U.S. Department of Health and Human Services

Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023
Maternal and Child Health Bureau
Office of Epidemiology and Research | Division of Research

Maternal Health Research Collaborative for Minority-Serving Institutions (MH-RC-MSI) Research Centers (RCs)
Funding Opportunity Number: HRSA-23-112

Maternal Health Research Collaborative for Minority-Serving Institutions (MH-RC-MSI) Coordinating Center (CC)
Funding Opportunity Number: HRSA-23-113
Funding Opportunity Type(s): New
Assistance Listings Number: 93.110

Application Due Date: June 12, 2023

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems may take up to 1 month to complete.
Issuance Date: April 13, 2023

MODIFIED June 1, 2023: The funding amount for HRSA-23-113 **MH-RC-MCI** Coordinating Center in **Section IV. 6. Funding Restrictions** has been modified to $2,230,000 per year in years 2–5.

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See Section VII for a complete list of agency contacts.

Authority: 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act)

508 COMPLIANCE DISCLAIMER

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2023 Maternal Health Research Collaborative for Minority-Serving Institutions (MH-RC-MSI) [hereafter referred to as the Collaborative]. The purpose of the Collaborative is to establish a multi-institutional research network that is comprised of and supports minority-serving institutions (MSIs) [1] [2] to build their capacity to conduct research addressing disparities in maternal mortality, severe maternal morbidity, and maternal health outcomes and to find community-based solutions to address these disparities and advance health equity. The Collaborative consists of Research Centers (RCs) and a Coordinating Center (CC). **Appendix B** provides a description of the Collaborative's organizational structure.

This announcement includes instructions for applying to **two separate awards**. You may apply for HRSA-23-112 **and** HRSA-23-113. However, only **one** application will be funded if you are successful in both competitions**. HRSA will determine which successful application will be funded** depending on factors such as the quality and number of the applications and the availability of funds**.**

HRSA-23-112: MH-RC-MSI (RCs): Sixteen research award recipients will conduct applied research to fully understand and address the root causes of disparities in maternal mortality, severe maternal morbidity, and maternal health outcomes by finding community-based solutions to advance maternal health equity.

HRSA-23-113: MH-RC-MSI (CC): One coordinating center award recipient will build the capacity of the RCs to conduct maternal health research. This center will also provide support in meeting the RCs' project objectives, and enhancing the RCs' productivity,

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[1] For the purpose of this NOFO, an MSI is defined as an institution that has a demonstrated record of or historical commitment to serving underrepresented or disadvantaged students, including but not limited to, Historically Black Colleges and Universities (HBCUs), Tribal Colleges and Universities (TCUs), Hispanic Serving Institutions, Asian American and Pacific Islander Serving Institutions and Alaska Native and Native Hawaiian Serving Institutions.

[2] The MH-RC-MSI is a new program that is authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act) under Special Projects of Regional and National Significance (SPRANS). The Joint Explanatory Statement accompanying the Consolidated Appropriations Act of 2023 (P.L. 117-328) identified SPRANS funding "to establish a research network that is comprised of and supports minority-serving institutions to study health disparities in maternal health outcomes." The Explanatory Statement language is consistent with the FY 2023 President's Budget, which requested funding for a research network to support minority-serving institutions and for the development of curricula to support training of health professionals to address risks associated with climate change.

efficiency, and public health impact. The center will also collect data to measure and evaluate the Collaborative's impact and effectiveness.

Funding Opportunity Titles:	Maternal Health Research Collaborative for Minority-Serving Institutions Research Centers (RCs) Maternal Health Research Collaborative for Minority-Serving Institutions Coordinating Center (CC)
Funding Opportunity Numbers:	HRSA-23-112 HRSA-23-113
Due Date for Applications:	June 12, 2023
Anticipated FY 2023 Total Available Funding:	**HRSA-23-112 (RCs):** Up to $7,376,000 **HRSA-23-113 (CC):** Up to $2,350,000
Estimated Number and Type of Award(s):	**HRSA-23-112 (RCs):** Sixteen (16) cooperative agreements **HRSA-23-113 (CC):** One (1) cooperative agreement
Estimated Annual Award Amount:	**HRSA-23-112 (RCs):** Up to $461,000 in year 1 and $450,000 in years 2-5 per award **HRSA-23-113 (CC):** Up to $2,350,000 in year 1 and $2,230,000 in years 2-5 per award
Cost Sharing/Match Required:	No
Period of Performance:	September 30, 2023 through September 29, 2028 (5 years)
Eligible Applicants:	Eligibility is limited to public or non-profit institutions of higher learning and public or private non-profit agencies engaged in research or in programs relating to maternal and child health and/or services for children with special health care needs. See 42 CFR § 51a.3(b). Faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFO and in HRSA's *SF-424 R&R Application Guide*. Visit HRSA's How to Prepare Your Application page for more information.

Technical Assistance

HRSA has scheduled the following webinar:

Friday, April 21, 2023
2 – 3:45 p.m. ET
Weblink: https://hrsa-gov.zoomgov.com/j/1607250330?pwd=Y3lMaERaMkJxR1dTZ3VNV3NETDFjQT09

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

Call-In Number: 1 833 568 8864
Passcode: 44861796

In an attempt to more effectively utilize our TA webinar time, **if you have questions about the NOFO, please send them prior to the webinar via email to MH-RC-MSI@hrsa.gov. We will compile and address these questions during the TA webinar.**

HRSA will record the webinar and make it available approximately 2 weeks after the webinar at: https://mchb.hrsa.gov/research/pre-app-ta-webinars.asp.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under HRSA-23-112: Maternal Health Research Collaborative for Minority-Serving Institutions (MH-RC-MSI) Research Centers (RCs) and HRSA-23-113: MH-RC-MSI Coordinating Center (CC).The purpose of the Maternal Health Research Collaborative for Minority-Serving Institutions (MSIs)[3] [hereafter referred to as the Collaborative] is to establish a multi-institutional research network that is comprised of and supports minority-serving institutions (MSIs) to build their capacity to conduct research addressing disparities in maternal mortality, severe maternal morbidity, and maternal health outcomes and to find community-based solutions to address these disparities and advance health equity. The Collaborative consists of two funding announcements.

- HRSA-23-112: MH-RC-MSI (RCs) will build the capacity of MSIs to conduct maternal health disparity research.
- HRSA-23-113: MH-RC-MSI (CC) will provide technical assistance and other support to the RCs to help them build their institution's research capacity in maternal health disparity research.

HRSA-23-112: MH-RC-MSI (RCs)

The goal of the RCs is to build the capacity for MSIs to conduct quantitative and/or qualitative maternal health research to fully understand and address the root causes of disparities in maternal mortality, severe maternal morbidity, and maternal health outcomes, and to find community-based solutions to address these disparities and advance health equity.

The following objectives should be accomplished by the end of the period of performance:

1. Plan and implement applied maternal health disparity research studies described in the NOFO and develop community-based solutions.
2. Demonstrate increased maternal health disparity research capacity in MSIs.
3. Develop manuscripts to be published in peer-reviewed scientific journals.
4. Disseminate and translate research findings into practice.

[3] For the purpose of this NOFO, an MSI is defined as an institution that has a demonstrated record of or historical commitment to serving underrepresented or disadvantaged students, including but not limited to, Historically Black Colleges and Universities (HBCUs), Tribal Colleges and Universities (TCUs), Hispanic Serving Institutions, Asian American and Pacific Islander Serving Institutions and Alaska Native and Native Hawaiian Serving Institutions.

5. Submit **at least one** grant funding proposal external to HRSA's Maternal and Childe Health Bureau (MCHB) at the end of the project to sustain the work beyond the funding period.

HRSA-23-113: MH-RC-MSI (CC)

The goal of HRSA-23-113 is to build the research capacity of the RCs or their partner MSI and other MSIs to conduct maternal health disparity research. The award recipient will also provide support in meeting the RCs' project objectives. The CC will collect data to measure and evaluate the Collaborative's impact and effectiveness, and enhance the RCs' productivity, efficiency, and public health impact.

The following objectives should be accomplished by the end of the period of performance:

1. Develop training materials, tools, and toolkits to enhance the capacity of the RCs to conduct maternal health disparity research.
2. Convene and support a learning community of MSIs to conduct maternal health disparity research, promote scientific collaborations, and build synergy among MSIs.
3. Establish a data infrastructure to collect and share data across the RCs.
4. Increase the number of diverse, early-stage investigators from underserved communities trained in maternal health disparity research.
5. Disseminate research findings from RCs to communities, policymakers, researchers, and other stakeholders.
6. Develop strategies and tools to accelerate and translate the research into practice with a focus on addressing health disparities and equity in communities.
7. Evaluate the overall impact of the Collaborative on achieving its goal to build MSI capacity to reduce maternal health disparities.

For more details, see Program Requirements and Expectations.

2. Background

Rationale for Maternal Health Research Collaborative for Minority Serving Institutions Program (MH-RC-MSI)

The MH-RC-MSI is a new program authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act) under Special Projects of Regional and National Significance (SPRANS). The Joint Explanatory Statement accompanying the Consolidated Appropriations Act of 2023 (P.L. 117-328) identified SPRANS funding "to establish a research network that is comprised of and supports minority-serving institutions to study health disparities in maternal health outcomes." The Explanatory Statement language is consistent with the FY 2023 President's Budget, which requested funding for a research network to support minority-serving institutions and for the development of curricula to support training of health professionals to address risks associated with climate change.

HRSA/MCHB recognizes the continued and complex problems of severe maternal morbidity and mortality in the United States.[4] In order to improve maternal health, HRSA/MCHB requested investments with a specific focus on areas with high rates of adverse maternal health outcomes or with racial and ethnic disparities in maternal health outcomes. [6]

Maternal Morbidity and Mortality Disparities

In 2020, the maternal mortality rate was 23.8 per 100,000 live births,[5,6] compared to 2018 where the maternal mortality rate was 17.4 deaths per 100,000 live births. Despite advances in research, practice, and policy, rates of maternal deaths and adverse obstetric and perinatal outcomes remain high. Wide racial and ethnic disparities exist in pregnancy-related deaths and adverse childbirth outcomes. Non-Hispanic Black women and American Indian/Alaska Native women are two to three times more likely to die of pregnancy-related causes compared to their White, Asian Pacific Islander, and Hispanic counterparts.[7] Risks for complications at childbirth are higher for Black (63%) and Hispanic women (32%), when compared to non-Hispanic White women.[8]

Multiple factors contribute to these disparities, such as variation in the quality of healthcare, underlying chronic conditions, structural racism, and implicit bias. Social determinants of health prevent many people from racial and ethnic minority groups from having fair opportunities for economic, physical, and emotional health.[9,10] These contextual factors pose such significant barriers that they are stronger drivers of outcomes than individual factors. Research must shift from a focus on individual factors and interventions to identify and address the complex, interacting structural inequities

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[4] Tikkanen R, Gunga MZ, FitzGerald M, Zephyrin L. Maternal mortality and maternity care in the United States compared to 10 other developed countries. Maternal Mortality Maternity Care US Compared 10 Other Countries | Commonwealth Fund..https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries#:~:text=In%202018%2C%20there%20were%2017,%2C%20Norway%2C%20and%20New%20Zealand. Published November 18, 2020. Accessed October 31, 2022.

[5] CDC Wonder. Underlying cause of death, 2018-2020, single race, D98F942. Centers for Disease Control and Prevention. https://wonder.cdc.gov/controller/saved/D158/D98F942 . Published 2022. Accessed October 31, 2022.

[6]CDC Wonder. Saved request problem. Centers for Disease Control and Prevention. https://wonder.cdc.gov/controller/saved/D149/D98F943. Published 2022. Accessed October 31, 2022.

[7] Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. Pregnancy mortality surveillance system. Centers for Disease Control and Prevention. https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm Published June 22, 2022. Accessed October 31, 2022.

[8] Racial disparities in maternal health. Blue Cross Blue Shield Association.. https://www.bcbs.com/the-health-of-america/reports/racial-disparities-in-maternal-health#endnotes. Published May 20, 2021. Accessed October 31, 2022.

[9] Racial and ethnic disparities continue in pregnancy-related deaths. Centers for Disease Control and Prevention. https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html. Published September 6, 2019. Accessed October 31, 2022.

[10] Working together to reduce Black Maternal Mortality. Centers for Disease Control and Prevention. https://www.cdc.gov/healthequity/features/maternal-mortality/index.html. Published April 6, 2022. Accessed October 31, 2022.

for differential outcomes.[11] More research that specifically addresses the underlying causes and other disparities is needed to achieve the goals identified in the White House Blueprint for Addressing the Maternal Health Crisis.[12]

Minority Serving Institutions Research

To effectively address structural inequities and bias, research must draw on diverse perspectives, especially from those with lived experience of disparities. Health disparities investigators and scientists from high-burden and underrepresented communities often produce the best science to understand the complexity of health disparities and implement better solutions.[13] Studies have shown that researchers from underserved communities/groups are more likely to conduct research in minority/underserved populations and recruit diverse study populations.[14,15]

Despite increasing diversity in enrollment and faculty at schools of public health, the field remains overwhelmingly non-Hispanic White, especially at the highest academic levels.[16] An internal analysis of applicants to MCHB research grants between 2019 and 2021 reflected this disparity. Only 26% of applicants and 22% of grantees identified as a race/ethnicity other than non-Hispanic White. There is a serious shortage of MCHB-funded minority researchers who can conduct independent maternal health research with a focus on the disproportionate maternal mortality and morbidity rates in minority populations, who can bring the cultural perspectives that are essential to successfully conduct many forms of research involving minority patients and populations, and can adequately train and educate the next generation of researchers from underserved populations.[17]

MSIs conduct high quality programs for educating minorities and training the next generation of researchers from underserved populations. They represent a rich source of talent with appropriate cultural sensitivity and perspectives needed in maternal health research, especially to addressing maternal health disparities.[13,14,15,16] Many of the

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[11] Etz K, Romberg A. NIDA REI: Addressing racial equity in substance use and addiction outcomes through community-engaged research (R01 clinical trial optional). National Institutes of Health. https://grants.nih.gov/grants/guide/rfa-files/RFA-DA-23-013.html . Published August 9, 2022. Accessed October 31, 2022.

[12] White House Blueprint for Addressing the Maternal Health Crisis. Maternal Health Blueprint. https://www.whitehouse.gov/wp-content/uploads/2022/06/Maternal-Health-Blueprint.pdf. Published June 2022. Accessed October 31, 2022.

[13] https://news.feinberg.northwestern.edu/2020/01/22/funding-disparities-research-and-underrepresented-minority-scientists/

[14] Oh SS, Galanter J, Thakur N, et al. Diversity in clinical and biomedical research: A promise yet to be fulfilled. *PLOS Medicine*. 2015;12(12). doi:10.1371/journal.pmed.1001918

[15] Castillo-Page L, Peters LN, Law M. The Diversity Research Forum - Getting to Institutional Excellence: Ensuring the Integration of Diversity in Academic Medicine. Association of American Medical Colleges. https://store.aamc.org/downloadable/download/sample/sample_id/219/ . Published 2009. Accessed October 31, 2022.

[16] Goodman MS, Plepys CM, Bather JR, Kelliher RM, Healton CG. Racial/ethnic diversity in Academic Public Health: 20-Year update. *Public Health Reports*. 2019;135(1):74-81. doi:10.1177/0033354919887747

[17] Flexible system to advance innovative research for cancer drug discovery by small businesses (flair). National Institutes of Health. https://grants.nih.gov/grants/guide/pa-files/PA-01-091.html. Published May 7, 2001. Accessed October 31, 2022.

researchers at MSIs are likely to be from minority/underserved populations, and they are likely to mentor students from minority/underserved populations. MSIs are also uniquely positioned to engage minority populations in the communities they serve in research and in the translation of research advances into culturally competent, measurable, and sustained improvements in health outcomes in the communities.[16]

MSIs often lack sufficient capacity to conduct and sustain cutting-edge health-related research.[11] Many federal government agencies have recognized the unique contributions of MSIs in disparity research and designated resources to support MSIs to address health disparities and advance health equity through community-engaged research.[18] The funded MSIs have developed unique community-based approaches to eliminate health disparities and provided mentorship to junior researchers embarking on health disparity research.[19,20]

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*

This program addresses all four of MCHB's goals. Goal 1 is supported by research and targeted technical support to assure access to high quality and equitable health services to optimize maternal health. Goal 2 is addressed by the development and dissemination of research findings that address social determinants of health and disparities in maternal health. The mentorship of early-stage investigators contributes to Goal 3 by strengthening the maternal and child health (MCH) workforce. Lastly, through active partnership with community-based organizations, families, and people with lived

[18] Minority serving institutions (MSI) partnerships with community-based organizations (CBO). SAMHSA. https://www.samhsa.gov/grants/grant-announcements/sp-14-005. Published August 17, 2021. Accessed October 31, 2022.
[19] Henry Akintobi T, Sheikhattari P, Shaffer E, et al. Community engagement practices at research centers in U.S. minority institutions: Priority populations and innovative approaches to advancing Health Disparities Research. *International Journal of Environmental Research and Public Health*. 2021;18(12):6675. doi:10.3390/ijerph18126675
[20] Ofili EO, Fair A, Norris K, et al. Models of interinstitutional partnerships between research intensive universities and minority serving institutions (MSI) across the Clinical Translational Science Award (CTSA) consortium. *Clinical and Translational Science*. 2013;6(6):435-443. doi:10.1111/cts.12118

experience, this program aims to address Goal 4 by advancing the evidence base and translating research findings into practice.

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

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding for both HRSA-23-112 (RCs) and HRSA-23-113 (CC) 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 monitoring and technical assistance (TA) provided directly to award recipients, HRSA program involvement will include:

- Reviewing policies and procedures established for carrying out project activities.
- Facilitating effective communication and accountability to HRSA/MCHB regarding the project, with special attention to new program initiatives and policy development that have the potential to advance the utility of the Collaborative.
- Assisting in establishing and maintaining federal interagency and inter-organizational contacts necessary to carry out the project.
- Reviewing documents and materials (e.g., manuscripts and websites) to provide feedback on content and HRSA attribution language before they are submitted to a journal or shared with the public.
- Participating in project activities such as meetings, webinars, presentations, publications, and other forms of disseminating information regarding project results and activities.

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

- Actively collaborating with MCHB Program Officers to conduct tasks as they relate to the goals and objectives of HRSA-23-112 and HRSA-23-113, including the activities described in Program Requirements and Expectations.
- Collaborating with the federal Project Officer when hiring new key project staff, planning/implementing new activities, and establishing relationships with federal agencies, state contacts, national organizations, or other recipients necessary for the successful completion of tasks and activities identified in the approved cooperative agreement.

- Providing the federal Project Officer the opportunity to review and provide advisory input on publications, audiovisuals, and other materials produced, as well as meetings/conferences planned under the auspices of this cooperative agreement.
- Providing to HRSA an electronic copy of, or electronic access to, each product including presentations and manuals developed under this cooperative agreement.
- Assuring that all products developed or produced under this cooperative agreement are fully accessible and available free to members of the public.
- Responding in a timely manner to the federal Project Officer's comments, questions, and requests.
- Collaborating on rapid response requests related to emerging issues to be determined by the federal Project Officer on a case-by-case basis.

2. Summary of Funding

HRSA estimates approximately $7,376,000 to be available annually to fund sixteen (16) recipients for **HRSA-23-112 (RCs).** You may apply for a ceiling amount of up to $461,000 in year 1 and $450,000 annually in years 2-5 (reflecting direct and indirect costs).

HRSA estimates approximately $2,350,000 to be available annually to fund one (1) recipient for **HRSA-23-113 (CC)**. You may apply for a ceiling amount of up to $2,350,000 in year 1 and $2,230,000 annually in years 2-5 (reflecting direct and indirect costs).

The period of performance is September 30, 2023 through September 29, 2028 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the Collaborative in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government. HRSA may reduce or take other enforcement actions regarding recipient funding levels beyond the first year if they are unable to fully succeed in achieving the goals listed in application.

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

III. Eligibility Information

1. Eligible Applicants

Eligibility is limited to public or non-profit institutions of higher learning and public or private non-profit agencies engaged in research or in programs relating to maternal and child health and/or services for children with special health care needs. See 42 CFR § 51a.3 (b). Faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply.

MSIs are especially encouraged to apply to this opportunity; non-MSI applicants are expected to partner with an MSI.

Non-profit applicants are required to submit proof of non-profit status as **Attachment 4**. A foreign applicant will need to be affiliated with a U.S. entity (i.e., university, institution) with a U.S. EIN established and recognized by HRSA to be considered a public or nonprofit institution of higher learning or a public or private nonprofit agency.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

You may apply for HRSA-23-112 **and** HRSA-23-113. However, only **one** application will be funded if you are successful in both competitions**. HRSA will determine which successful application will be funded** depending on factors such as the quality and number of the applications and the availability of funds**.**

Multiple Applications

Multiple applications from an organization with the same Unique Entity Identifier (UEI) are allowed if the applications propose separate and distinct projects.

In an effort to diversify the HRSA/MCHB research funding portfolio with the available amount of funding and to ensure that investigators devote substantial time to funded grants, the following are additional application responsiveness criteria. All applications that do not comply with these criteria will be deemed nonresponsive and will not be considered for funding under this notice.

- A project director/principal investigator (PD/PI) cannot lead two (2) active HRSA/MCHB/Office of Epidemiology and Research (OER)/Division of Research (DoR) projects at the same time. A project in a no-cost extension year is considered active and the PD/PI is not allowed to lead another project.
- In general, the NOFO does not specify any minimum or maximum time requirement for the PD/PI, but we recommend the PD/PI to dedicate a minimum of 20 percent effort to this cooperative agreement to justify their commitment to the project.
- A current PD/PI on another HRSA MCH research grant is allowed up to 10 percent effort as a co-investigator. If selected for funding, the recipient will need to verify that percent effort across all federally funded programs does not exceed 100 percent. The application can include co-investigators as key personnel on

the project. HRSA allows one PD/PI to be named on the cover page of the SF-424 R&R application, who will serve as the key point of contact.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 Research and Related (R&R) workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at Grants.gov: HOW TO APPLY FOR GRANTS. If you use an alternative electronic submission, see Grants.gov: APPLICANT SYSTEM-TO-SYSTEM.

Form Alert: For the Project Abstract Summary, applicants using the SF-424 R&R Application Package are encountering a "Cross-Form Error" associated with the Project Summary/Abstract field in the "Research and Related Other Project Information" form, Box 7. To avoid the "Cross-Form Error," you must attach a blank document in Box 7 of the "Research and Related Other Project Information" form and use the Project Abstract Summary Form in workspace to complete the Project Abstract Summary. See Section IV.2.i Project Abstract for content information.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for **HRSA-23-112 or HRSA-23-113** in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA's *SF-424 R&R Application Guide* provides general instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, and certifications. You must submit the information outlined in HRSA *SF-424 R&R Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in this NOFO and HRSA's *SF-424 R&R Application Guide*. You must submit the application in the English language and budget figures expressed in U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA *SF-424 R&R Application Guide* for the Application Completeness Checklist and to assist you in completing your application.

In addition, please refer to the Research Program Application Completeness Checklist (**Appendix C**) and Frequently Asked Questions (**Appendix D**) for additional guidance on completing your application.

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. HRSA 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 don't count toward the page limit:

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

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

If you use an OMB-approved form that isn't in the HRSA-23-112 and HRSA-23-113 workspace application package, it may count toward the page limit. We recommend you only use Grants.gov workspace forms related with this NOFO to avoid going over the page limit.

Applications must be complete and validated by Grants.gov under HRSA-23-112 and HRSA-23-113 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
- If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 8-15: Other Relevant Documents*.

See Section 4.1 viii of HRSA's *SF-424 R&R Application Guide* for additional information on all certifications.

Program Requirements and Expectations

For HRSA-23-112, MH-RC-MSI (RCs), the RCs are expected to:

- Implement the proposed maternal health research studies.
- Develop strategies to build and sustain MSI maternal health disparity research capacity with the support of the Collaborative and the HRSA/MCHB Project Officers.

- Ensure that the MSIs supported for maternal health research capacity building will be integrally and meaningfully engaged in award activities—from development, to implementation, to sustainability—throughout the entire period of performance.
- Ensure that activities and research conducted are culturally appropriate.
- Mentor and train early-stage investigators from diverse backgrounds.
- Partner with community-based organizations (CBOs) who serve underserved communities and use community-based participatory research methods.
- Submit manuscripts to peer-reviewed scientific journals and disseminate the findings to a broader audience including researchers, MCHB, policymakers, communities, and stakeholders.
- Develop resources such as guidelines, tools, and toolkits to support the translation of research findings into practice.
- Provide a work plan and timeline that details the activities planned to achieve project objectives.
- Submit **at least one** grant application by the end of the period of performance to secure external funding outside of MCHB's research grant program.
- Contribute to an evaluation of the collective impact of the Collaborative.

For HRSA-23-113, MH-RC-MSI (CC) the CC is expected to:

- Support the capacity building of the MSIs to conduct maternal health disparity research through trainings, webinars, workshops, TA, and other formats.
- Create a learning community among the MSIs (RCs), MSIs partnered with RCs, and other MSIs voluntarily participating in the Collaborative to share best practices on maternal health research and capacity building.
- Support the operational structure of the Collaborative (Appendix B).
- Foster collaboration among the RCs, HRSA/MCHB programs, and MCHB-funded research program grantees with the support of HRSA/MCHB Project Officers.
- Allocate at least 45% of the annual funds to establish and administer a program to mentor and train early-stage investigators from underserved communities to conduct maternal health disparity research.
- Create and maintain a Collaborative website.
- Develop data infrastructure by establishing data collection, analysis, and information systems to collect and share data across RCs, as appropriate.
- Provide a work plan and timeline that details the activities planned to achieve project objectives.
- Conduct an evaluation of the collective impact of the Collaborative.
- Facilitate the RCs' translation of Collaborative research findings into practice and policy development.
- Provide the logistical support necessary to run an efficient and productive network.
- Create and disseminate curricula on the impact of climate change on maternal health disparities to health professionals, patients, families, community members, and other stakeholders.

Program-Specific Instructions

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

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. See **Form Alert** in Section IV.1 Application Package. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 R&R Application Guide*.

Include the information requested at the top of the abstract. Because the abstract is often distributed to provide information to the public and Congress, be clear, accurate, concise, and do not refer to other parts of the application. Briefly state the principal needs and problem, goals, proposed data sets including study population(s), planned coordination, anticipated products, and plans for evaluation.

Provide the information below in the Project Abstract field:

- PROBLEM: State the needs and problems that are addressed by the project.
- GOAL(S) AND OBJECTIVES: Identify the major goal(s) and objectives for the period of performance. Typically, the goal is stated in a sentence and the objectives are presented in a numbered list.
- METHODS: Describe the overall strategy, methodology, and analysis plan to accomplish the specific aims of the project.
- PRODUCTS: Describe the anticipated research products and how findings will be disseminated.
- EVALUATION: Describe the methods that will be used to assess program outcomes and demonstrate project effectiveness.
- KEY TERMS: At the end of your abstract, include the following key terms found in **Appendix E** to describe: (a) your project (maximum of 10 content terms), (b) targeted populations (select all that apply), and (c) age ranges (select all that apply).

NARRATIVE GUIDANCE

For both HRSA-23-112 (RCs) and HRSA 23-113 (CC):

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

Narrative Section	**Review Criteria**
Background and Significance	(1) Need (2) Response **HRSA 23-112 (RCs) Only** (4) Impact
Engagement and Support of Minority Serving Institutions and Communities	(1) Need (2) Response
Methodology	(2) Response (4) Impact
Work Plan	(2) Response (4) Impact
Resolution of Challenges and Protection of Human Subjects	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget Narrative	(6) Support Requested

ii. *Project Narrative*

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

Successful applications will contain the information below. Please use the following section headers for the narrative:

- *BACKGROUND AND SIGNIFICANCE*
  HRSA-23-112 corresponds to Section V's Review Criterion 1: Need, 2: Response, and 4: Impact
  HRSA-23-113 corresponds to Section V's Review Criterion 1: Need, and 4: Impact

  Provide a brief introduction and overview of the proposed project. The purpose of this section is to provide a compelling explanation of your project for the reviewers to clearly understand the scientific value of the proposed project.

For both HRSA-23-112 (RCs) and HRSA-23-113 (CC)

- Define project goals and objectives. The project objectives should be specific, measurable, achievable, relevant, and time-bound, inclusive, and equitable. Describe how the project objectives link to the goals and objectives described in the Purpose section for the RCs and CC, respectively.
- Describe the need for the project and its significance. Summarize the existing literature to show why your project objectives are important and how they will address a critical barrier or gap in the field. Please see below for specific guidance for RCs and CC.

In addition to above, HRSA-23-112 (RCs) should:

- Describe the study population(s) and their unmet health needs. Use and cite demographic and other data, as appropriate.
- Outline the maternal health disparities in your study's population. Include the social determinants of health and health inequalities of the study population(s) you will address.
- Outline how the project will benefit the study population(s), address maternal health disparities, and add to the knowledge base.

In addition to above, HRSA-23-113 (CC) should:

- Provide an overview of the status of maternal health disparities in underserved populations and the gaps in maternal health research.

- *ENGAGEMENT AND SUPPORT OF MINORITY SERVING INSTITUTIONS AND COMMUNITIES*
  HRSA-23-112 corresponds to Section V's Review Criterion 1: Need and 2: Response
  HRSA-23-113 corresponds to Section V's Review Criterion 1: Need and 2: Response

For both HRSA-23-112 (RCs) and HRSA-23-113 (CC):

- Describe strategies to foster diversity, inclusivity, and accessibility in the project.
- Your experience, relationship with, and ability to engage with MSIs into the project.

In addition to above, HRSA-23-112 (RCs) should:

- Explain your experience, relationship with, and ability to engage with and incorporate MSIs and the target population into the project.
- Describe the research capacity needs of the participating MSI(s), the barriers to building capacity, and how this funding will improve their capacity to conduct maternal health disparity research

Describe the strategies you will employ to increase research capacity of the MSI you support and to overcome organizational barriers to health disparity research. **For applicant that is not an MSI:** Describe how you will support MSI(s) to increase their research capacity. This description should include the provision of an appropriate subaward, resource support, capacity building, meaningful collaboration, and strategies to engage the MSI(s).

- Applicants are expected to partner with CBOs who serve underserved communities (Appendix H) and use community-based participatory research methods. Investigators from these CBOs should be included on the research team in a significant manner. Describe:
  - Community members' roles and activities to demonstrate strong participation in the study.
  - How you will engage community partners throughout the research study.
  - How you know the research question addressed is prioritized by the community and reflects lived experience.
- Include letters of support from community partners in **Attachment 2**. These letters should demonstrate a history of working with the scientific team, a commitment to participate, and confirmation that the research questions are key priorities for the community.

In addition to above, HRSA-23-113 (CC) should:

- Explain the need to build MSI research capacity to conduct maternal health research. Identify the major areas of need for capacity building.
- Describe why the proposed activities will enhance MSIs' capacity of maternal health disparity research.
- Describe the strategies and activities for how you will engage other MSIs outside of the RCs to build broader capacity to conduct maternal health disparity research.

- *METHODOLOGY*
  HRSA-23-112 corresponds to Section V's Review Criterion 2: Response and 4: Impact
  HRSA-23-113 corresponds to Section V's Review Criterion 2: Response and 4: Impact

  MCHB/OER highly recommends the Methodology section be **no more than 15 pages**.

For both HRSA-23-112 (RCs) and HRSA-23-113 (CC):

- Outline a dissemination plan for communicating findings and products to diverse audiences. Dissemination activities can include manuscripts, conference presentations, infographics, and social media posts, among other options.
- Propose a plan to sustain key elements of your projects (e.g., services and interventions), which have been effective in improving practices or improving outcomes for the target population(s).

In addition to above, HRSA-23-112 (RCs) should:

- Clearly describe the overall research strategy, study design, statistical methodology, and analyses that you will use in your project. You may propose one or more studies using a variety of research methods (e.g., qualitative, quantitative, secondary data analysis, intervention studies, implementation science, etc.). If you propose multiple studies with different methods, describe them separately.
- Describe the theoretical basis (e.g., life course theory, socio-ecological theory, among others) or conceptual framework for the study. Include the process for tailoring the framework to your study population(s) and the hypotheses. In addition, describe any novel or improved theoretical concepts, approaches or methodologies, policies, or analyses used, and any advantages over existing methodologies or policies.
- Detail how the proposed study/studies consider the community's needs, priorities, infrastructure, sample size, and contextual factors.
- Explain how diverse perspectives[21] were involved in the planning of your study and how they will be included in its implementation and translation into practice and community-based solutions.

In addition to above, HRSA-23-113 (CC) should:

- Describe the following:
    - An approach to establish and maintain a governance body of the Collaborative as described in **Appendix B**, including community partners and people with lived experience, and coordinate the activities and meetings.
    - The TA approach or framework that will be used to build the research capacity of MSIs. Include how you will be responsive to the needs of the RCs and the MSIs.

[21] Diverse perspectives include but are not limited to the perspectives of community members, researchers, clinicians, policymakers, perinatal health workers, and individuals with lived experience, including pregnant and postpartum individuals from underserved populations, including racial and ethnic minority groups.

    - How you will engage and create a learning community of MSIs involved in the Collaborative and other MSIs who chose to join to foster collaboration and synergy to develop the MSIs' capacity to conduct maternal health disparity research. Include the frequency, method(s), and mode(s) of convening the learning community of MSIs, as well as potential partners who will be engaged.
- Detail a plan to disseminate manuscripts, reports, products, and/or other research project outputs of the Collaborative to large and diverse audiences. Include a plan to increase uptake and usage of the information by the intended users.
- Describe a plan to create and maintain a website for the Collaborative that includes both public-facing pages about the Collaborative and the RC studies and private/investigator-only pages to facilitate data and resource sharing (i.e., to distribute study documents within the Collaborative).
- Describe how you will develop and administer a mentoring program for early-stage investigators from underserved communities to conduct maternal health disparity research.
    - **Note**: 45% of the CC funding is expected to be allocated to this mentoring program. Early-stage investigators could include graduate students, postdoctoral researchers, and junior faculty. These investigators are expected to be matched with a mentor and receive compensation, which may include stipends as appropriate, to support thesis/dissertation research/pilot research projects on maternal health and/or grant proposal development.
- Describe a plan to create curricula that incorporate current and emerging evidence in the field of climate change and maternal health.
- Detail a plan on how you will collaborate with MCHB programs such as Title V or Division of MCH Workforce Development grantees to develop and/or disseminate the curricula.
- Include a plan on how the curricula will be disseminated to health professionals and other members in the field of MCH.

- *WORK PLAN*
  HRSA-23-112 corresponds to Section V's Review Criterion 2: Response and 4: Impact
  HRSA-23-113 corresponds to Section V's Review Criterion 2: Response and 4: Impact

  For both HRSA-23-112 (RCs) and HRSA-23-113 (CC):
    - Provide a work plan and a timeline as **Attachment 1** that describes the activities or steps that you will take to achieve your project's proposed objectives. Ensure that the Program Requirements and Expectations are included and that the work plan covers the entire period of performance. The timeline should include each activity and identify responsible staff.
    - Describe your management plan. Include personnel, resources, and activities. If you will make subawards or expend funds on contracts,

describe how you will maintain communication among any subcontractors to ensure consistent, timely, and high-quality work. Describe how your organization will ensure proper documentation of funds for subcontractors.
- Identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities.

In addition to above, HRSA-23-112 (RCs) should:

- Clearly describe the research activities to be performed by your institution and your community partners (e.g., CBOs). Show how the activities complement each other in achieving the project's goals and objectives.
- Demonstrate the feasibility of meeting your proposed goals and objectives.
- The project timeline **may include an initial planning period** up to one year in duration. The purpose of this period is to enable you to refine the research methodology and recruitment strategies, further develop partnerships, and build capacity needed to successfully implement the project.
- If you choose to do an initial planning period, include the following:
  - The length of the planning period.
  - Why the period is needed.
  - How this period will benefit the project.
  - Specific areas that need further development in the planning period and the activities you will perform to build the capacity to fill these needs.

- *RESOLUTION OF CHALLENGES AND PROTECTION OF HUMAN SUBJECTS*
  HRSA-23-112 corresponds to Section V's Review Criterion 2: Response

  HRSA-23-113 Corresponds to Section V's Review Criterion 2: Response

  For both HRSA-23-112 (RCs) and HRSA-23-113 (CC)

  - Discuss challenges that you may encounter in designing and implementing the activities described in the work plan.
  - Discuss alternative approaches that you will use to resolve such challenges. Examples include:
    - Your strategy to reach hard-to-reach populations and any anticipated challenges of the proposed goals.
    - The feasibility of completing the proposed work within the timeline provided and proposed solutions for how obstacles will be addressed.
  - The project should be in compliance with the Department of Health and Human Services (HHS) regulations for protection of human subjects (45 CFR part 46). Refer to instructions provided in HRSA's SF-424 R&R Application Guide, Appendix: Supplemental Instructions for Preparing

the Protection of Human Subjects Section of the Research Plan and Human Subjects Research Policy for specific instructions on preparing the human subjects section of the application.

- Discuss plans to seek Institutional Review Board (IRB) approval or exemption. IRB approval is not required at the time of submission but must be received prior to the study.

In addition to above, HRSA-23-113 (CC) should:

- Develop a plan to coordinate and provide logistical support to RCs when seeking IRB approval.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY*
  HRSA-23-112 corresponds to Section V's Review Criteria 3: Evaluative Measures and 5: Resources/Capabilities
  HRSA-23-113 corresponds to Section V's Review Criteria 3: Evaluative Measures and 5: Resources/Capabilities

  For both HRSA-23-112 (RCs) and HRSA-23-113 (CC)

  - Describe the qualifications of key personnel. As described under Budget Justification Narrative, biographical sketches should use the appropriate MCHB form, should not exceed **five pages** per person, and count against the total page limitation for the application. A detailed description of information that should be included in the biographical sketches is available in **Appendix F**.
  - Include publication citations and works cited following the end of the Project Narrative, not as an attachment.

  In addition to above, HRSA-23-112 (RCs) should:

  - Develop a plan to collect and report your project performance measures to HRSA, as described in the Reporting section.
  - Describe strategies to collect, analyze, and track data to support the CC's evaluation of the collective impact of the Collaborative.
  - Describe how the data will be used to inform program development and quality improvement.

  In addition to above, HRSA-23-113 (CC) should:

  - Describe a plan to establish data collection, analysis, and information systems to collect and share data across RCs and community partners, as appropriate.
  - Describe your plans and associated resources to carry out high-quality program monitoring, performance measurement, and evaluation functions for the Collaborative, including both RCs' and CC's activities. The CC will evaluate the overall impact of the Collaborative, as well as build the

evaluation capacity of the RCs. Monitoring, performance measurement, and evaluation processes should be closely linked. Address the following:

- Monitoring: Describe your plan for program monitoring, including how you will track project-related processes, activities, and milestones and use data to identify actual or potential challenges to implementation. Provide an initial list of indicators you will use to monitor progress toward each program and performance goal; this list may include required measures listed in the Reporting section.
- Performance Measurement: Describe your plan for measuring and tracking Collaborative performance, with a focus on the goals and objectives outlined in the Purpose section. Include proposed measures and plans for the timely collection and reporting of measures, including the required measures listed in the Reporting section.
- Evaluation: Describe your plans for assessing progress toward performance goals and the impact of the Collaborative (e.g., in clinical or public health practice in communities, policy change efforts, etc.) Include when and how often you will evaluate your indications of progress or challenges. The evaluation plan should focus primarily on outcomes over which the project has influence, and for which you can produce data on an annual basis. Include a cross-site evaluation plan to assess the collective impact of the Collaborative.
- Continuous Quality Improvement: Describe your plans for incorporating information learned in your ongoing evaluation and monitoring.

- Describe your capacity to collect and manage data that allows for accurate and timely reporting of performance outcomes, including the required measures listed in the Reporting section, and for evaluating the overall impact of the Collaborative. This includes plans for establishing baseline data and targets.

- *ORGANIZATIONAL INFORMATION*
  HRSA-23-112 corresponds to Section V's Review Criteria 5: Resources/Capabilities
  HRSA-23-113 corresponds to Section V's Review Criteria 5: Resources/Capabilities

  For both HRSA-23-112 (RCs) and HRSA-23-113 (CC)
  Describe your organization's relationship to the MSI(s) being served, relationship with researchers in the MSI(s), and ability to work with researchers from MSIs and the target population. If you are an MSI, you can simply state that here and provide proof of MSI status in **Attachment 5**. If you are not an MSI, you are expected to submit Letter(s) of Support from the MSI(s) you propose to support in **Attachment 2**.

Briefly describe your institution's current research activities in maternal health and/or health disparities and how they contribute to the organization's ability to implement the project.

Describe the past achievements of the team in conducting health disparities, maternal health, and community-engaged research. Include an organizational chart (**Attachment 3**).

In addition to above, HRSA-23-112 (RCs) should describe:

- Experience working with CBOs and evidence of community partnership on research projects.
- Previous experience in maternal health disparities and/or community-based participatory research.
- Written letters of support from your institution's leadership and community partners stating that they are fully supportive of this research and will commit the additional resources necessary to ensure the maximum chance of success and list the additional resources.
- **If the PI is an early-stage investigator**, there must be a written letter of support from a senior member of the institution (e.g., Department Chair, Dean) that is fully supportive of this activity to ensure appropriate institutional mentoring and provide the maximum chance of success.

In addition to above, HRSA-23-113 (CC) should:

- Describe the strengths, leadership and administrative skills, and scientific expertise of the CC PI/Co-PIs. Include the qualifications of the PI to lead and oversee the CC.
- Describe the administrative structure of the CC and how it will contribute to the planning, execution, and monitoring of the Collaborative.
- Include a letter of support from the PI's sponsoring institution that assures support for the proposed CC, including assurance that sufficient time will be allowed for the PI to direct the CC.

iii. *Budget*

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

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

In addition, HRSA-23-113 (CC) requires the following: At least 45 percent of the CC funding is expected to be allocated annually to establish and administer a mentoring program to mentor and train early-stage investigators in MSIs from diverse backgrounds to conduct maternal health disparity research through thesis/dissertation support, grant proposal development, seed money for pilot projects.

As required by the Consolidated Appropriations Act, 2023 (P.L. 117-328), "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II..." See Section 4.1.iv Budget – Salary Rate Limitation of HRSA's *SF-424 R&R Application Guide* for additional information. Effective January 2023, the salary rate limitation is **$212,100.** Note that these or other salary rate limitations may apply in the following fiscal years, as required by law.

iv. *Budget Justification Narrative*

See Section 4.1.v of HRSA's *SF-424 R&R Application Guide*.

In addition, the Collaborative program requires the position descriptions (roles, responsibilities, and qualifications of proposed project staff) in the Budget Justification under Personnel costs. The budget justification is uploaded into the Budget Narrative Attachment Form. Biographical sketches for any key personnel must be attached to RESEARCH & RELATED Senior/Key Person Profile (OMB Number 4040-0001) found in the application package on Grants.gov. Due to the HRSA **60-page limit**, it is recommended that all biographical sketches are no more than 2 pages in length and must follow the HRSA font/margin requirements. NOTE: *The biographical sketch should not exceed five pages per person. This OMB form does count against your page limit and can be attached to RESEARCH & RELATED Senior/Key Person Profile (OMB Number 4040-0001) found in the application package on Grants.gov.* For details on how to format the biographical sketch visit: https://grants.nih.gov/grants/forms/biosketch-blank-format-rev-10-2021.docx. Please note that even though the document has an OMB clearance number, it is **not** a standard form and your response counts against the page limit (**Appendix F**).

v. *Attachments*

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

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative. For **HRSA-23-113 (CC) only,** if you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 2: Letters of Agreement/Letters of Support (Not counted in the page limit)

Provide any documents that describe working relationships between your institution and other institutions, agencies, or programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the collaborators and any deliverables. Include only letters that specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). Letters of agreement and letters of support must be dated.

We strongly encourage applicants who are not an MSI to provide a Letter of Support signed and dated by a senior official of the MSI with which you will partner. Applicants proposing to partner with multiple MSIs must submit a Letter of Support from each corresponding MSI. The Letter(s) of Support should address the following:

- How the MSI was involved with the development of the application, and
- Specific strategies on how the applicant organization will ensure the MSI is engaged in and supports program planning, implementation, and evaluation activities.

Attachment 3: Project Organizational Chart, Including Partners and Collaborators

Provide a project organizational chart that describes the functional structure of the Collaborative. The chart should describe the leadership structure of the Collaborative demonstrating collaboration between the PI, co-investigators, project manager, and the CREs. Specify each individual's institution, responsibilities, and core activities.

Attachment 4: Proof of Non-Profit Status (Not counted in the page limit)

Attachment 5: Documentation/Letter(s) Demonstrating Proof of Minority-Serving Institution Status (Not counted in the page limit)

Applicants who request funding preference **must** submit documentation that they are an MSI. This could be a letter from a senior official at your organization.

Attachment 6: Indirect Cost Rate Agreements (Not counted in the page limit)

Check with your sponsored programs office for further information about the indirect cost rate. Your institution's indirect cost rate is negotiated by the institution with HHS. Limitations on indirect cost rates are discussed under Funding Restrictions.

Attachment 7: Request for Funding Preference

To receive a funding preference, include a statement that you are eligible for a funding preference and identify the preference. Include documentation of this qualification. See Section V.2.

Attachments 8–15: Other Relevant Documents, as Necessary

Include here any other documents that are relevant to the application. All documents are included in the page limit.

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

Effective April 4, 2022:

- The UEI assigned by SAM has replaced the Data Universal Numbering System (DUNS) number.
- Register at SAM.gov and you will be assigned a UEI.

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

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

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

The Grants.gov registration process requires information in two separate systems:

- System for Award Management (SAM) (https://sam.gov/content/home | SAM Knowledge Base)
- Grants.gov (https://www.grants.gov/)

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 our blog to know what to expect.

For more details, see Section 3.1 of HRSA's *SF-424 R&R Application Guide*.

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

4. Submission Dates and Times

Application Due Date

The application due date under this NOFO is ***June 12, 2023 at 11:59 p.m. ET.*** HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Summary of emails from Grants.gov in HRSA's SF-424 R&R Application Guide Section 8.2.5 for additional information.

5. Intergovernmental Review

The Maternal Health Research Collaborative for Minority-Serving Institutions Program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's *SF-424 R&R Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than:

- $461,000 per year in year 1 and $450,000 per year in years 2-5 (inclusive of direct **and** indirect costs) for **HRSA-23-112 (RCs)**
- $2,350,000 per year in year 1 and $$2,230,000 per year in years 2-5 (inclusive of direct **and** indirect costs) for **HRSA-23-113 (CC).**

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 HRSA's *SF-424 R&R Application Guide* for additional information. Note that these and other restrictions will apply in the following fiscal years, as required by law.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's *SF-424 R&R Application Guide*. Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

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

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

V. Application Review Information

1. Review Criteria

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

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

For HRSA-23-112 (RCs)

Six (6) review criteria are used to review and rank **HRSA-23-112 (RCs)** applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1.	Need	15 points
Criterion 2.	Response	40 points
Criterion 3.	Evaluative Measures	10 points
Criterion 4.	Impact	10 points

Criterion 5.	Resources/Capabilities	15 points
Criterion 6.	Support Requested	10 points
TOTAL		100 points

Criterion 1: NEED (15 points) – Corresponds to Section IV's Background and Significance and Engagement and Support of Minority Serving Institutions and Communities.

Background and Significance *(5 points).*
The extent to which the applicant:

- Demonstrates in-depth knowledge of maternal health disparities and associated contributing factors to the problem.
- Adequately identifies and provides supporting literature and appropriate data on the current gaps and challenges in maternal health disparity research.
- Clearly describes the specific needs in maternal health experienced by the community or population of interest, especially underserved communities, and the issues prioritized by the community.
- Demonstrates it has a strong past and ongoing relationship and ability to engage with the target population.

Engagement and Support of Minority Serving Institutions and Communities (10 points)

- Describes the MSIs' organizational needs and barriers in developing maternal health research capacity.
- Demonstrates it has a strong past and ongoing relationship with engaging MSIs. Note: for applicants who are MSIs, they may simply state their entity type without demonstrating their ability to engage with MSIs.

Criterion 2: RESPONSE (40 points) – Corresponds to Section IV's Background and Significance, Engagement and Support of Minority Serving Institutions and Communities, Methodology, Work Plan, and Resolution of Challenges and Protection of Human Subjects

Background and Significance (5 points)

The extent to which the application clearly and adequately describes and demonstrates:

- How the study design considers the community's needs, priorities, infrastructure, sample size, and the contextual factors, and how they will ensure that all activities will be culturally appropriate for, and acceptable to, the target population.
- How the project will add scientific knowledge and improve technical capability and/or clinical practice to reduce maternal health disparities.

Engagement and Support of Minority Serving Institutions and Communities (10 points)

The extent to which the application clearly and comprehensively describes:

- The project activities that will develop and enhance the maternal health research capacity of MSI.
    - **If applicant is not an MSI**: How they will support an MSI to increase their capacity, including a detailed plan on how the applicant will provide an appropriate subaward, resource support, capacity building, and meaningful collaboration.[22]
- Outlines how the proposed activities will build and sustain the research capacity of MSIs.
- A defined and detailed process to meaningfully collaborate/partner with CBOs
- Strategies to foster diversity, inclusivity, and accessibility in the project, and how diverse perspectives are involved in the planning of the study, and how they will be included in its implementation and translation of research findings into practice and community-based solutions.

Methodology (10 points)

The extent to which the application clearly and adequately describes and demonstrates:

- The overall study design, research methodology, approaches, and activities proposed in the application are clear, scientific, innovative, feasible, and capable of addressing the purpose, needs, objectives, program requirements, and expectations in this NOFO.
    - **If a planning period is included**, the approach to refine the research methodology and recruitment strategies, further develop partnerships, and build capacity to successfully implement the project is detailed.
- Any novel, refined, or improved theoretical concepts, approaches or methodologies, policies, or analyses used, and any advantage over existing methodologies or approaches in addressing maternal health disparities.
- An adequate plan to sustain key elements of the project after the period of federal funding ends.

[22] Meaningful collaboration includes ensuring the MSIs/CBO will be integrally and meaningfully engaged in all award activities throughout the entire period of performance---from development, to implementation, to sustainability.

Work Plan (10 points)

The extent to which the application describes:

- A detailed, appropriate, and feasible work plan and timeline that describes the activities or steps the applicant will take to achieve the project's proposed objectives.
- An effective plan to manage the project activities, personnel, and resources, as well as maintain communication among subrecipients (if applicable) to ensure consistent, timely, and high-quality work.
- Research activities to be performed by the applicant and community partners (e.g., CBOs) that are complementary and demonstrate meaningful engagement.
- A clear, feasible, and well-designed plan to refine the proposed research projects, ensure alignment of activities between academic and CBO partners, and build up capacity to successfully implement the proposed research projects, **only if the applicant includes an optional planning period.**

Resolution of Challenges and Protection of Human Subjects (5 points)

The extent to which the application describes:

- Discusses challenges likely to be encountered in planning and implementing the activities described in the work plan, and the reasonableness of alternative approaches to resolving such challenges.
- Discusses institutional challenges, e.g., lack of MSI capacity to conduct the proposed research and how this funding can be used to overcome these challenges.
- Adequate human subjects' protections in compliance with the HHS regulations for protection of human subjects (45 CFR Part 46), including specific provisions relevant for women, children, and other vulnerable populations, and the adequacy of measures to ensure the security of research data (data security).
- Plans to seek IRB approval prior to initiation of any activities involving human subjects, if applicable.

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

The extent to which the application describes:

- A detailed plan to collect the project performance measures, as described in the Reporting section.

- A clear strategy to collect, analyze, and track data to measure project processes, outcomes, and impact on different demographic groups, especially underserved groups.
- How the data will be used to inform program development, service delivered to the target population, and program quality improvement.
- How the applicant will support the CC to evaluate the overall impact of the Collaborative.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Background and Significance, Methodology, and Work Plan.

The extent to which:

- The project's goals and objectives are likely to be achieved.
- The proposed project has the potential to advance maternal health disparity research and develop sustainable community-based strategies that can be scaled up to other communities.
- The proposed activities have a broad effect in increasing the capacity of MSIs.
- The application challenges and seeks to shift current maternal health research or practice paradigms by utilizing novel or improved theoretical concepts, approaches, instrumentation, or interventions.
- The application includes a strong dissemination plan that clearly describes how it will publish peer-reviewed publications and help transfer research into practice by distributing findings, reports, and/or project findings to key target audiences, including researchers, providers, communities, policymakers, families, and the general public.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information

Evaluation and Technical Support Capacity (10 points)

The extent to which key project personnel:

- Are well-qualified by training and/or experience and have the capacity to implement the proposed projects and fulfill the program requirements and expectations, as described in the purpose section (including proposed partners, subrecipients, and consultants).

- The PI, **if an Early-Stage Investigator**, has appropriate experience and training and full documented support from a senior member of the institution to ensure the success of the proposed projects.
- Will perform a substantive role in carrying out the proposed project and that subcontracts awarded are well-justified and clearly described.

Organizational Information (5 points)

- The strength of the organization's relationship to the MSI(s) being served, relationship with researchers in the MSI(s), and ability to work with researchers from MSIs and the target population. Note: for applicants who are MSIs, they may simply state their entity type without demonstrating their ability to engage with MSIs.
- Your past experience, relationship with, and ability to engage with and incorporate the target population and the community into the project.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget and Budget Narrative

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

The extent to which:

- Costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The budget narrative sufficiently provides explicit, itemized details that clearly support the objectives and activities of the proposed project.
- The roles and responsibilities of the position descriptions are clearly described.

- Key personnel have adequate time devoted to the project to achieve project objectives, as described in the Project Narrative and Budget Narrative sections of this NOFO.
- Partners are appropriately compensated in alignment with the proposed scope of work.

For HRSA-23-113 CC

Six (6) review criteria are used to review and rank **HRSA-23-113 (CC)** applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1.	Need	10 points
Criterion 2.	Response	40 points
Criterion 3.	Evaluative Measures	10 points
Criterion 4.	Impact	10 points
Criterion 5.	Resources/Capabilities	20 points
Criterion 6.	Support Requested	10 points
TOTAL		100 points

Criterion 1: NEED (10 points) – Corresponds to Section IV's Background and Significance and Engagement and Support of Minority Serving Institutions and Communities

Background and Significance (5 points)

The extent to which the applicant

- Clearly describes the current status of maternal health disparities and associated contributing factors to the problem, and an understanding of best practices in maternal health disparity research with underrepresented/underserved populations.

Engagement and Support of Minority Serving Institutions and Communities (5 points)

The extent to which the applicant:

- Clearly describes need to build MSIs' research capacity to conduct maternal health research.
- Demonstrates a strong relationship and ability to engage with MSIs. Note: for applicants who are MSIs, they may simply state their entity type without demonstrating their ability to engage with MSIs.

Criterion 2: RESPONSE (40 points) – Corresponds to Section IV's Engagement and Support of Minority Serving Institutions and Communities, Methodology, Work Plan, and Resolution of Challenges and Protection of Human Subjects

Engagement and Support of Minority Serving Institutions and Communities (5 points)

The extent to which the application:

- Describes existing evidence informed strategies to foster diversity, inclusivity, and accessibility in research and how they can be applied to this project.

- Details the strategies and activities for how they will engage other MSIs and CBOs outside of the Collaborative to build broader capacity to conduct maternal health disparity research.

Methodology (15 points)

The extent to which the application clearly and adequately describes and demonstrates:

- Methods, approaches, and activities proposed in the application are clear, innovative, feasible, and capable of addressing the purpose, stated needs, objectives, program requirements and expectations in this NOFO.
- A feasible approach to establish and maintain a governance body comprised of representatives from the RCs, CC, community partners, and people with lived experience.
- Detailed learning approaches, strategies, and activities that will be used to develop a learning community of MSIs (including both MSIs supported by the RCs and other MSIs), CBOs, and other relevant partners in planning, designing, implementing, and evaluating all activities, as described in the program requirements and expectations.
- A practical TA approach or framework that will be used to build the research capacity of RCs, other MSIs and CBOs. This includes but is not limited to developing educational materials and trainings on methods, performance evaluation, and topics required for successful implementation of research projects.
- A suitable plan to develop and maintain a public-facing website as well as a secure private/investigator-only website by which RCs can input grant-related data into a centralized collection hub and allow authorized users to generate and view reports on outcomes and data trends.
- A realistic plan to establish a sustainable mentoring program to develop the next generation of MCH researchers from diverse backgrounds.
- A detailed plan to create and disseminate curricula on climate change's impact on maternal health.
- A sound strategy on how to partner with MCHB grantees on the development and/or dissemination of the curricula.

Work Plan (10 points)

The extent to which the application includes:

- A detailed, appropriate, and feasible work plan and timeline that describes the activities or steps the applicant will take to achieve the project's proposed objectives.

- An effective plan to manage the project activities, personnel, and resources, as well as maintain communication among subrecipients (if applicable) to ensure consistent, timely, and high-quality work.

Resolution of Challenges and Protection of Human Subjects (10 points)

The extent to which the application describes:

- Discusses challenges likely to be encountered in planning and implementing the activities described in the work plan, and the reasonableness of alternative approaches to resolving such challenges.
- Adequate human subjects' protections in compliance with the HHS regulations for protection of human subjects (45 CFR Part 46), including specific provisions relevant for women, children, and other vulnerable populations, and the adequacy of measures to ensure the security of research data (data security).
- Plans to seek IRB approval prior to initiation of any activities involving human subjects, if applicable.
- An effective plan to coordinate and provide logistical support to RCs when seeking IRB approval.

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

The extent to which the application describes:

- A feasible plan to establish data collection, analysis, and information systems to collect and share data across RCs and partners, as appropriate.
- A comprehensive evaluation plan for measuring and tracking overall Collaborative performance and impact, with a focus on the goals and objectives outlined in the purpose section, assessing progress toward program requirements, goals, and objectives, and ensuring continuous quality improvement of the Collaborative activities.
- Detailed strategies to support the RCs for their evaluation efforts and improve their evaluation capacity.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Background and Significance, Methodology and Work Plan.

The extent to which:

- The project's goals and objectives are likely to be achieved.

- The proposed activities have a broad impact to build up the research capacity of MSIs beyond the RCs.
- The plan to disseminate manuscripts, reports, products, and/or other research project outputs to large and diverse audiences, including a website for the Collaborative, is comprehensive.
- The applicant's approach for community engagement and translating the findings into practice reflects innovative ideas and has the potential to be applicable to and scaled up in other research communities.
- The application includes innovative approaches to create synergy between MSIs and community partners which could be sustainable beyond the funding period.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's Evaluation and Technical Support and Organizational Information

Evaluation and Technical Support (5 points)

The extent to which the applicant clearly describes:

- Their capacity to collect and manage data that allows for accurate and timely reporting of performance outcomes.
- Plans for establishing baseline data and targets.

Organizational Information (15 points)

- The strength of the organization's relationship to the MSI(s) being served, relationship with researchers in the MSI(s), and ability to work with researchers from MSIs and the target population. Note: for applicants who are MSIs, they may simply state their entity type without demonstrating their ability to engage with MSIs.
- The extent to which the applicant describes the administrative structure of the CC and how it will contribute to the planning, execution, and monitoring of the Collaborative.
- Details the space and technological institutional resources are appropriate to support the CC infrastructure and provide a shared resource environment for RCs, MSIs, and community partners it supports.
- The extent to which key project personnel:

    Are well qualified by training and/or experience and have the capacity to implement the proposed projects and fulfill the program requirements and expectations, as described in the purpose section (including proposed partners, subcontractors, and consultants).

- Have administrative experience, acumen, and resources to appropriately administer contracts or subawards to funded partners and ensure sufficient monitoring and oversight of those activities.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget and Budget Narrative

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

The extent to which:

- Costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The budget narrative sufficiently provides explicit, itemized details that clearly support the objectives and activities of the proposed project.
- Key personnel have adequate time devoted to the project to achieve project objectives, as described in the Project Narrative and Budget Narrative sections of this NOFO.
- Partners are appropriately compensated in alignment with the proposed scope of work.
- Annual funds (at least 45%) are allocated to establish and administer a mentoring program for early-stage investigators from underserved communities to conduct maternal health disparity research through thesis/dissertation support and grant proposal development.

2. Review and Selection Process

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

For this program, HRSA will use funding preference.

Funding Preferences

This program provides a funding preference for some applicants. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will receive full and equitable consideration during the review process. HRSA staff will determine the

funding factor and will grant it to any qualified applicant that demonstrates they meet the criteria for the preference(s) as follows:

Minority Serving Institution Applicant

Qualification: You can request funding preference if the applicant organization is a minority serving institution.[23]

Documentation to verify the status of the applicants is required and should be included in **Attachment 5**. Applicants must also request consideration for funding preference in **Attachment 7**.

3. Assessment of Risk

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

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

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

HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity,

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[23] For purpose of this NOFO, an MSI is defined as an institution that has a demonstrated record of or historical commitment to serving underrepresented or disadvantaged students, including but not limited to, Historically Black Colleges and Universities (HBCUs), Tribal Colleges and Universities (TCUs), Hispanic Serving Institutions, Asian American and Pacific Islander Serving Institutions and Alaska Native and Native Hawaiian Serving Institutions.

business ethics, and record of performance under federal awards when completing the review of risk as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

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

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of September 30, 2023. See Section 5.4 of HRSA's *SF-424 R&R Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 R&R Application Guide*.

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

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

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

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

Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

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

Data Rights

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

Human Subjects Protection

Certificate of Confidentiality: Institutions and investigators are responsible for determining whether research they conduct is subject to Section 301(d) of the Public Health Service (PHS) Act. Section 301(d), as amended by Section 2012 of the 21st Century Cures Act, P.L. 114-255 (42 U.S.C. 241(d)), states that the Secretary shall issue Certificates of Confidentiality (Certificates) to persons engaged in biomedical, behavioral, clinical, or other research activities in which identifiable, sensitive information is collected. In furtherance of this provision, HRSA-supported research commenced or ongoing after December 13, 2016 in which identifiable, sensitive information is collected, as defined by Section 301(d), is deemed issued a Certificate and therefore required to protect the privacy of individuals who are subjects of such research. Certificates issued in this manner will not be issued as a separate document, but are issued by application of this term and condition to the award. For additional information which may be helpful in ensuring compliance with this term and condition, see Centers for Disease Control and Prevention (CDC) Additional Requirement 36 (https://www.cdc.gov/grants/additional-requirements/ar-36.html).

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 R&R Application Guide* **and** the following reporting and review activities:

1) **DGIS Performance Reports.** Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report **annually**, by the specified deadline. Please be advised the administrative forms and performance measures for MCHB discretionary grants will be updated on May 4, 2023. DGIS reports created on or after May 4, 2023 will contain the updated forms. To prepare

successful applicants for their reporting requirements, the administrative forms and performance measures for RCs are Form 1, Form 6, Form 7, Form 8, Products, Publications and Submissions Data Collection Form, Core 3, Capacity Building (CB 4), Capacity Building (CB 5), Capacity Building (CB 6), Financial Form 1, Financial Form 6, Financial Form 7, and Financial Form 8. For the CC, the reporting requirements are Form 1, Form 6, Form 7, Form 8, Core 3, Capacity Building (CB 4), Financial Form 1, Financial Form 6, Financial Form 7, and Financial Form 8. The type of report required is determined by the project year of the award's period of performance. The full OMB-approved reporting package is accessible at https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection. (OMB Number: 0915-0298 | Expiration Date: 08/31/2025).

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	9/30/2023 - 9/29/2028 *(administrative data and performance measure projections, as applicable)*	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	9/30/2023 - 9/29/2024 9/30/2024 – 9/29/2025 9/30/2025 – 9/29/2026 9/30/2026 – 9/29/2027	Beginning of each budget period	120 days from the available date
c) Project Period End Performance Report	9/30/2027 – 9/29/2028	Period of performance end date	90 days from the available date

2) **Progress Report**(s). The recipient must submit a progress report to HRSA-23-112 and HRSA-23-113 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) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

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

VII. Agency Contacts

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

LaToya Ferguson
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 443-1440
Email: LFerguson@hrsa.gov

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

Evva Assing-Murray, PhD, MA and Maura Maloney, PhD, MS
Office of Epidemiology and Research
Division of Research
Maternal and Child Health Bureau
Health Resources and Services Administration
Email: MH-RC-MSI@hrsa.gov

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

Grants.gov Contact Center
Phone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov

Self-Service Knowledge Base

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

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

The EHBs login process is changing May 26, 2023 for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs will use **Login.gov** and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must create a Login.gov account by May 25, 2023 to prepare 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 Executive Summary.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 R&R 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 14)	Areas Affected by Project (Cities, Counties, States, etc.)	*My attachment* = ___ *pages*
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	*My attachment* = ___ *pages*
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	*My attachment* = ___ *pages*
Attachments Form	Attachment 1: Work Plan	*My attachment* = ___ *pages*
Attachments Form	Attachment 2: Letters of Agreement/Letters of Support	*My attachment* = ___ *pages*
Attachments Form	Attachment 3: Project Organizational Chart, Including Partners and Collaborators	*My attachment* = ___ *pages*
Attachments Form	Attachment 4: Proof of Non-Profit Status	*(Does not count against the page limit)*
Attachments Form	Attachment 5: Documentation/Letter(s) Demonstrating Proof of Minority-Serving Institution Status	*(Does not count against the page limit)*

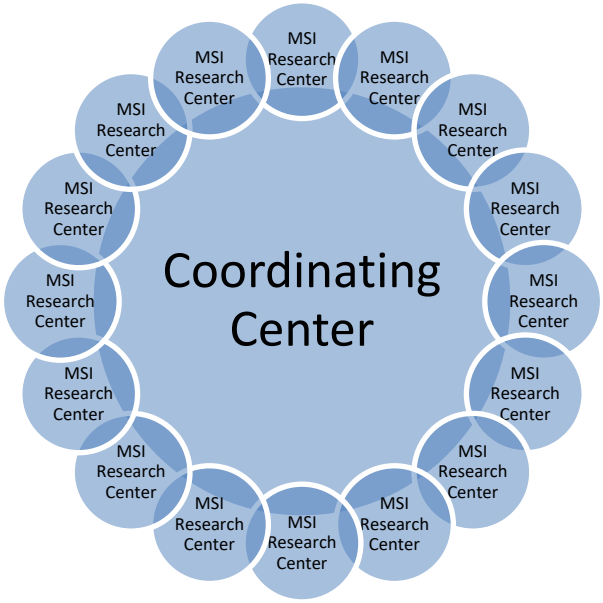
Standard Form Name *(Forms themselves do not count against the page limit)*	**Attachment File Name** *(Unless otherwise noted, attachments count against the page limit)*	**# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Attachments Form	Attachment 6: Indirect Cost Rate Agreements	*(Does not count against the page limit)*
Attachments Form	Attachment 7 Request for Funding Preference or Priority	*My attachment = ___ pages*
Attachments Form	Attachment 8	*My attachment = ___ pages*
Attachments Form	Attachment 9:	*My attachment = ___ pages*
Attachments Form	Attachment 10	*My attachment = ___ pages*
Attachments Form	Attachment 11	*My attachment = ___ pages*
Attachments Form	Attachment 12	*My attachment = ___ pages*
Attachments Form	Attachment 13	*My attachment = ___ pages*
Attachments Form	Attachment 14	*My attachment = ___ pages*
Attachments Form	Attachment 15	*My attachment = ___ pages*
Project/Performance Site Location Form	Additional Performance Site Location(s)	*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.
FPage Limit for HRSA-23-112 and HRSA 23-113 is 60 pages		**My total = ____ pages**

Appendix B: Organizational Structure for the Maternal Health Research Collaborative for Minority-Serving Institutions (MSI)

The Maternal Health Research Collaborative for MSIs will consist of 16 MSI Research Centers (RCs) and a Coordinating Center (CC).

Each RC is expected to partner with community-based organizations that will help recruit study participants in the community, participate in the community-based participatory research, and help develop community-based solutions to understand and address the maternal health disparities in the community.

Although the operational structure of the Collaborative may vary, one example of this structure is depicted in the diagram and description below:



Expectations of the RCs and the CC are described under Program Requirements and Expectations in the NOFO.

The Collaborative operational structure includes the following groups:

- Steering Committee
- Data Collection and Management Board
- Scientific Review Board
- Community Engagement Board

Steering Committee (SC)

The SC consists of:

- Principal investigators from each RC (one vote per center; multi-PI applications are allowed, but each awarded RC will only get one vote on the SC).
- Principal investigator from the CC (voting member).
- HRSA/MCHB Project Officers (one vote).
- Steering Committee chairperson, voted by all the PIs from each RC and CC with the approval of HRSA/MCHB (tie-breaking vote only).

The Steering Committee has the primary responsibility for implementing the objectives of the Collaborative, including identifying areas of potential research, developing, and implementing Collaborative protocols, and analyzing and publishing study results. The SC has monthly meetings. All major scientific decisions (e.g., study design standard and policies) are determined by majority vote of the SC. All SC members or their designees are expected to attend these meetings. One meeting per year is expected to be in conjunction with the annual Division of Research (DoR) Research Network/Single Investigator Innovation Program (RN/SIIP) Grantee Meeting, which alternates between virtual and face-to-face (weather and public health issues permitting), in the Washington, DC metro area.

The SC may create subcommittees to manage specific Collaborative functions. These include, but are not limited to:

- Protocol Development Subcommittee
- Publications Subcommittee
- Grant Proposal Development Subcommittee
- Dissemination and Translation Subcommittee

Data Collection and Management Board (DCMB)

A Data Collection and Management Board (DCMB) will be established to facilitate data gathering, data management training, data quality assurance, data sharing (as applicable), and to monitor all Collaborative data collection that involves more than minimal risk to participants. The CC PI or the designee will serve as the Board Chair, and members from the MSI research centers can serve as members. The DCMB is also responsible for safeguarding the interests of study participants and protecting study participants from unacceptable risk. This Board will be formed as a collaborative effort with HRSA/MCHB staff who will ultimately approve its membership.

Scientific Review Board

A Scientific Review Board will be established to include members from the RCs, other MSIs voluntarily participating in the Collaborative, and MCHB-funded research programs. The Scientific Review Board will provide feedback on study design and methodology, feasibility assessments, and prioritization of research proposals to the Collaborative investigators and to HRSA/MCHB, as needed. This board will be formed as a collaborative effort with HRSA/MCHB staff, who will ultimately approve its membership.

Community Engagement Board

The Collaborative will be expected to interact with a Community Engagement Board. This will be a group of lay community members who have interest and/or experience in maternal health disparities. The objective is to assure that Collaborative research is relevant and sensitive to the needs and concerns of the communities served. Examples of services that may be provided by this Board include, but are not limited to, providing input on maternal health research outcomes of most interest to patients and families as well as sharing feedback on consent forms and processes. This Board will be formed as a collaborative effort with HRSA/MCHB staff who will ultimately approve its membership.

Maternal and Child Health Bureau, Health Resources and Services Administration

HRSA provides funding to each RC and the CC through Cooperative Agreements. MCHB uses this mechanism when it anticipates its scientific and/or programmatic staff will have substantial involvement with the awardee(s) during performance of the contemplated project. The MCHB Program Staff will assist Collaborative PIs in identifying research topics of high priority, developing research capacity, designing, and implementing the research projects, and other activities.

HRSA/MCHB Project Officers and Grants Management Specialists will be responsible for grant oversight and monitoring. HRSA/MCHB Project Officers will be involved substantially with the awardees, serving as MCHB's voting representative on the Steering Committee, and working with RC investigators and CC PIs to design and implement projects and analyze results.

Appendix C: Research Program Application Completeness Checklist

Funding Opportunity Number: HRSA-23-112 or HRSA-23-113 **Application Due Date in Grants.gov:** June 12, 2023	
Requirement	**Yes**
Do you meet the eligibility criteria?	
Did you read the *R&R Application Guide* (https://www.hrsa.gov/sites/default/files/hrsa/grants/apply/applicationguide/sf-424-rr-app-guide.pdf)?	
Do you have a Unique Entity Identifier (UEI) that's been assigned by System for Award Management (SAM)?	
Did your Authorized Organization Representative (AOR) register in SAM (https://www.sam.gov/)?	
Is your Abstract in plain language, no more than 4,000 characters and single spaced?	
Does the Narrative Section of your application fully address: • Background and Significance? • Specific Goals and Objectives? • Project Design, Methods, Data, and Evaluation? • Plan/Schedule of Implementation and Capability of Applicant? • Feasibility? • Evaluation and Technical Support Capacity? • Protection of Human Subjects? • Targeted/Planned Enrollment, if applicable?	
Did you confirm that your application addressed all of the NOFO Review Criteria?	
Are your budget and budget justification narrative completed accurately and in the yearly funding limit? **NOTE:** The directions offered in the HRSA *SF-424 R&R Application Guide* differ from those offered by *Grants.gov.* Please follow the instructions included in the *R&R Application Guide* and, *if applicable*, the additional budget instructions in the NOFO	
Did you clearly label all of your Attachments?	
Did you include the Biographical Sketches in the Application?	
Do you know your institution's indirect cost rate?	
Did you use no less than 12-point font and are your page margins at least 1 inch wide in the Narrative and Attachment Sections of the Application? **NOTE:** The Biographical Sketches of Key Personnel can have .5" margins.	

Are your pages, including attachments, within the 60-page limit? **NOTE:** Pages which do not count toward the 60-page limit include: Cover Page, Indirect Cost Rate Agreement, Proof of Minority-Serving Institution Status, Documentation/Explanation Demonstrating Proof of Minority-Serving Institution Status, and Standard OMB approved forms.	

Appendix D: Frequently Asked Questions

1. **Where do I find application materials for the Research Collaborative?**
   All application materials are available on www.grants.gov.

2. **How can I download the complete application package for the Research Collaborative NOFOs?**
   You can download the application by searching for the application number HRSA-23-112 and HRSA-23-113 on www.grants.gov:
   1) Click on the hyperlink for HRSA-23-112 and HRSA-23-113
   2) Click on the last blue tab entitled "PACKAGE."
   3) Scroll down and click on the "Preview" hyperlink under the "Actions" column.
   4) Select the "Download Instructions" button in the right-hand corner. This will download the application.

3. **What is Grants.gov?**
   Grants.gov is the website that the U.S. Government uses to inform citizens of grant opportunities and provide a portal for submitting applications to government agencies. More information can be found on the Grants.gov website.

4. **Is there anything that we need to do immediately to better prepare for our new grant application?**
   Yes, make sure that the Authorized Organization Representative (AOR) at your university or institution has registered the university/organization and himself/herself in Grants.gov. In order to submit your application (new or continuation), your university and your AOR MUST be registered in Grants.gov. When your AOR registers in Grants.gov, he/she will receive a Credential User Name and Password which will allow that individual to submit application forms in Grants.gov.

5. **What are the key take-home messages about Grants.gov?**
   1) *Make sure that the AOR from your university/organization is registered in Grants.gov NOW. This process can take up to 1 month and it is better to complete it and have it out of the way before starting any grant application.*
   2) *Read the instructions on Grants.gov carefully and allow time for corrections. Enter information in fields even if it is "0" or the form will remain incomplete. Required fields are highlighted in yellow.*
   3) *There are resources available on the Grants.gov website to help you navigate this new system. Please visit Grants.gov to access these resources.*
   4) Key information for budget preparation:
      - *With the HRSA SF-424 R&R, report faculty and staff time in calendar month equivalents.*
      - *Budget details about subcontracts are described in a section of the SF-424 R&R called subawards.*

Detailed budgets are required for each of the 5 years in the period of performance.

6. **What types of institutions can apply?**
   Eligibility is limited to public or non-profit institutions of higher learning and public or private non-profit agencies engaged in research or in programs relating to maternal and child health and/or services for children with special health care needs. See 42 CFR § 51a.3(b). Faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply.
   See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility Information

7. **The NOFO notes that the grant supports "applied research." What do you mean by "applied research"?**
   In general, we define applied research as bringing basic research models and theories to application in practice—e.g., efficacy trials of new interventions, implementation studies, etc. Applied research also includes the scaling of pilots and translating research into policy and practice recommendations.

8. **We are trying to apply for the announced grants, but our organization does not have an Indirect Cost Rate Agreement. What should we do?**
   According to the HRSA SF-424 R&R Application Guide, "any non-federal entity that has never received a negotiated indirect cost rate, (except a governmental department or agency unit that receives more than $35 million in direct federal funding) may elect to charge a de minimis rate of 10 percent of modified total direct costs (MTDC) which may be used indefinitely." The HRSA SF-424 R&R Application Guide also contains information on how to negotiate the indirect cost rate.

9. **How do I know what my institution's indirect cost rate is?**
   Your institution's indirect cost rate is negotiated by the institution with the U.S. Department of Health and Human Services (HHS). Your sponsored program office will be able to provide further information about the indirect cost rate.

10. **Is there a requirement regarding minimum or maximum effort for the PI?**
    In general, the NOFO does not specify any minimum or maximum time requirement for the PD/PI, but we expect the PD/PI to dedicate a minimum of 20 percent effort to this cooperative agreement to justify their commitment to the project. The current PD/PI of an active HRSA/MCHB/Office of Epidemiology and Research (OER)/Division of Research (DOR) award can serve for no more than 10 percent time on a new proposal.

11. **Can someone who is currently a PI on another agency grant be a PI of the Research Collaborative?**

Yes, however, if selected for funding, the new recipient will need to verify that percent effort across all federally funded grants does not exceed 100 percent.

12. **We have more than one investigator in our institution planning to apply to this NOFO. Is more than one application per institution allowable?**
Yes, more than one application per institution is allowable.

13. **Which format should we follow for the biographical sketch?**
Please use the NIH biographical sketch form found here: https://grants.nih.gov/grants/forms/biosketch-blank-format-rev-10-2021.docx*. Please note that even though the document has an OMB clearance number, it is not a standard form and your response counts against the page limit. See Appendix F for Guidance.*

14. **Are there page limits for the submitted application?**
Yes, the total size of all uploaded files included in the page limit may not exceed 60 pages when printed by HRSA.

15. **What counts towards the page limits?**
The page limit applies to the:
   - *Project and budget narratives*
   - *Attachments*
   - *Biographical sketches*

The page limit does not apply to the following:
   - *Standard OMB-approved forms (including the new Project Abstract Summary) that are included in the application package*
   - *Indirect Cost Rate Agreement*
   - *Proof of Non-Profit Status*
   - *Documentation/Explanation Demonstrating Proof of Minority-Serving Institution Status*

If an application exceeds required page limitations, the pages over the limit will be deleted.

16. **Are there any page limitations to the narrative?**
*There is no page limitation to the narrative. The NOFO recommends a **maximum of 15 pages** for the Methodology section of the narrative. Preliminary studies can be included if applicable. Please consult the NOFO and/or the HRSA SF-424 R&R Application Guide, referenced throughout the NOFO, for more specific information.*

17. **Are there font/margin requirements?**
Follow HRSA guidelines, which call for 1" margins and 12-point font. More information on specification regarding fonts and margins can be found in the HRSA SF-424 R&R Application Guide.

18. **Where do I include the staffing plan?**
    The staffing plan information is included in the budget narrative attachment that should be uploaded into the budget form Box K.

19. **Where can I find information on previous awards for the MCH Research Program?**
    Information on current and past funded projects can be found on our website. Feel free to search our funded projects at http://mchb.hrsa.gov/research/.

20. **When will you announce your other research NOFOs?**
    Please join our listserv at http://mchb.hrsa.gov/research to receive an alert whenever our NOFOs are released.

21. **Who should I talk to if I have further questions?**
    Please contact:
    - *For programmatic questions, the Project Officers listed in the NOFO via email.*
    - *For budget questions, the Grants Management Specialist listed in the NOFO via email.*

22. **Can I send the point of contact/Project Officer my project proposal/abstract/project summary to review?**
    No. Though questions are welcome throughout the open competition phase, please be aware that the point of contact/Project Officer has no authority to determine the validity or success of your proposal. The Project Officer cannot provide feedback or guidance on your draft proposal. Your proposal will be reviewed by an independent review panel comprised of experts in the field.

23. **Does HRSA offer extensions for submitting applications?**
    If you experience system glitches or a qualified emergency, you can request an exemption/waiver for your application which is subject to HRSA's discretion. Please submit your exemption request in writing to ***ApplicationWaivers@hrsa.gov****.*

Appendix E: Key Terms for Project Abstracts

a) Content Terms (maximum of 10)

Health Care Systems & Delivery

- Access to Health Care
- Capacity & Personnel
- Clinical Practice
- Health Care Quality
- Health Care Utilization
- Health Disparities
- Health Information Technology
- Home Visiting
- Innovative Programs and Promising New Practices
- Perinatal Regionalization
- Telehealth

Primary Care & Medical Home

- Adolescent Health
- Coordination of Services
- Community-Based Approaches
- Integration of Care
- Medical Home
- Oral Health
- Preconception/Inter-conception Health & Well-Woman Care
- Primary Care
- Well-Child Pediatric Care

Insurance & Health Care Costs

- Cost Effectiveness
- Health Care Costs
- Insurance Coverage

Prenatal/Perinatal Health & Pregnancy Outcomes

- Cesarean
- Labor & Delivery
- Low Birthweight
- Perinatal
- Postpartum
- Pregnancy
- Prenatal Care
- Preterm

Nutrition & Obesity

- Breastfeeding

- Nutrition & Diet
- Obesity & Weight
- Physical Activity

Parenting & Child Development

- Cognitive & Linguistic Development
- Fathers
- Parent-Child Relationship
- Parenting
- Physical Growth
- Social & Emotional Development

School Settings, Outcomes & Services

- Child Care
- Early Childhood Education
- School Health Programs
- School Outcomes & Services

Screening & Health Promotion

- Early Intervention
- Illness Prevention & Health Promotion
- Immunization
- Health Education & Family Support
- Screening
- Sleep

Illness, Injury & Death

- Emergency Care
- Infant Illness & Hospitalization
- Maternal Illness & Complications
- Mortality
- Safety & Injury Prevention
- Sudden Infant Death Syndrome/Sudden Unexpected Infant Death
- Trauma & Injury

Mental/Behavioral Health & Well-being

- Bullying & Peer Relationships
- Depression
- Mental Health & Well-being
- Risk Behaviors
- Smoking
- Stress
- Substance Use
- Violence & Abuse

Special Health Care Needs & Disabilities

- Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder
- Asthma
- Chronic Illness
- Developmental Disabilities
- Special Health Care Needs
- Youth with Special Health Care Needs Transition to Adulthood

Lifespan & Social Determinants

- Neighborhood
- Lifespan
- Social Determinants of Health

b) Underserved Communities (as many as apply):

- African American/Black
- Asian/Pacific Islander
- Hispanic/Latino
- Immigrant
- Indigenous/Native American/Alaskan Native
- Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) Persons
- Members of Religious Minorities
- Other Persons of Color
- Persons Otherwise Adversely Affected by Persistent Poverty or Inequality
- Persons who Live in Rural Areas
- Persons with Disabilities or Special Health Care Needs

c) Targeted Age Range(s) (as many as apply):

- Women's Health & Well-being (Preconception/Interconception/Parental)
- Prenatal (until 28th week of gestation)
- Perinatal (28th week of gestation to 4 weeks after birth)
- Infancy (1–12 months)
- Toddlerhood (13–35 months)
- Early Childhood (3–5 years)
- Middle Childhood (6–11 years)
- Adolescence (12–18 years)
- Young Adulthood (19–25 years)

Appendix F: Guidance on Biographical Sketches

As described under Budget Justification Narrative, biographical sketches should use the appropriate NIH form, may not exceed five pages per person, and count against the total page limitation for the application. The following information should be included on all biographical sketches:

Education/Training

Complete the education block. Begin with the baccalaureate or other initial professional education, such as nursing. Include postdoctoral, residency, and clinical fellowship training, as applicable, listing each separately.

For each entry provide:

- the name and location of the institution
- the degree received (if applicable)
- the month and year of end date (or expected end date). For fellowship applicants only, also include the month and year of start date.
- the field of study (for residency entries, the field of study should reflect the area of residency training)

A. Personal Statement

Briefly describe why you are well-suited for your role(s) in this project. Relevant factors may include: aspects of your training; your previous experimental work on this specific topic or related topics; your technical expertise; your collaborators or scientific environment; and/or your past performance in this or related fields, including ongoing and completed research projects from the past three years that you want to draw attention to (previously captured under Section D. Research Support).

You may cite up to four publications or research products that highlight your experience and qualifications for this project. Research products can include, but are not limited to, audio or video products; conference proceedings such as meeting abstracts, posters, or other presentations; patents; data and research materials; databases; educational aids or curricula; instruments or equipment; models; protocols; and software or netware. Use of hyperlinks and URLs to cite these items is not allowed.

Note the following additional instructions for ALL applicants/candidates:

- If you wish to explain factors that affected your past productivity, such as family care responsibilities, illness, disability, or military service, you may address them in this "A. Personal Statement" section.
- Indicate whether you have published or created research products under another name.
- You may mention specific contributions to science that are not included in Section C. Do not present or expand on materials that should be described in other sections of this Biosketch or application.

- Figures, tables, or graphics are not allowed.

B. Positions, Scientific Appointments and Honors

List in reverse chronological order all current positions and scientific appointments both domestic and foreign, including affiliations with foreign entities or governments. This includes titled academic, professional, or institutional appointments whether or not remuneration is received, and whether full-time, part-time, or voluntary (including adjunct, visiting, or honorary). High school students and undergraduates may include any previous positions. For individuals who are not currently located at the applicant organization, include the expected position at the applicant organization and the expected start date.

List any relevant academic and professional achievements and honors. In particular:

- Students, postdoctorates, and junior faculty should include scholarships, traineeships, fellowships, and development awards, as applicable.
- Clinicians should include information on any clinical licensures and specialty board certifications that they have achieved.

C. Contributions to Science

Briefly describe up to five of your most significant contributions to science. The description of each contribution should be no longer than one half page, including citations.

Content:

For each contribution, indicate the following:

- the historical background that frames the scientific problem;
- the central finding(s);
- the influence of the finding(s) on the progress of science or the application of those finding(s) to health or technology; and
- your specific role in the described work.
- Figures, tables, or graphics are not allowed.

For each contribution, you may cite up to four publications or research products that are relevant to the contribution. If you are not the author of the product, indicate what your role or contribution was.

Appendix G: Relevant Websites

While HRSA does not endorse any organization/website, the following list, although not exhaustive, may be helpful references:

Bright Futures
http://brightfutures.aap.org/

Developing Healthy People 2030
https://www.healthypeople.gov/2020/About-Healthy-People/Development-HealthyPeople-2030

HRSA/MCHB Division of Workforce Development
http://www.mchb.hrsa.gov/training

Human Research Protections / Human Subjects Assurances
http://www.hhs.gov/ohrp
http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html

Inclusion Across the Lifespan - Policy Implementation
http://grants.nih.gov/grants/funding/children/children.htm

Making Websites Accessible: Section 508 of the Rehabilitation Act
http://www.section508.gov/

National Academy of Medicine
https://nam.edu/

National Center for Cultural Competence
http://nccc.georgetown.edu/

National Resource Center for Patient/Family-Centered Medical Home (formerly the National Center for Medical Home Implementation)
https://medicalhomeinfo.aap.org/Pages/default.aspx

Appendix H: Glossary

Community: A specific group of people, often living in a defined geographic area, who share a common culture, values, and norms and who are arranged in a social structure according to relationships the community has developed over a period of time. The term "community" encompasses worksites, schools, and health care sites (see https://www.cdc.gov/healthyplaces/terminology.htm). Communities may be self-defined (e.g., the Black/African American community in a city or county) or defined by the catchment area of local government or service providers (e.g., residents served by a county school district or community clinic). Additional examples of communities include but are not limited to neighborhoods, reservations or tribal communities, military bases, or college campuses. Virtual or other communities that do not reside in the same geographic location are not a priority for this initiative.

Community-based organization: A non-Federal, non-academic organization that provides goods, services, support, resources, or advocacy to members of a defined community. Examples include community or faith-based organizations, local businesses, neighborhood associations, labor unions, patient or consumer advocacy groups, public health departments, healthcare systems, school systems, law enforcement or criminal justice agencies, social service agencies, or departments of commerce, labor, transportation, housing, recreation. Governmental organizations at the local, regional, tribal, or state level fall within this definition.

Community-based participatory research: A collaborative research approach between researchers and community members. This approach recognizes the strengths of each partner who collaborate on all aspects of the project, which may include a needs assessment, planning, research intervention design, implementation, evaluation, and dissemination of community-level interventions. (NIH/NIMHD Community-Based Participatory Research Program)

Early-stage investigator: For this NOFO, an early-stage investigator includes master or doctoral students or researchers who have completed their terminal research degree or end of post-graduate clinical training, whichever date is later, within the past 10 years and who has not previously competed successfully as PD/PI for a federal independent research award. (https://grants.nih.gov/policy/early-investigators/index.htm)

Health equity: It means that all people, including mothers, fathers, birthing people, children, and families achieve their full health potential. Achieving health equity is an active and ongoing process that requires commitment at the individual and organizational levels, and within communities and systems. Achieving health equity requires valuing everyone equally, eliminating systemic and structural barriers including poverty, racism, ableism, gender discrimination and other historical and contemporary injustices, and aligning resources to eliminate health and health care inequities. The Maternal and Child Health Bureau created this definition of health equity. It is a working definition that encompasses concepts of equity as reflected in the Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through

the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf.

Minority-Serving Institution (MSI): For the purposes of this NOFO, a "Minority Serving Institution" is defined as an institution that has a demonstrated record of or historical commitment to serving underrepresented or disadvantaged students, including but not limited to, Historically Black Colleges and Universities (HBCUs), Tribal Colleges and Universities (TCUs), Hispanic Serving Institutions, Asian American and Pacific Islander Serving Institutions and Alaska Native and Native Hawaiian Serving Institutions.

Social determinants of health (SDOH): The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved (08/12/2021), from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Translation: Refers to "processes needed to ensure widespread implementation of evidence-based programs, practices, and policies. These processes include making the decision to translate, transforming scientific knowledge into actionable products, developing appropriate supporting structures, and disseminating evidence-based programs, practices, or policies to potential adopters." From: https://www.cdc.gov/pcd/issues/2011/mar/10_0012.htm

Underserved Communities: Refers to populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life. *See* Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(b) (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf.