grant recipients. Meetings include but are not limited to Regional Grant Recipient Meetings, Conversations with the Division Webinar, All Grant Recipient Meeting. As appropriate, meetings should include agencies that administer block grant programs under Title V of the Social Security Act in order to promote cooperation, integration, and dissemination of information with Statewide systems and with other community services funded under the Maternal and Child Health Block Grant.

Site Visits

The SHSPP award recipient will be expected to attend and collaborate with federal project officers during HRSA-led organizational site visits across the 5-year period of performance, as applicable.

Community-Based Consortium

The SHSPP award recipient will be expected to form its own community-based consortium of individuals and organizations, which include grant recipients, state agencies responsible for administering block grant programs under title V of the Social Security Act, community-based organizations, participants and former participants of project services, public health departments, hospitals, health centers under section 254b[15] and State substance abuse agencies. The consortium will inform technical assistance offerings, standardized tools for grant recipients, Communities of Practice, topics for grant recipient convenings and other activities and products as appropriate.

Communications and Tracking

The recipient of the SHSPP is expected to provide regular updates on technical assistance offerings and requests at a frequency established by the DHSPS. These updates should include:

- Detailed descriptions of training and TA offerings (to include, but not limited to, webinars, communities of practice, targeted series, etc.) that will be provided to grant recipients, at least 1 month prior to the scheduled offering date.
- Access to materials used during training and TA offerings, such as PowerPoint slides, informational tools, and fact sheets.
- Summary of attendees for each training and TA offering, to include recipient name and staff role in the program.
- Synopsis of training and TA evaluations from recipients' post-training and TA offerings, at least 1 month following the offering date.

The recipient of the SHSPP is expected to develop a mechanism to track training and TA requests, as well as a process for following up on those requests. This mechanism should capture:

- The number of requests for individualized and/or group training and TA by topic, state, region, and recipient monthly.
- Standard Operating Procedures (SOPs) or workflows for the training and TA process, to include action steps during each phase.

[15] "Health centers under section 254b" is a reference to health centers receiving funding or designation under 42 U.S.C. 254b (section 330 of the Public Health Service Act), and which include an entity that serves a population that is medically underserved, or a special medically underserved population comprised of migratory and seasonal agricultural workers, people experiencing homelessness, and residents of public housing, by providing primary care and other resources and supports under this authority.

The recipient of the SHSPP is expected to provide reports on key MCH topics to the DHSPS, as requested.

Reporting

The SHSPP award recipient will report on the following performance measures:

- # of individualized technical assistance events
- # of group technical assistance events
- # of eLearning modules developed
- # of participants for each technical assistance event, by grantee, participant type
- # of resources, toolkits, etc. developed through the SHSPP
- # of opportunities created to foster peer-to-peer exchange through the mentorship program
- # of Community of Practice activities

Quality Improvement

The recipient of the SHSPP is expected to perform an evaluation of training and technical assistance offerings provided to HS, HSE, and Catalyst grantees that will contribute to quality improvement (QI) and support routinely evaluating and improving the quality of services provided. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project.

Program-Specific Instructions

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

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form that you'll find in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information you must include in the Project Abstract Summary Form, see Section 4.1.ix of the *Application Guide.*

NARRATIVE GUIDANCE

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

Narrative Section	Review Criteria
Introduction	(1) Need
Organizational Information	(5) Resources/Capabilities
Need	(1) Need
Approach	(2) Response and (4) Impact
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Budget Narrative	(6) Support Requested

ii. *Project Narrative*

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

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

- *Introduction – Corresponds to Section V's Review Criterion 1 Need*
  - Briefly describe the purpose of the proposed project that is consistent with Section I: Purpose

    You must state for which you are applying:

    - Supporting Healthy Start Performance Project; OR
    - Supporting Healthy Start Performance Project with SHSPP TA Enhancement

You must apply for the Supporting Healthy Start Performance Project in order to apply for the SHSPP TA Enhancement

- *Organizational Information -- Corresponds to Section V's Review Criterion 5 Resources/Capabilities*

  - Succinctly describe your organization's current mission, structure, and scope of current activities, and how these elements all contribute to the organization's ability to support the development and management of the SHSPP. Include a project organizational chart as *Attachment 5*.

  - Describe your organization's current experience, skills, and knowledge in providing training and TA on community-based maternal and child health programs including individuals on staff, materials published, and previous

work of a similar nature. Include experiences related to supporting data-driven initiatives that support improvement in perinatal health outcomes.

- Describe project personnel, including proposed partners that will be engaged to fulfill the needs and requirements of the proposed project. Include relevant training, qualifications, expertise, and experience of staff to implement and carry out this project. Include a staffing plan and job descriptions for key personnel in *Attachment 2*, and biographical sketches of key personnel in *Attachment 3*.

- *Need -- Corresponds to Section V's Review Criterion 1 Need.*
  - Provide a brief description of perinatal outcomes in communities with excess infant deaths and high rates of infant mortality, beyond what is included in the Background section. Discuss how you would support grant recipients in addressing these issues in their communities.
  - Describe challenges and barriers that grant recipients may meet when participating in the HS, HSE, and Catalyst programs.
  - Describe the major technical assistance, training, and education needs for grant recipients to effectively take part in the HS, HSE, and Catalyst programs.
  - This section should help reviewers understand the overall needs that could be served by the proposed project.
- *Approach -- Corresponds to Section V's Review Criteria 2 Response and 4 Impact*
  - Propose effective, innovative, and feasible methods that will be used to address the stated needs and meet each of the previously described expectations for the SHSPP as outlined in the Program Requirements and Expectations. Proposed approaches should name the outcomes you expect to achieve by the end of the period of performance, May 31, 2029.
  - Provide Specific, Measurable, Achievable, Realistic, Time-bound, Inclusive, and Equitable (SMARTIE) objectives for each of the project goal and objectives listed in the Purpose section.
  - Describe the process for identifying the types of training and TA needed for grant recipients.
  - Describe a plan to provide training and TA to HS and HSE grant recipients specifically on preventive screening services and prenatal care (for example, providing and/or contracting for wellness visits, prenatal/postpartum care and screening for maternal depression, intimate partner violence, sexually transmitted infections, diabetes, and hypertension)

- Describe your plan to support recruitment and retention of HS and HSE participants who live within the grantee selected community service area.
- Propose a plan to provide individualized training and TA on one or more specific health promotion topics (Appendix C) to strengthen the implementation of HS, HSE, and Catalyst programs.
- Describe how you propose to deliver group technical assistance.
- Describe your plan for supporting seamless use and dissemination of existing tools and resources that have been created to date by the current SHSPP recipient and maintaining the Healthy Start EPIC Website as outlined in the Program Requirements and Expectations.
- Describe how you will plan, host, facilitate, and evaluate meetings for grant recipients, to include but not limited to regional grant recipient meetings, annual grant recipient meetings, and Conversations With the Division.
- Describe how you will form and maintain a community-based consortium of individuals and organizations, as described in the Program Requirements and Expectations. Include frequency of meetings as well as proposed activities for the group.
- Describe how you will provide technical support to facilitate access to and use of the CAREWare system. Describe how you will collaborate with the CAREWare system developer/owner, jProg, to remedy technical issues.
- Describe your plan to provide regular updates on technical assistance offerings and requests to the DHSPS, as detailed in the Program Requirements and Expectations.

▪ *Work Plan -- Corresponds to Section V's Review Criteria 2 Response and 4 Impact.*

- Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Approach section. Use a timeline that includes each activity and names responsible staff.
- Identify meaningful support and collaboration with key stakeholders, including those with lived experience, in planning, designing, and implementing all activities, including developing the application.
- Submit a work plan in table format as *Attachment 1*, to include your activities that respond to the Program Requirements and Expectations section of this NOFO.

- *Resolution of Challenges -- Corresponds to Section V's Review Criterion 2 Response*

  - Discuss challenges that you are likely to meet in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.
  - Describe specific challenges likely to be met in providing TA and training to grant recipients and plans to overcome them.

- *Evaluation and Technical Support Capacity -- Corresponds to Section V's Review Criteria 3 Evaluative Measures and 5 Resources/Capabilities*

  Provide a performance measurement and evaluation plan that demonstrates how your organization will fulfill the expectations and requirements for performance measurement and evaluation described in the Program Requirements and Expectations section.

  - Describe the plan for the program performance evaluation that will contribute to continuous QI and support routinely evaluating and improving the quality of services provided. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project.
  - Describe the systems and processes that will support your organization's performance measurement requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data for reporting performance outcomes (for example, assigned skilled staff, data management software) in a way that allows for correct and timely reporting.
  - Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

iii. *Budget*

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

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

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

Program Income

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

iv. *Budget Narrative*

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

In addition, the SHSPP 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 1–4).

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.

v. *Attachments*

Provide the following attachments in the order we list them.

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

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

Attachment 1: Work Plan

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

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

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also include a description of your organization's timekeeping process to ensure that you will follow 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. If a biographical

sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

Attachment 5: Project Organizational Chart

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

Attachment 6: Tables, Charts, etc.

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

Attachment 7: Indirect Cost Rate Agreement (Does not count against the page limit)

Attachment 8: For Multi-Year Budgets--5th Year Budget

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B, which does not count in the page limit; however, any related budget narrative does count. See Section 4.1.iv of HRSA's *SF-424 Application Guide*.

Attachment 9: SHSPP TA Enhancement, OPTIONAL (not scored during the merit review)

Corresponds to Section V's Review Criteria within the Review and Selection Process section, on page 29. ***(ONLY APPLIES TO APPLICANTS REQUESTING ADDITIONAL FUNDING UNDER SHSPP TA ENHANCEMENT. APPLYING FOR THIS ENHANCEMENT DOES NOT IMPACT THE SUPPORTING HEALTHY START PERFORMANCE PROJECT APPLICATION SCORE; ENHANCEMENTS ARE SCORED SEPARATELY BY HRSA STAFF. THIS ATTACHMENT DOES NOT COUNT AGAINST THE 60-PAGE LIMIT OF THE SUPPORTING HEALTHY START PERFORMANCE PROJECT APPLICATION.)***

Note: You must apply for the Supporting Healthy Start Performance Project in order to apply for this enhancement.

The FY24 Healthy Start competition (HRSA-24-033) includes a new expectation for HS projects to provide group-based prenatal/postpartum health and parenting education, which can lead to positive perinatal outcomes**.** The purpose of the enhancement is to further advance efforts around reducing maternal and infant health disparities. The optional **SHSPP TA Enhancement**

seeks to provide additional, more focused support to build HS capacity around group-based interventions for FY24 HS recipients, as well as HSE and Catalyst recipients. The SHSPP TA Enhancement activities may include but are not limited to the following:

(1) Assessment of grantee needs

(2) One-on-one TA to HS projects

(3) Identifying best practices

(4) Support in the implementation of group-based health and education programs

You may only submit one SHSPP TA Enhancement proposal.

Project Narrative for SHSPP TA Enhancement

The SHSPP TA Enhancement narrative must be no longer than 10 pages; the Enhancement narrative does NOT count against the 60-page limit of the Supporting Healthy Start Performance Project application.

The SHSPP TA Enhancement narrative should include (at a minimum):

a. BACKGROUND: Provide brief background data on need, both locally and nationally, for this enhancement project.

b. PROBLEM: State the problem(s) addressed by the enhancement project.

c. GOALS AND OBJECTIVES: Identify the major goal(s) and objectives for the enhancement project. Name the director for the enhancement project and outline their qualifications to lead this enhancement and include how you will engage community partners in proposed partnerships.

d. APPROACH: Describe the activities proposed to attain the goals and objectives. Describe your plans for providing more focused support to Healthy Start grantees as they navigate the new space of group-based interventions. Describe how you will assess the needs of grantees as they navigate this new requirement. Please describe how you intend to provide more focused support to grantees, that goes beyond the requirements of the base grant. Please describe any known resources or subject matter experts you may use to help support grantees as they navigate incorporating group-based interventions into their programs. Describe how the enhancement project will leverage the resources of the proposed Supporting Healthy Start Performance Project (e.g., using the skills of staff already assigned to the program). Briefly describe the anticipated outcomes and deliverables of the project.

e. COLLABORATION: Describe your outreach strategy and plan(s) to engage, collaborate, and partner with community partners.

f. EVALUATION: Briefly describe the evaluation methods used to assess program outcomes, including data collection and measures, and the effectiveness and efficiency of the project in attaining the goals and objectives. Describe what tools will be used to measure the quality of partnerships. Briefly discuss anticipated dissemination strategies and how the results and impact will be shared with the field.

g. BUDGET JUSTIFICATION: A separate line-item budget and budget justification is required for the SHSPP TA Enhancement. See Section 4.1.iv of the *A*pplication Guide. You may request up to $800,000 per year, inclusive of indirect costs, for the proposed SHSPP TA Enhancement project.

Attachments 10–15: 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. Unique Entity Identifier (UEI) and System for Award Management (SAM)

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

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

After you register with SAM, maintain it. Keep your information updated when you have: an active federal award, application, or plan that an agency is considering.[16]

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

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

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

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

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

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

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

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.
- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called "notarized letter") will no longer be able to assign the Entity Administrator role to a non-employee.
- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.

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

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

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

4. Submission Dates and Times

Application Due Date

Your application is due on *December 29 2023 at 11:59 p.m. ET*. We suggest you submit your application to Grants.gov at least 3 calendar days before the deadline to allow for any unexpected events. See the *Application Guide's* Section 8.2.5 – Summary of emails from Grants.gov.

5. Intergovernmental Review

The Supporting Healthy Start Performance Project Program must follow the terms of Executive Order 12372 in 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than $3,500,000 per year (inclusive of direct **and** indirect costs). If you are ***also*** applying for the SHSPP TA Enhancement, the budget for the enhancement may not exceed $800,000. The maximum total budget for each budget period is $4,300,000 for applicants applying to both the Supporting Healthy Start Performance Project AND the SHSPP TA Enhancement.

This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. 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, 2023 (P.L. 117-328) apply to this program. See Section 4.1 of the *Application Guide* for information. Note that these and other restrictions will apply in fiscal years that follow, as the law requires.

V. Application Review Information

1. Review Criteria

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

Reviewers will evaluate and score the merit of your application based upon these criteria.

Six review criteria are used to review and rank the SHSPP applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction and Need
The extent to which the application completely and effectively:

- Describes the Purpose of the proposed project and the major training and technical assistance needs for grant recipients to effectively take part in the HS, HSE, and Catalyst programs.
- Describes perinatal outcomes in communities with excess infant deaths and high rates of infant mortality. Discusses how the applicant organization would support grant recipients in addressing these issues in their communities.

- Describes challenges and barriers that grant recipients may meet when participating in the HS, HSE, and Catalyst programs.
- Describes the major technical assistance, training, and education needs for grant recipients to effectively take part in the HS, HSE, and Catalyst programs.

Criterion 2: RESPONSE (35 points) – Corresponds to Section IV's Approach, Work Plan, and Resolution of Challenges

This section addresses the Approach, Work Plan, and Resolution of Challenges. The weighting of the review of these sections should be as follows: Approach (20 points), Work Plan (10 points), and Resolution of Challenges (5 points).

Approach (20 points)

The extent to which the project responds to the Purpose section included in the program description, as well as the Program Requirements and Expectations. Specifically, the extent to which the application (across 5 years of the project) effectively:

- Describes quality, effective, and feasible methods the applicant will use to address the stated needs and meet each of the previously described activities in the Program Requirements and Expectations section. Methods should encompass all 5 years of the project and outcomes should be named that are expected by the end of the period of performance.
- Provide Specific, Measurable, Achievable, Realistic, Time-bound, Inclusive, and Equitable (SMARTIE) objectives for each of the project goal and objectives listed in the Purpose section.
- Describes a process for identifying the types of training and TA needed for grant recipients. Describes how the applicant will deliver this training and technical assistance.
- Describes a plan to provide training and TA to HS/HSE grant recipients specifically on preventive screening services and prenatal care.
- Describes a plan for supporting recruitment and retention of HS/HSE participants who live within the grantee-selected project area.
- Describes a plan to provide individualized training and TA on one or more specific health promotion topics (Appendix C) to strengthen the implementation of grant recipients.
- Describes a plan to deliver group training and technical assistance.
- Describes a plan for supporting seamless use and dissemination of existing tools and resources that have been created to date by the current SHSPP recipient and maintaining the Healthy Start EPIC Website as outlined in the Program Requirements and Expectations.

- Describes the process to plan, host, facilitate, and evaluate meetings for grant recipients, to include but not limited to regional grant recipient meetings, annual grant recipient meetings, and Conversations With the Division.
- Describes a plan to form and maintain a community-based consortium of individuals and organizations, as described in the Program Requirements and Expectations. Includes frequency of meetings as well as proposed activities for the group.
- Describes a plan to provide technical support to facilitate access to and use of the CAREWare system and collaborate with the system developer/owner, jProg, to remedy technical issues.
- Describes a plan to provide regular updates on technical assistance offerings and requests to the DHSPS, as detailed in the Program Requirements and Expectations.

Work Plan (10 points)

The extent to which the application effectively:

- Includes a work plan that is adequate, meaningful, and workable; includes all activities or steps to be used in achieving each of the objectives proposed in the Approach section; and includes a timeline that identifies each activity and corresponding responsible staff.
- Provides an effective plan to manage the project activities, personnel, and resources; maintain communication among subrecipients (if applicable); and ensure consistent and prompt, high-quality work.

Resolution of Challenges (5 points)

The extent to which the application effectively:

- Describes challenges likely to be met in designing and implementing the activities described in the work plan, as well as approaches that the applicant organization will use to resolve such challenges.
- Describes specific challenges likely to be met in providing training and TA to grant recipients and plans to overcome them.

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

The strength and effectiveness of the methods proposed to monitor and evaluate the project results. 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. Specifically, the extent to which the application effectively:

- Describes a plan for the program performance evaluation that will: 1) contribute to continuous QI; 2) monitor ongoing processes and progress towards goals and objectives; and 3) support routinely evaluating and improving the quality of services provided.
- Describes 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 for reporting performance outcomes (for example, assigned skilled staff, data management software) in a way that allows for correct and timely reporting.
- Describes potential obstacles for implementing the program performance evaluation and a plan to address those obstacles.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Approach and Work Plan
The extent to which the application effectively:

- Demonstrates that the project activities will support grant recipients in achieving the goals and objectives of their respective programs.
- Describes how the proposed project, as outlined in the narrative and work plan, has a workable and significant impact on public health and will be effective, if funded. This includes the effectiveness of training and TA to recipients, the impact results may have on perinatal health (including addressing disparities in infant and maternal mortality), and the extent to which the project incorporates a SDOH centered approach.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's Organizational Information
The application will be assessed based on the degree to which it:

- Describes the applicant organization's current mission, structure, and scope of current activities, and how these elements all contribute to the organization's ability to support the development and management of the SHSPP. Includes a project organizational chart as *Attachment 5*.
- Describes the applicant organization's current experience, skills, and knowledge in providing training and TA on community-based maternal and child health programs including individuals on staff, materials published, and previous work of a similar nature. Include experiences related to supporting data-driven initiatives that support improvement in perinatal health outcomes.

- Describes project personnel, including proposed partners that will be engaged to fulfill the needs and requirements of the proposed project. Include relevant training, qualifications, expertise, and experience of staff to implement and carry out this project. Includes a staffing plan and job descriptions for key personnel in *Attachment 2*, and biographical sketches of key personnel in *Attachment 3*.

Criterion 6: SUPPORT REQUESTED (10 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 activities, and the expected 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.

2. Review and Selection Process

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

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

Funding Selection Method for SHSPP TA Enhancement:

The enhancement will be awarded to the (one) recipient selected for the Supporting Healthy Start Performance Project.

SHSPP TA ENHANCEMENT (OPTIONAL) -- Corresponds to Section IV's Attachment 9 – SHSPP TA Enhancement (ONLY APPLIES TO APPLICANTS REQUESTING ADDITIONAL FUNDING UNDER SHSPP TA ENHANCEMENT. HRSA STAFF WILL REVIEW.)

Note: APPLYING FOR THIS ENHANCEMENT DOES NOT IMPACT THE SUPPORTING HEALTHY START PERFORMANCE PROJECT APPLICATION SCORE; ENHANCEMENTS ARE SCORED SEPARATELY BY HRSA STAFF.

These review elements are specifically for the optional SHSPP TA Enhancement. The quality and degree to which the applicant:

- Demonstrates knowledge and understanding of background data on critical need for the proposed enhancement project.

- Effectively describes the problem(s) addressed by the enhancement project and major goals of the proposed enhancement project.
- The strength of personnel expertise, including qualifications of the director to lead the enhancement project.
- The strength and reasonableness of a plan for additional TA to support building capacity around group-based interventions including implementing group-based health and parenting education programs.

3. Assessment of Risk

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

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

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

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

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

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

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

VI. Award Administration Information

1. Award Notices

The Notice of Award (NOA) is issued on or around the June 1, 2024. See Section 5.4 of the *Application Guide* for more information.

2. Administrative and National Policy Requirements

See Section 2.1 of the *Application Guide*.

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

- All provisions of 45 CFR part 75, currently in effect or started during the award period.
- Other federal regulations and HHS policies in effect at the time of the award or started during the award period. In particular, the following provision of 2 CFR part 200, which became effective on or after August 13, 2020, is incorporated into this NOFO: 2 CFR § 200.301 Performance measurement.
- Any statutory provisions that apply.

Accessibility Provisions and Non-Discrimination Requirements

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

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

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

Executive Order on Worker Organizing and Empowerment

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

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

narrative.

Subaward Requirements

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

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

Data Rights

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

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

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

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

3. Reporting

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

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

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	June 1, 2024 – May 31, 2029 *(administrative data and performance measure projections, as applicable)*	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	6/1/2024 - 5/31/2025 6/1/2025 – 5/31/2026 6/1/2026 - 5/31/2027 6/1/2027 – 5/31/2028	Beginning of each budget period (Years 2–5, as applicable)	120 days from the available date
c) Project Period End Performance Report	6/1/2028 - 5/31/2029	Period of performance end date	90 days from the available date

2) **Progress Report(s).** The recipient must submit a progress report to HRSA annually. More information will be available in the NOA.

3) **Final Report Narrative.** The recipient must submit a final report narrative to HRSA after the conclusion of the project.

4) **Performance Reports.** HRSA has changed its reporting requirements for Special Projects of Regional and National Significance projects, Community Integrated Service Systems projects, and other grant/cooperative agreement programs to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). GPRA requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act.

   a) Performance Reporting Timeline

   Successful applicants receiving HRSA funds will be required, within 120 days of the period of performance start date, to register in HRSA's EHBs and electronically complete the program-specific data forms that are required for this award. This requirement entails the provision of budget breakdowns in the financial forms based on the award amount, the project abstract and other grant/cooperative agreement summary

data as well as providing objectives for the performance measures.

Performance reporting is conducted for each year of the period of performance. Recipients will be required, within 120 days of the budget period start date, to enter HRSA's EHBs and complete the program-specific forms. This requirement includes providing expenditure data, completing the abstract and grant/cooperative agreement summary data as well as finalizing indicators/scores for the performance measures.

b) Period of Performance End Performance Reporting

Successful applicants receiving HRSA funding will be required, within 90 days from the end of the period of performance, to electronically complete the program-specific data forms that appear for this program. The requirement includes providing expenditure data for the final year of the period of performance, the project abstract and grant/cooperative agreement summary data as well as final indicators/scores for the performance measures.

5) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as 45 CFR part 75 Appendix I, F.3. and 45 CFR part 75 Appendix XII require.

VII. Agency Contacts

Business, administrative, or fiscal issues:

David Colwander
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Call: 301-443-7858
Email: Dcolwander@HRSA.gov

Program issues or technical assistance:

Kristal Dail, MPH
Public Health Analyst, Division of Healthy Start and Perinatal Services
Maternal and Child Health Bureau
Call: 301-287-0236
Email: kdail@hrsa.gov

Rochelle Logan, DrPH, MPH, CHES
Supervisory Public Health Analyst, Division of Healthy Start and Perinatal Services

Maternal and Child Health Bureau
Call: 240-381-5834
Email: rlogan@hrsa.gov

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

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

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

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

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

VIII. Other Information

Technical Assistance

See TA details in Summary.

Tips for Writing a Strong Application

See Section 4.7 of the *Application Guide*.

Appendix A: Page Limit Worksheet

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

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

Standard Form Name ***(Forms themselves do not count against the page limit)***	**Attachment File Name** ***(Unless otherwise noted, attachments count against the page limit)***	**# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Application for Federal Assistance (SF-424 - Box 16)	Attachment 1: Work Plan	*My attachment pages =__*
Application for Federal Assistance (SF-424 - Box 20)	Attachment 2: Staffing Plan and Job Descriptions for Key Personnel	*My attachment = ___ pages*
Attachments Form	Attachment 3: Biographical Sketches of Key Personnel	*My attachment = ___ pages*
Attachments Form	Attachement 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)	*My attachment = ___ pages*
Attachments Form	Attachment 5: Project Organizational Chart	*My attachment = ___ pages*
Attachments Form	Attachment 6: Tables, Charts, etc.	*My attachment = ___ pages*

Standard Form Name ***(Forms themselves do not count against the page limit)***	**Attachment File Name** ***(Unless otherwise noted, attachments count against the page limit)***	**# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Attachments Form	Attachment 7: Indirect Cost Rate Agreement (does not count against page limit)	*My attachment* = ___ *pages*
Attachments Form	Attachment 8: Budget for Year 5	*My attachment* = ___ *pages*
Attachments Form	Attachment 9: *SHSPP TA Enhancement, OPTIONAL*	*My attachment* = ___ *pages*
Attachments Form	Attachments 10–15: Other Relevant Documents (15 is the maximum number of attachments allowed)	*My attachment* = ___ *pages*
Project Narrative Attachment Form	Project Narrative	*My attachment* = ___ *pages*
Budget Narrative Attachment Form	Budget Narrative	*My attachment* = ___ *pages*
# of Pages Attached to Standard Forms	Applicant Instruction: Total the number of pages in the boxes above.	
Page Limit for HRSA-24-038 is 60 pages (or 70 pages with Optional SHSPP TA Enhancement)		**My total = ____ pages**

Appendix B: Glossary

All Grant Recipient Meeting: A convening for all grant recipients to come together over the course of 2 days to:

- Promote open communication channels and information sharing between DHSPS and grant recipients
- Provide on-site opportunities for learning to meet the goals of the grant recipients
- Maximize support for successful implementation of MCH services at the community level.

CAREWare - CAREWare is a free, electronic health and social support services information system available at no cost to HS and HSE grant recipients to meet their data collection and reporting requirements.

Case Management\Care Coordination Services (CM/CC) – Helps participants to access medical care, community resources and health/parenting information by encouraging, guiding, and coordinating services and supports. It is a family-centered, strength-based partnership between the HS participant, HS staff/team and other affiliated providers. Services are flexible, culturally responsive, and linguistically appropriate. CM/CC can include the following components:

- Screening and intake using Healthy Start enrollment forms
- Comprehensive assessment and identification of each participant's/family's unique needs
- Partnering with participants to develop a shared plan of care:
    - This includes identification of participant strengths, goals, and support needs (for example, health/parenting information, linkage or referral to medical care and other community-based resources)
- Monitoring and discussing progress on the shared plan of care
- Updating the shared plan of care to reflect participant accomplishments and changes in participant priorities

Community Consortium – A formally organized partnership, advisory board or coalition of organizations and individuals representing program participants such as appropriate agencies at the State, Tribal, and local government levels; public and private providers, faith-based organizations, local civic/community action groups; and local businesses which identify with the project's target area. The Community Consortium works collaboratively to develop and implement an action plan focused on SDOH with activities that result in systems changes and improvements to accelerate reducing disparities in perinatal outcomes.

Community of Practice (CoP) – A community of practice is a group of people who share a common concern, a set of problems, or an interest in a topic and who come

together to fulfill both individual and group goals by sharing expertise, ideas, strategies, and best practices.

Conversations with the Division – A webinar where DHSPS staff share key updates and information with Healthy Start Grant recipients.

Direct Services – Direct services are preventive, primary, or specialty clinical services to pregnant women, infants, and children where funds are used to reimburse or fund providers for these services through a formal process like paying a medical billing claim or managed care contracts.

Enabling Services – Enabling services are non-clinical services (that is, not included as direct or public health services) that enable individuals to access health care and improve health outcomes. Enabling services include, but are not limited to case management, care coordination, referrals, translation/interpretation, transportation, eligibility assistance, health education for individuals or families, environmental health risk reduction, health literacy, and outreach.

Group-Based Education – Structured form of learning that includes two or more participants, aimed at increasing family health and wellness, as well as building social support and resiliency. Group education has shown to be a cost-effective alternative to individual education that allows sharing of experience and skills.

Group Training and Technical Assistance – Training and TA provided to a group of grant recipients on a one or more health promotion topic.

Health Disparities – The preventable differences in the burden of disease, injury, violence, or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic, and other population groups, and communities. https://www.cdc.gov/healthyyouth/disparities/index.htm

Healthy Start EPIC – The website is an online database where grant recipients can access training, consultation, and technical resources to support the implementation of each program. The recipient of the SHSPP is expected to ensure the Healthy Start EPIC website. https://healthystartepic.org/

Healthy Start Monitoring and Evaluation Data System (HSMED) – A data system released by HRSA to collect and store client-level data captured by the Healthy Start Screening Tools.

Healthy Start TA & Support Center (TASC) – Provides training and capacity-building assistance to support HS grantees in improving their service delivery and meeting the Healthy Start benchmarks and four approaches.

Individualized Technical Assistance – Direct and targeted TA provided to an individual grant recipient to address specific issues within their program.

Infant Mortality – Infant mortality is the death of an infant before their first birthday. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm

Low Birthweight – Defined as an infant born weighing 2,500 grams or less. This measure is usually reported as a percentage of total live births.

Performance Measure – A narrative statement that describes a specific maternal and child health need, or requirement, that when successfully addressed, will lead to, or will assist in leading to, a specific health outcome within a community or project area and within a specific time frame. (Example: Percentage of HS women participants that receive a well-woman/preventive visit.)

Preterm Births – Live births that occur before 37 weeks of gestation. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm

The Project Director Mentorship Program - Provides peer-to-peer learning and mentoring support to HS and HSE Project Directors to improve organizational leadership and program performance.

Quality Improvement (QI) – A process of systematic and continuous actions that lead to measurable improvement, particularly around health care services and the health status of the targeted population.

Regional Grant Recipient Meetings – Regional Meetings provide an opportunity for HS, HSE and Catalyst grantees to come together with other grantees in their region over the course of 1.5 days. In addition to connecting with each other and their Project Officers, grantees attend plenary sessions and take part in skill-building sessions and engagement activities.

Social Determinants of Health (SDOH) – The conditions in which people are born, grow, live, work and age as well as the complex, interrelated social structures and economic systems that shape these conditions. Social determinants of health include aspects of the social environment (for example, discrimination, income, education level, marital status), the physical environment (for example, place of residence, crowding conditions, built environment [that is, buildings, spaces, transportation systems, and products that are created or modified by people]), and health services (for example, access to and quality of care, insurance status).
https://www.cdc.gov/nchhstp/socialdeterminants/index.html)
https://www.cdc.gov/socialdeterminants/index.htm
https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Subject Matter Expert (SME) – An individual with qualifications and experience in a particular field or work process; an individual who by education, training, and/or experience is a recognized expert on a particular subject, topic, or system.

Technical Assistance (TA) – The provision and/or facilitation of culturally relevant and expert programmatic, scientific, and technical advice (mentoring/coaching) and support to grant recipients.

Training – The development and delivery of curricula through coordinated training activities to increase the knowledge, skills, and abilities of trainers, educators, and service providers within grant recipient organizations.

Warm Handoff – A warm handoff is a handoff [transfer of care] that is conducted in person, between two members of the health care team, in front of the patient (and family if present). (https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/warm-handoff-guide-for-clinicians.pdf)

Appendix C: Health Promotion Topics

HS Grant recipients may use strategies including screening and referral, individual or group-based education, support navigating resources (for example, CM/CC) and linkage to clinical care to address the following health promotion topics.

1. **Preventive Health Services**
   - Entry into prenatal care in the first trimester and adherence to the recommended American College of Obstetrics and Gynecologists prenatal and postpartum visit schedule.
   - Healthy birth spacing and sexual and reproductive health during the preconception, interconception, prenatal and postpartum periods**.** These efforts include engaging participants in reproductive life planning and education on prevention of sexually transmitted infections (for example, syphilis).
   - Having a usual source of medical care (for example, medical home) and attending recommended preventive health care visits**.**
2. **Behavioral Health and Wellness**
   - Healthy interpersonal relationships (for example, screening and referral for interpersonal violence).
   - Optimal mental health and wellness (for example, screening and referrals for maternal depression).
   - Tobacco cessation and reduction of alcohol and substance misuse.
3. **Infant Care and Parenting**
   - Breastfeeding and feeding infants with expressed breast milk.
   - Prevention of SIDS and accidental injuries.
   - Infant care and parenting practices that support optimal infant and child development.
   - Father/partner involvement.
4. **Community-Based Resources and Benefits**
   - Grant recipients may work to ensure participants have access to:
     - Health insurance (for example, Medicaid), Supplemental Nutrition Assistance Program, Special Supplemental Nutrition Program for Women, Infants, and Children, Temporary Assistance for Needy Families, Social Security Income, housing assistance and other state and federal benefit programs.
     - Material and educational resources to reduce the impact of negative SDOH on perinatal outcomes.