DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY: Office on Women's Health, Office of the Assistant Secretary of Health, Office of the Secretary, Department of Health and Human Services

FUNDING OPPORTUNITY TITLE: The IPV Provider Network: Engaging the Health Care Provider Response to Interpersonal Violence Against Women

ACTION: Notice

ANNOUNCEMENT TYPE: Initial Competitive Cooperative Agreement

FUNDING OPPORTUNITY NUMBER: WH-AST-15-001

CFDA NUMBER: 93.088

CFDA PROGRAM: Advancing System Improvements for Key Issues in Women's Health

DATES: Applications are due May 12, 2015 by 5 p.m. ET. To receive consideration, applications must be received electronically via Grants.gov by the HHS Office of the Assistant Secretary for Health (HHS/OASH), Office of Grants Management (OGM) no later than this due date. Applications which do not meet the specified deadlines will be returned to the applicant unread. All applicants must submit electronically via Grants.gov unless they obtain a written exemption from this requirement two (2) business days in advance of the deadline by the Director, HHS/OASH Office of Grants Management. To obtain an exemption, applicants must request one via email from the HHS/OASH Office of Grants Management, and provide details as to why they are technologically unable to submit electronically through Grants.gov portal. Requests should be submitted at least 4 business days prior to the application deadline to ensure the request can be considered prior to 2 business days in advance of the deadline. If requesting an exemption, include the following in the e-mail request: the HHS/OASH announcement number; the organization's DUNS number; the name, address and telephone number of the organization;

the name and telephone number of the Authorizing Official; the Grants.gov Tracking Number (GRANTXXXX) assigned to the submission; and a copy of the "Rejected with Errors" notification from Grants.gov. Send the request with supporting documentation to ogm.oash@hhs.gov. Note: failure to have an active System for Account Management (SAM) registration will not be grounds for receiving an exemption to the electronic submission requirement.

The HHS/OASH Office of Grants Management will only accept applications via alternate methods (hardcopy paper via US mail or other provider or PDF via email) from applicants obtaining prior written approval. The application must still be submitted by the deadline. Only applications submitted through the Grants.gov portal or alternate format (hardcopy paper via US mail or other service or PDF via email) with an approved written exemption will be accepted. *See* the heading "APPLICATION and SUBMISSION INFORMATION" for information on application submission mechanisms.

To ensure adequate time to successfully submit the application, HHS/OASH recommends that applicants register as early as possible in Grants.gov since the registration process can take up to one month. For information on registering for Grants.gov, refer to http://www.grants.gov or contact the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at 1-800-518-4726 or support@grants.gov.

EXECUTIVE SUMMARY:

The Office on Women's Health (OWH) announces the anticipated availability of funds for Fiscal Year (FY) 2015 to award $2,200,000 total (direct and indirect) under TITLE V of the Violence Against Women Act (2013)—Strengthening the Healthcare System's Response to Domestic Violence, Dating Violence, IPV, and Stalking. SECTION. 501. Consolidation of

Grants to Strengthen the Healthcare System's Response to Domestic Violence, Dating Violence, Sexual Violence, and Stalking. OWH anticipates awarding one (1) to three (3) cooperative agreement(s) for approximately $2,200,000 total cost (direct and indirect) in FY 2015. Domestic and sexual violence will hereafter be referred to as "Interpersonal Violence" or IPV, and the network of healthcare providers and violence programs will be referred to as the IPV Provider Network.

This initiative will continue work focused on **integrating interpersonal violence assessment and intervention into basic care, as well as encouraging collaborations between healthcare providers, (including public health programs), and IPV programs**. OWH encourages applicants with an established network of 5 – 10 partners, which represent healthcare providers (including those in public health programs) and domestic and sexual violence programs to apply.

Previous work focused on enhancing health care providers' understanding of IPV issues and connecting providers with IPV programs. This funding opportunity will focus on turning the "connections" into implementation, namely, large-scale collaboration between providers and IPV programs to test models and strategies that:

- integrate screening, brief counseling and referral for interpersonal violence into routine clinical practice,
- improve standards for documentation and communication across programs,
- integrate evaluation, continuous quality measurement and reporting, and
- Consider standardization and evidence-based interventions, balanced with local cultural and legal considerations.

The anticipated start date for new award is August 1, 2015 with an anticipated period of

performance of three (3) years. Throughout the period of performance, OWH's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress in reaching established benchmarks and performance measures by the Awardee (as documented in required reports and/or site visits), and the determination that continued funding is in the best interest of the U.S. Government.

As a cooperative agreement, grantees can anticipate regular collaboration with other grantees and substantial OWH programmatic involvement in various aspects of the grant, including the areas of evaluation and dissemination efforts. Specifically, OWH will:

- Actively participate in finalizing work plans across sites to ensure that models and strategies are coordinated.
- Facilitate collaboration among grantees to share best practices, lessons learned, methodologies and evaluation approaches.
- Partner in identifying platforms for dissemination of evidence-based results.

The Principal Investigator(s) (PI) may enlist Technical Assistance (TA) from the OWH Program Officer (PO) to coordinate work across sites and ensure that all goals and objectives are covered. Additional Federal partners may be invited to provide input and TA to inform the project.

I. FUNDING OPPORTUNITY DESCRIPTION:

Background

The mission of the Office on Women's Health (OWH) is to provide national leadership and coordination to improve the health of women and girls through policy, education and innovative model programs. The Department of Health and Human Services has identified violence prevention as a major goal for improving health across several initiatives, including

Healthy People. Further efforts are needed to ensure that all aspects of the health care system respond appropriately to women and girls who are victims of interpersonal violence. According to data from the CDC, women are disproportionately affected by intimate partner violence, sexual violence, and stalking; and victims experience many negative impacts and health consequences. (http://www.cdc.gov/violenceprevention/pdf/nisvs-fact-sheet-2014.pdf; accessed January 10, 2015). Preliminary work supported by OWH highlighted the need for more collaborative violence prevention and health-related programs and projects.

Previous work sponsored by OWH has illustrated the need to connect health care providers and public health programs to IPV programs. Strategies have included train-the-trainer methods, clear messaging, and development of services. OWH work also supports the importance of including geographically and ethnically diverse sites to maximize impact and social responsibility to underserved populations. Across all strategies and sites, the over-riding goal has been to develop the connection and support the linkage between systems that provide health care services and IPV programs for women. **The next step is to test models that implement the linkages using robust methodologies to test interventions and evaluate programs.**

Focus of the Initiative

The OWH is continuing the violence again women initiative such that this funding opportunity will focus on turning the "connections" into implementation of four collaborative interventions between healthcare providers and IPV programs that reflect important and current public health policies, namely:

1. integrate screening, brief counseling and referral for interpersonal violence covered under the Patient Protection and Affordable Care Act (Public Law 111-148) into routine clinical practice,
2. improve standards for documentation and communication across both health care providers and IPV programs (including electronic health records),
3. integrate formal evaluation, continuous quality measurement and reporting as routine practices, and
4. Throughout, consider standardization and evidence-based interventions balanced with local cultural and legal considerations.

These four IPV collaborative interventions will create an IPV Provider Network with the potential to make a measurable impact on health services and health outcomes.. The combination of collaborative interventions into an IPV Provider Network will be proposed by the applicants, then developed, implemented, tested and evaluated by the grantees in a cooperative fashion.

Structure of the Initiative

Awards will be made to 1 (one) to 3 (three) applicants. Examples of healthcare providers include (but are not limited to health plan providers, hospital system primary care affiliates or national provider organizations. Examples of IPV programs include domestic violence professional societies, women's shelters, national hotlines, or regional/state programs. Applicants are encouraged to include all relevant providers who can contribute to the development and testing of innovative programs that implement the elements described previously. OWH encourages applicants with an established network of 5 – 10 partners, which represent healthcare providers (including those in public health programs) and domestic and sexual violence programs to apply. The competition is not limited to established networks.

Letters of Commitment from healthcare providers should be submitted to provide evidence of the partnership and should describe established relationships. Memoranda of Understanding or Agreement may be finalized after award, although OWH assumes this will be an efficient process in light of the Letters of Commitment. Applicants are also encouraged to develop relationships with new partners, particularly if it expands the connections to American Indian/Alaska Native populations or other minority or disadvantaged populations with a high risk for IPV.

Outcomes from the Initiative

Under this cooperative agreement, the award recipient(s) will develop outcomes related to the focus areas described previously plus routine progress reports. Outcome activities and products will be proposed and collaboratively developed by the grantees, with TA from the PO. Examples of potential outcome products/activities include:

1. A toolkit that includes an established evidence-based screening tool*, brief counseling and referral protocols, and an implementation plan. The toolkit should be based on a theoretical framework or logic model, be efficiently implemented by health care providers, and easily adapted to be culturally appropriate.

   * see examples in the "Clinical Considerations" section at: http://www.uspreventiveservicestaskforce.org/uspstf/uspsipv.htm.
2. Certification materials for the continuing education and training of healthcare professionals.
3. Templates for documentation of IPV screening, counseling and referral, with flexibility to incorporate local laws and policies and integration into electronic health records.

4. Policy analyses about new opportunities to develop, disseminate and implement policies related violence prevention in health settings.
5. Planning materials to introduce/enroll victims and patients to the Affordable Care Act Health Insurance Marketplace during annual enrollment periods.
6. Coordinated dissemination plans and efforts to encourage national spread of grant activities and products.
7. Evaluation plan for interventions and educational materials.

AUTHORITY: This program is authorized by 42 U.S.C. 300u-2(a) and 42 U.S.C. § 237a (§3509 of the Patient Protection and Affordable Care Act).

II. AWARD INFORMATION

The Office on Women's Health intends to make available approximately $2,200,000 for competitive cooperative agreements.

Grants will be funded in annual increments (budget periods) and are generally approved for a project period of up to three (3) years, although shorter project periods may be approved. Funding for all approved budget periods beyond the first year of the grant is generally level with the initial award amount and is contingent upon the availability of funds, satisfactory progress of the project, and adequate stewardship of Federal funds.

Award Information

Estimated Funds Available for Competition: $2,200,000

Anticipated Number of Awards: 1-3

Range of Awards: $500,000 - $2,200,000 per budget period)

Anticipated Start Date: 08/01/2015

Period of Performance: Not to exceed three (3) years

Budget Period Length: 12 months

Type of Award: Cooperative Agreement. Agency involvement is outlined in Section I.

Type of Application Accepted: Electronic via Grants.gov **ONLY unless an exemption is granted.**

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

Any public or private entity is eligible to apply. Eligible applicants that can apply for this funding opportunity are listed below:

- Nonprofit with 501(c)(3) IRS status (other than institution of higher education)
- Nonprofit without 501(c)(3) IRS status (other than institution of higher education)
- For-profit organizations. For-profit organizations must agree to forgo any profit or management fee.
- Universities and colleges
- Research institutions
- Hospitals
- State and local health departments.
- Small, minority, and women-owned businesses
- Community-based and Faith-based organizations
- Federally recognized or state-recognized American Indian/Alaska Native tribal governments
- American Indian/Alaska Native tribally designated organizations
- Alaska Native health organizations
- Urban Indian health organizations

- Tribal epidemiology centers
- State and local governments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)
- Political subdivisions of states (in consultation with states)

2. Cost Sharing or Matching

Cost Sharing or Matching is not a requirement.

3. Responsiveness and Screening Criteria Application Screening Criteria

All applications appropriately submitted will be screened to assure a level playing field for all applicants. If duplicate applications from the same organization for the same project are successfully submitted, only the last application received by the deadline will be reviewed. Applications that fail to meet the screening criteria described below will **not** be reviewed and will receive **no** further consideration.

1. Applications must be submitted electronically via www.grants.gov (unless an exemption was granted 2 business days prior to the deadline) by May 12, 2015.
2. The Project Narrative section of the application must be double-spaced, on the equivalent of 8 ½ ” x 11” inch page size, with 1” margins on all sides (top, bottom, left and right) and font size not less than 12 points.
3. The Project Narrative must not exceed 10 pages. NOTE: The following items do not count toward the page limit: all required forms, including SF-424, SF-424A, SF-424B, SF-LLL, Project Abstract Summary and Budget narrative

4. The total application including Appendices must not exceed 25 pages. NOTE: items noted above do not count toward total page limit.

IV. APPLICATION AND SUBMISSION INFORMATION

1. Information to Request Application Package

Application packages may be obtained electronically by accessing Grants.gov at http://www.grants.gov/. If you have problems accessing the application or difficulty downloading, contact:

Grant Operations Center, Office of Grants Management Operations Center, telephone 1-888-203-6161, or email ASH@LCGnet.com.

2. Content and Form of Application Submission

Application Format

Applications must be prepared using forms and information provided in the online grant application package.

The Project Narrative, and total application including appendices, must adhere to the page limit indicated in Application Screening Criteria.

Project Narrative pages must be double-spaced.

The applicant should use an easily readable typeface, such as Times New Roman or Arial, 12-point font. Tables may be single spaced and use alternate fonts but must be easily readable. The page limit does not include budget, budget narrative/ justification, required forms, assurances, and certifications as described in Application Screening Criteria. All pages, charts, figures, and tables, whether in the narrative or appendices, should be numbered. Applications that exceed the specified page limits when printed on 8.5" X 11" paper by HHS/OASH/OGM

will not be considered. We recommend applicants print out their applications before submitting electronically to ensure that they are within the page limit and are easily readable.

Appendices

Appendices should include any specific documents outlined in the Application Content section of this FOA. If not specified, appendices may include curriculum vitae, organizational structure, examples of organizational capabilities, or other supplemental information which supports the application. Brochures and bound materials should not be submitted. Appendices are for supportive information only and should be clearly labeled. All information that is critical to the proposed project should be included in the body of the application. Appendices created specifically for the application should use the same formatting required for the Project Narrative, including double-line spacing. However, appendix documents that were not created directly in response to this funding announcement, especially those imported from other sources and documents, may use other formatting but must be easily readable (e.g., organizational structure).

Project Abstract

Applicants must complete the Project Abstract Summary form provided in the application package. The abstract will be used to provide reviewers with an overview of the application, and will form the basis for the application summary in grants management and program summary documents. Abstracts may be published by HHS/OASH and should not include sensitive or proprietary information.

Budget Narrative

The Budget Narrative text should use the formatting required of the Project Narrative for the explanatory text. Budget tables may be single-spaced but should be laid out in an easily-readable format and within the printable margins of the page.

Electronic Submission

The HHS Office of the Assistant Secretary for Health (HHS/OASH) requires all applications be submitted electronically via the Grants.gov portal unless an exemption has been granted. Any applications submitted via any other means of electronic communication, including facsimile or electronic mail, *will not* be accepted for review.

You may access the Grants.gov website portal at http://www.grants.gov. All HHS/OASH funding opportunities and grant application packages are made available on Grants.gov.

Applications will not be considered valid until all application components are received via Grants.gov by the HHS/OASH Office of Grants Management according to the deadlines specified in the DATES section on page 1 of this announcement. Application submissions that do not adhere to the due date and time requirements will be deemed ineligible.

Applicants are encouraged to initiate electronic applications early in the application development process. This will aid in addressing any problems with submissions prior to the application deadline. Any files uploaded or attached to the Grants.gov application must be of the following file formats – Microsoft Word, Excel or PowerPoint, Adobe PDF, or image formats (JPG, GIF, TIFF, or BMP only). Even though Grants.gov allows applicants to attach any file format as part of their application, HHS/OASH restricts this practice and only accepts the file formats identified above. Any file submitted as part of the Grants.gov application that is not in a file format identified above will not be accepted for processing and will be excluded from the application during the review process. The application must be submitted in a file format that can easily be copied and read by reviewers. We do not recommend that you submit scanned copies through Grants.gov unless you confirm the clarity of the documents. Pages cannot be reduced resulting in multiple pages on a single sheet to avoid exceeding the page limitation. All

documents that do not conform to the above will be excluded from the application during the review process.

A. Important Grants.gov Information

You may access the electronic application for this program on http://www.grants.gov. You must search the downloadable application page by the Funding Opportunity Number or CFDA number.

To ensure successful submission of applications, applicants should carefully follow the step-by-step instructions provided at http://www.grants.gov/web/grants/applicants/apply-for-grants.html . These instructions are kept up-to-date and also provide links to Frequently Asked Questions and other troubleshooting information.

Applicants should contact Grants.gov with any questions or concerns regarding the electronic application process conducted through Grants.gov.

- You are required to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements. It is a unique, nine-digit identification number, which provides unique identifiers of single business entities. The DUNS number is *free and easy* to obtain.
- Instructions are available on the Grants.Gov web site as part of the organization registration process at http://www.grants.gov/web/grants/applicants/organization-registration.html.
- All applicants must register in the System for Account Management (SAM). You should allow a *minimum* of five days to complete the SAM registration. Grants.gov will reject submissions from applicants with nonexistent or expired SAM

Registrations. You can register with the SAM online and it will take about 30 minutes (https://www.sam.gov.)

- You must renew your SAM registration each year. Organizations registered to apply for Federal grants through http://www.grants.gov will need to *renew* their registration in SAM.
- It may take 24 hours or more for SAM updates to take effect in Grants.gov, so potential applicants should ***check for active registration well before the application deadline.***
- Applicants must maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by an HHS agency.

An award cannot be made until the applicant has complied with these requirements. In accordance with 2 CFR 25.205, at the time an award is ready to be made, if the intended recipient has not complied with these requirements, HHS/OASH:

- May determine that the applicant is not qualified to receive an award; and
- May use that determination as a basis for making an award to another applicant.

Should you successfully compete and receive an award, all first-tier sub-award recipients must have a DUNS number at the time the recipient makes a sub-award.

B. Application Content

Successful applications will contain the following information:

Project Narrative

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether or not your project meets the minimum requirements for

a grant under this announcement. The Project Narrative should provide a clear and concise description of your project. HHS/OASH recommends that your project narrative include the following components:

Executive Summary

I. Problem Statement, Goal(s) and Objective(s)

II. Proposed Interventions and Implementation,
including Special Target Populations and Organizations

III. Proposed Outcomes and Evaluation

IV. Dissemination

V. Project Management and Organizational Capability

Executive Summary

This section should include a brief description of the proposed project, including: goal(s), objectives within your partner network, proposed intervention and implementation processes, proposed outcomes and dissemination plans.

Problem Statement, Goal(s) and Objective(s)

The Problem Statement should describe, in both quantitative and qualitative terms, your perspective on the nature and scope of the specific and particular problem or issue, and the proposed intervention it is designed to address. It should detail how the project will potentially affect the targeted population, specific subgroups within those populations, and other interested stakeholders as identified. It is recommended that applicants focus their problem statement on the specific aspects of the history, extant literature, current status, and policy considerations bearing on the program area, and the roles of the national, state, and local agencies responsible for their operation, rather than providing a broad or sweeping historical overview that is not

directly related to the proposed interventions and activities. A concise problem statement is encouraged to illustrate the applicant's understanding of core issues of this violence against women initiative.

Proposed Interventions and Implementation, including Special Target Populations and Organizations

This section should provide a clear and concise description of the interventions you are proposing to use to address the four collaborative interventions described earlier in the Section titled "Focus of the Initiative". Applicants are expected to explain the rationale for using a particular intervention and to present a clear connection between identified system gaps and needs and the proposed methodology for testing the implementation. Strong methodologies are encouraged, such as pre- and posttest surveys, concurrent comparison groups, or quasi experimental methods using established outcome measures.

Proposals should detail the nature of the activities to be undertaken, how they address system gaps and identified issues, how they have been implemented in the past, and how they will assist in achieving the overall project goals and objectives. Clarification as to why these specific activities were selected is appropriate (i.e. has this approach been successful in other settings? Does the research evidence suggest this direction?). Also note any major barriers you anticipate encountering and how your project will be able to overcome those barriers. At minimum, applicants should:

- Indicate a plan for addressing the problems or issues nationally. Provide detailed descriptions of specific products or outcomes proposed for development or modification.

- Demonstrate how technology will be incorporated to document screening and referral services, advertise and advance programs and services, provide training and/or technical assistance, and disseminate information and products.
- Describe the role and makeup of potential subrecipients who are intended to be involved in completing specific tasks, and identify the percentage of level of effort (subrecipients are anticipated to provide in completing programmatic activities.
- Provide specifics about the intervention strategies, how they will be implemented, expected outcomes, and barriers for all anticipated years of the grant.
- Describe how you will address specials target populations and organizations as described earlier. You should describe how you plan to involve community-based organizations in a meaningful way in the implementation of the proposed project. This section should also describe how the proposed intervention will target disadvantaged populations, including American Indian/Alaska Native people, minority, or other disadvantaged populations.

Proposed Outcomes and Evaluation

This section of the project narrative must clearly identify the measurable outcome(s) that will result from the project and how the data and outcomes will be collected.

HHS/OASH will not fund any project that does not include measurable outcomes. A "measurable outcome" is an observable end-result that describes how a particular intervention benefits consumers. It demonstrates the "impact" of the intervention; for example, a change in a client's, health, and/or functional status, mental well-being, knowledge, skill, attitude, awareness, or behavior. It can also describe a change in the degree to which consumers exercise choice over the types of services they receive, or whether they are satisfied with the way a service is delivered. Additional examples include: a change in the responsiveness or cost-effectiveness of a

service delivery system, a new model of support or care that can be replicated, new knowledge, a measurable increase in community awareness, or a measurable increase in persons receiving services. Applicants are encouraged to use already developed and routinely reported measures to minimize reporting burdens for organizations and be responsive to legal requirements of states. In addition, all metrics and data definitions for measures should be described, referenced or attached in the appendix. A measurable outcome is not a measurable "output", such as: the number of clients served; the number of training sessions held; or the number of service units provided. These data can be provided in progress reports throughout the course of the grant.

You should keep the focus of this section on describing ***what*** outcome(s) will be produced by the project and ***how*** the outcome(s) will be measured. You should use the "Dissemination" section noted below to describe how the outcomes will be reported. Your application will be scored on the clarity and nature of your proposed outcomes, not on the number of outcomes cited. In many cases, it is very appropriate for a project to have only ***ONE*** outcome that it is trying to achieve through the intervention reflected in the project's design.

This section should describe the methods that you will use to evaluate whether or not the proposed intervention achieves its measurable outcome(s), and assess and evaluate the impact of activities for which you are applying. You should describe the quantitative statistics and methodologies, which should reflect the project goals, theoretical framework and/or logic model. Qualitative tools may be used as appropriate, most likely for evaluation areas such as "lessons learned."

The data analysis plan should describe planned analyses and how potential or actual conflicts of interest will be managed. The evaluation data will be analyzed and reported at the network or "systems"-level.

Dissemination

This section should describe the method that will be used to disseminate the project's results and findings in a timely manner and in easily understandable formats to the target audience, the general public, and other parties who might be interested in using the results of the project. All appropriate findings and products will be posted on a HHS/OASH sponsored website as determined by the HHS/OASH project officer. Therefore, applicants should propose other innovative approaches to informing parties who might be interested in using the results of the project to inform practice, service delivery, program development, and/or policy-making, especially to those parties who would be interested in replicating the project. HHS/OASH expects that nationwide dissemination of products and knowledge will occur.

Project Management and Organizational Capability

This section should include a clear delineation of the roles and responsibilities of project staff and subrecipients and how they will contribute to achieving the project's objectives and outcomes. It should specify who would have day-to-day responsibility for key tasks such as: leadership of project; monitoring the project's on-going progress, preparation of reports; and communications with other partners and HHS/OASH. It should also describe the approach that will be used to monitor and track progress on the project's tasks and objectives. HHS/OASH expects that, throughout the grant period, the Project Director will have involvement in, and substantial knowledge about, all aspects of the project. Finally, this section should propose methods to collaborate across grantees and sites.

Each application must include an organizational capability statement and vitae for key project personnel. The organizational capability statement should describe how the applicant is organized, the nature and scope of its work, and the capabilities it possesses, particularly as

related to this project. This description should cover capabilities of the applicant not included in the program narrative, such as any current or previous relevant experience and/or the record of the project team in preparing cogent and useful reports, publications, and other products. If appropriate, include an organization chart showing the relationship of the project to the current organization.

Also include information about any contractual and/or supportive staff/organization(s) that will have a secondary role(s) in implementing the project and achieving project goals.

Budget Narrative

You are required to submit a combined multi-year Budget Narrative, as well as a detailed Budget Narrative for each year of the potential grant. Unless specified, you should develop your multi-year budgets based on level funding for each budget period. A level-funded budget is equal to the exact dollar figure of the year one budget. *Please Note:* Because the proposal must demonstrate a clear and strong relationship between the stated objectives, project activities, and the budget, the budget justification should describe the *cost estimated per proposed project, activity, or product*. This budget justification should define the amount of work that is planned and expected to be performed and what it will cost. The Budget Narrative does not count toward your total application page limit.

Appendices

All items described in this section will count toward the total page limit of your application.

Work Plan

The Project Work Plan should reflect, and be consistent with, the Project Narrative and Budget, and must cover all three (3) years of the project period. However, each year's activities

should be fully attainable in one budget year. Multi-year activities may be proposed, as well as activities that build upon each other, but each phase of the project must be discreet and attainable within a single budget year. The Work Plan should include a statement of the project's overall goal, anticipated outcome(s), key objectives, and the major tasks, action steps, or products that will be pursued or developed to achieve the goal and outcome(s). For each major task of each year, action step, or product, the work plan should identify the timeframes involved (including start- and end-dates), and the lead person responsible for completing the task.

Letters of Commitment from Subrecipient Organizations and Agencies

Letters of Commitment are required for all organizations and entities that have been specifically named as a subrecipient to carry out any aspect of the project. The signed letters of commitment ***must detail*** the specific role and resources that will be provided, or activities that will be undertaken, in support of the applicant. The organization's expertise, experience, and access to the targeted population(s) should also be described in the letter of commitment.

Letters of commitment are not the same as letters of support. Letters of support are letters that are general in nature that speak to the writer's belief in the capability of an applicant to accomplish a goal/task. Letters of support also may indicate an intent or interest to work together in the future, but they lack specificity. Applicants should NOT provide letters of "support," and letters of support such as this will not be considered during the review.

3. Submission Dates and Times

The deadline for the submission of applications under this Program Announcement is **5:00 p.m. Eastern Time on the date indicated in the DATES section on page 1 of this announcement.** Applications must be submitted by that date and time.

Applications that fail to meet the application due date will not be reviewed and will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or with http://www.grants.gov . Grants.gov can take up to 48 hours to notify you of a successful submission.

Unsuccessful submissions will require authenticated verification from http://www.grants.gov indicating system problems existed at the time of your submission. For example, you will be required to provide an http://www.grants.gov submission error notification and/or tracking number in order to substantiate missing the cut off date.

4. Intergovernmental Review

This program is not subject to the Intergovernmental Review requirements of Executive Order 12372, "Intergovernmental Review of Federal Programs," as implemented by 45 CFR Part 100.

5. Funding Restrictions

The allowability, allocability, reasonableness, and necessity of direct and indirect costs may be charged to HHS/OASH grants in accordance with Department regulations and policy effective at the time of the award. Current requirements are outlined at 45 CFR Part 75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 79 Federal Register 75871 (December 19, 2014).

Indirect costs may be included per 45 CFR 75.414. Applicants should indicate which method and/or rate is used for this application. To obtain a negotiated indirect cost rate with the Federal Government you may contact the Health and Human Services Division of Cost

Allocation (DCA) Regional Office that is applicable to your State. A list of DCA Regional Offices is included in the grant application package for this announcement.

Pre-Award Costs:

Pre-award costs are not allowed.

Salary Limitation:

The Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235) limits the salary amount that may be awarded and charged to HHS/OASH grants and cooperative agreements. Award funds should not be budgeted to pay the salary of an individual at a rate in excess of Executive Level II. Currently, the Executive Level II salary of the Federal Executive Pay scale is $183,300. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under an HHS/OASH grant or cooperative agreement.

As an example of the application of this limitation: If an individual's base salary is $350,000 per year plus fringe benefits of 25% ($87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to $183,300, their direct salary would be $91,650 (50% FTE), fringe benefits of 25% would be $22,912.50, and a total of $114,562.50 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

Individual's *actual* base full time salary: $350,000 50% of time will be devoted to project	
Direct salary	$175,000
Fringe (25% of salary)	$43,750

Total	$218,750
Amount that may be claimed on the application budget due to the legislative salary limitation: Individual's base full time salary *adjusted* to Executive Level II: $183,300 50% of time will be devoted to the project	
Direct salary	**$91,650**
Fringe (25% of salary)	**$22,912.50**
Total amount	**$114,562.50**

Appropriate salary limits will apply as required by law.

V. APPLICATION REVIEW INFORMATION

1. Criteria: Eligible applications will be assessed according to the following criteria:

    1. Problem Statement, Goal(s) and Objective(s) ..... **5 Points**

        - Demonstrates understanding of interpersonal violence as a women's health issue.
        - Displays knowledge of the current evidence regarding IPV screening and interventions in clinical settings and other IPV programs.
        - Proposed goal(s) and objectives are consistent with the goals of the U.S. Department of Health and Human Services and the Office on Women's Health.

    2. Proposed Interventions and Implementation Methodology .....**30 Points**

        - Clearly describes a strong methodology and implementation of interventions to:

    - integrate screening, brief counseling and referral for interpersonal violence into routine clinical practice,
    - improve standards for documentation and communication across programs,
    - integrate evaluation, continuous quality measurement and reporting, and
    - consider standardization and evidence-based interventions, balanced with local cultural and legal considerations.
- Describes sound rationale for choice of interventions, and if applicable, previous experience with interventions.
- Provide detailed descriptions of specific products or outcomes proposed for development or modification.
- Describes a feasible plan for how technology, including electronic health records, will be incorporated.
- Outlines a reasonable and culturally-sensitive approach to include special target populations and organizations.

3. Proposed Outcomes and Evaluation .....**25 Points**
    - Includes clearly-defined outcomes and how they will be specifically measured.
    - Existing measures are clearly described, including reliability, validity and past use as evidence in IPV.
    - Outcome measures are consistent with goals and interventions.
    - Clearly describes data analysis, and how potential or actual conflicts of interest will be managed.

4. Dissemination ..... **10 Points**
    - Demonstrates ability to disseminate the project's results and findings in a timely manner.
    - Demonstrates ability to disseminate knowledge/evidence to multiple audiences.
    - Dissemination plans are innovative and evidence-based.
5. Project Management and Organizational Capability ..... **20 Points**
    - Demonstrates previous experience and successes in collaborative and networking approaches.
    - Clear delineation of the roles and responsibilities of project staff and subrecipients and how they will contribute to achieving the project's objectives and outcomes.
    - Demonstrates organizational capability by clearly describing experience and expertise important to the focus and scope of work.
    - Describes any current or previous relevant experience and/or the record of the project team in preparing cogent and useful reports, publications, and other products. For example, as part of the description of relevant experience applicants can describe if they have an established network of 5 – 10 partners, which represent healthcare and domestic and sexual violence programs.
6. Budget Narrative ..... **10 Points**
    - Submits a reasonable and feasible multi-year and detailed Budget Narrative.
    - Budget justification clearly defines the amount of work that is planned and expected to be performed and what it will cost.

2. Review and Selection Process

Each HHS/OASH Program's office is responsible for facilitating the process of evaluating applications and setting funding levels according to the criteria set forth above.

An independent review panel will evaluate applications that pass the screening and meet the responsiveness criteria if applicable. These reviewers are experts in their fields, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined under Section V.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria. In addition to the independent review panel, Federal staff will review each application for programmatic, budgetary, and grants management compliance.

Final award decisions will be made by the Director, Office on Women's Health/OASH. In making these decisions, the following additional criteria will be taken into consideration: Diversity of settings and populations served by projects.

Review of Risk Posed by Applicant

The HHS/OASH will evaluate each application in the fundable range for risks posed by an applicant before issuing an award in accordance with 45 CFR Part 75.205. This evaluation may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If we determine that a Federal award will be made, special conditions that correspond to the degree of risk assessed by the applicant will be applied to the Federal award. OASH will use a risk-based approach and may consider any items such as the following:

(1) Applicant's financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

3. Anticipated Announcement and Award Dates

HHS/OASH seeks to award funds as much in advance of the estimated project start date shown in Section II "Award Information," as practicable, with a goal of 10-15 days.

VI. AWARD ADMINISTRATION INFORMATION

1. Award Notices

The HHS Office of the Assistant Secretary for Health does not release information about individual applications during the review process. If you would like to track your application, please see instructions at http://www.grants.gov/web/grants/applicants/track-my-application.html. The official document notifying an applicant that a project application has been approved for funding is the Notice of Award (NOA), approved by a Grants Management Officer of the HHS/OASH Office of Grants Management. Successful applicants will receive this document via system notification from our grants management system (Grant Solutions) and/or via e-mail. This document notifies the successful recipient of the amount of money awarded, the

purposes of the grant, the anticipated length of the project period, terms and conditions of the grant award, and the amount of funding to be contributed by the grantee to project costs, if applicable. Grantees should pay specific attention to the terms and conditions of the award as indicated on the NOA, as some may require a time-limited response. The NOA will also identify the Grants Management Specialist and Program Project Officer assigned to the grant.

Unsuccessful applicants will be notified by the program office by email and/or letter and will receive summary comments pertaining to the application resulting from the review process. On occasion, some applicants may receive a letter indicating that an application was approved but unfunded. These applications are kept active for one year and may be considered for award without re-competing should funds become available during the hold period.

2. Administrative and National Policy Requirements

In accepting the grant award, the grantee stipulates that the award and any activities thereunder are subject to all provisions of 45 CFR parts 74 and 92, currently in effect or implemented during the period of the grant or other Department regulations and policies effective at the time of the award.

In addition, recipients must comply with all terms and conditions outlined in their grant awards, the Department of Health and Human Services (HHS) Grants Policy Statement, requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable, as well as any requirements or limitations in any applicable appropriations acts.

Grant funds may only be used to support activities outlined in the approved project plan. The successful applicant will be responsible for the overall management of activities within the scope of the approved project plan.

4. Institutional Review Board (IRB) and Protections for Human Subjects

For research that involves human subjects but does not involve one of the six categories of research that are exempt under 45 CFR Part 46* will be submitted for review by an Institutional Review Board (IRB) which will evaluate the justification for involvement of human subjects and the proposed protections from research risk relating to their participation according to the following five review criteria: (1) risk to subjects, (2) adequacy of protection against risks, (3) potential benefits to the subjects and others, (4) importance of the knowledge to be gained, and (5) data and safety monitoring for clinical trials. For research that involves human subjects and meets the criteria for one or more of the six categories of research that are exempt under 45 CFR Part 46, the committee will evaluate: (1) the justification for the exemption, (2) human subjects involvement and characteristics, and (3) sources of materials.

*It should be noted that "exempt from consent [form]" is not the same as "exempt from IRB review. For additional information on review of the Human Subjects section, please refer to the Human Subjects Protection and Inclusion Guidelines: (http://grants.nih.gov/grants/policy/nihgps_2012/nihgps_ch4.htm#human_subjects_protectionshttp and http://www.hhs.gov/ohrp/policy/engage08.html)

Smoke- and Tobacco-free Workplace

The HHS/OASH strongly encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. This is consistent with the HHS/OASH mission to protect and advance the physical and mental health of the American people.

Acknowledgement of Funding

Federal grant support must be acknowledged in any publication developed using funds awarded under this program. All publications developed or purchased with funds awarded under this program must be consistent with the requirements of the program. Pursuant to 45 CFR § 74.36(a), HHS may reproduce, publish, or otherwise use materials developed under this grant for Federal purposes, and may authorize others to do so.

Trafficking in Persons

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.hhs.gov/opa/grants/trafficking_in_persons_award_condition.html. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity announcement to obtain a copy of the term.

Efficient Spending

This award may also be subject to the HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and Publications available at http://dhhs.gov/asfr/ogapa/acquisition/effspendpol_memo.html.

Pilot Whistleblower Protection

A standard term and condition of award will be in the final notice of award; all applicants will be subject to a term and condition that applies the terms of 48 CFR section 3.908 to the award, and requires that grantees inform their employees in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce.

Same-sex Spouses, Marriages, and Households

A standard term and condition of award will be included in the final Notice of Award (NOA) that states: "In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By "same-sex spouses," HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "same-sex marriages," HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "marriage," HHS does not mean registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage."

Programmatic Reporting

Quarterly progress reports must be submitted 30 days after the end of each 3 months of performance by upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

A final progress report covering the entire project period is due 90 days after the end of the project period. Final reports must be submitted by upload to our grants management system

(GrantSolutions.gov), in the Grant Notes module. Additional reporting may be required based on the Government Performance and Results Act requests that occur during the reporting period.

Financial Reporting

Grantees are required to submit quarterly and annual Federal Financial Reports (FFR) (SF-425). Reporting schedules will be issued as a condition of grant award. A final FFR covering the entire project period is due 90 days after the end of the project period. FFRs must be submitted via upload to our grants management system (GrantSolutions.gov), in the FFR module.

Quarterly cash reporting to the HHS Payment Management System on the FFR is also required. Please note these FFR reports are separate submissions via the Division of Payment Services. At this time, data is not transferable between the two systems and you will report twice on certain data elements. Grantees receiving $500,000 or greater of Federal funds must also undergo an independent audit in accordance with OMB Circular A-133 or regulations and policy effective at the time of the award.

Non-competing Continuation Applications and Awards

Each year of the approved project period, grantees are required to submit a noncompeting application which includes a progress report for the current budget year, and work plan, budget and budget justification for the upcoming year. Specific guidance will be provided via Grant Solutions well advance of the application due date.

FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (http://www.FSRS.gov) for all sub-awards and sub-

contracts issued for $25,000 or more as well as addressing executive compensation for both grantee and sub-award organizations.

VII. AGENCY CONTACTS

Administrative and Budgetary Requirements and Program Requirements:

For information related to administrative and budgetary requirements, contact the HHS/OASH Office of Grants Management grants specialist listed below.

Brenda Donaldson

1101 Wootton Parkway, Suite 550

Rockville, MD

Phone: 240-453-8822

Email:

For information on program requirements, contact the program office.

Calvin Teel, M.S.

U.S. Department of Health and Human Services

OASH - Office on Women's Health

200 Independence Ave, SW Room 728F

Washington, D.C. 20201

Phone: 202-690-7650

VIII. OTHER INFORMATION

Application Elements

Application for Federal Assistance (SF-424)

Budget Information for Non-construction Programs (SF-424A)

Budget Narrative

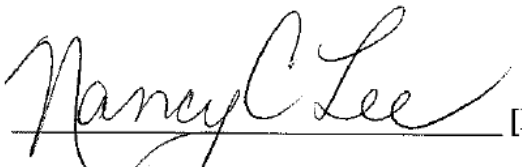
Assurances for Non-construction Programs (SF-424B)

Disclosure of Lobbying Activities (SF-LLL)

Project Abstract Summary

Project Narrative

Appendices



[DATE]

Nancy C. Lee, M.D.

Deputy Assistant Secretary for Health

Director, Office on Women's Health