U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Maternal and Child Health Bureau
Division of Child, Adolescent and Family Health

Screening and Interventions for Adverse Childhood Experiences in Primary Care Settings Demonstration Project

Funding Opportunity Number: HRSA-21-109
Funding Opportunity Type(s): New
Assistance Listings (CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: May 17, 2021

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, including SAM.gov and Grants.gov,
may take up to 1 month to complete.

Issuance Date: April 5, 2021

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Screening and Interventions for Adverse Childhood Experiences (ACEs) in Primary Care Settings Demonstration Project. The purpose of this program is to study how best to implement, in primary care settings, screening protocols and evidence-based interventions for children and adolescents who have experienced ACEs. The goal of this program is to yield a model for integrating ACEs screening and strength-based, trauma-informed services into primary care settings.

Funding Opportunity Title:	Screening and Interventions for Adverse Childhood Experiences (ACEs) in Primary Care Settings Demonstration Project
Funding Opportunity Number:	HRSA-21-109
Due Date for Applications:	May 17, 2021
Anticipated Total Annual Available FY 2021 Funding:	$980,000
Estimated Number and Type of Award(s):	Up to one cooperative agreement
Estimated Award Amount:	Up to $980,000 per year
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2021 through August 31, 2024 (3 years)
Eligible Applicants:	Any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C.§ 450b) is eligible to apply. See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are also 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 HRSA's *SF-424 Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Tuesday, April 13, 2021
Time: 2–3 p.m.
Weblink: https://hrsa-gov.zoomgov.com/j/1619019589?pwd=THFwNHlITW1uK2p0bFhaRFk4dHBaQT09

- Computer audio is recommended (make sure computer speakers are "on")
- Click the link above and select '**Join with Computer Audio'**

If you won't have computer access or computer audio, you can use the dial-in information below:

- Call-In Number: 1-833-568-8864
- Meeting ID: 161 901 9589
- Participant Code: 37626031

HRSA will record the webinar and make it available at: https://mchb.hrsa.gov/fundingopportunities/default.aspx.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Screening and Interventions for Adverse Childhood Experiences (ACEs) in Primary Care Settings Demonstration Project. The purpose of this program is to study how best to implement, in primary care settings, screening protocols and evidence-based interventions for children and adolescents who have experienced ACEs. The goal of this program is to yield a model for integrating ACEs screening and strength-based, trauma-informed services into primary care settings. This 3-year demonstration project aims to:

- Study how primary care settings can best screen and provide care to children impacted by ACEs, including strengths, limitations, and implementation challenges.
- Produce a scalable model that can help pediatric providers effectively integrate screening with strength-based, trauma-informed care and services in primary care settings.

2. Background

This program is authorized by 42 U.S.C. 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act), which funds Special Projects of Regional and National Significance (SPRANS). The Explanatory Statement for the Consolidated Appropriations Act, 2021 (PL 116–260),[1] includes funds for a "study focused on the implementation of screening protocols and evidence-based interventions for individuals who have experienced adverse childhood experiences, as described in House Report 116–450."[2] In part, the House Report states:

> "The Committee includes $1,000,000 within SPRANS to fund a study focused on improving child health by implementing screening protocols and evidence-based interventions to individuals who have experienced adverse childhood experiences,,,to yield a model for integrating ACEs screening and trauma-informed strength based care into primary care settings. The Committee directs HRSA to submit a report with the results of this study to the Committee within three years of enactment of this Act."

ACEs are defined as potentially traumatic events experienced by infants, children, and adolescents, ages 0–17 years.[1] ACEs include disruptions in the parent-child relationship such as divorce, death of a parent, separation from a parent, parental mental illness, family substance abuse, witnessing interpersonal violence, and experiencing child

[1] https://www.congress.gov/116/crec/2020/12/21/CREC-2020-12-21.pdf-bk4#page=310
[2] https://www.congress.gov/116/crpt/hrpt450/CRPT-116hrpt450.pdf#page=54

abuse and neglect. In addition to these ACEs, research has found that children may experience additional ACEs resulting from racism and prejudice.[3,4]

In 2018, over 28 million children age 0–17—more than one-third of all US children—had experienced at least one ACE in their lifetime, and more than 20 percent had experienced two or more. Data from the National Survey of Children's Health[5] found that 53 percent of Black non-Hispanic and 42 percent of Hispanic children have experienced at least one ACE, compared with 36 percent of white non-Hispanic children. In general, those belonging to underrepresented race, ethnicity, gender, and sexual orientation groups tend to have higher overall exposure to ACEs, as well as variation in the type of ACEs experienced. [6,7] For example, Black non-Hispanic and Hispanic children are more likely to experience ACEs related to systemic racism, such as parental incarceration.[8]

The association between ACEs and poor health outcomes demonstrates a dose-response relationship between total number of ACEs experienced and increasing risk for chronic medical conditions, including heart disease, diabetes, and cancer, as well as mental and behavioral health issues, including depression, anxiety, substance misuse, and suicide.[9] Research has found that ACEs can lead to dysregulation of the neuroendocrine system resulting in elevated levels of catecholamines, cortisol, and proinflammatory cytokines that may disrupt neurodevelopment and result in alterations related to emotional regulation and cognitive functioning.[10]

Children and adolescents who have experienced ACEs may have difficulty with attention, executive functioning, impulsive behavior, and decision-making. Mental and behavioral health diagnoses such as attention deficit/hyperactivity disorder (ADHD), internalizing conditions (e.g., anxiety, depression, somatization), and externalizing behaviors (e.g., acting out, hostility, aggression) are more common in children and adolescents who have experienced ACEs.[11] Still, it is important to recognize that there are wide variations in outcomes for those exposed to ACEs. Protective factors such as

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[3] Burke NJ, Hellman JL, Scott BG, Weems CF, Carrion VG. The impact of adverse childhood experiences on an urban pediatric population. Child abuse & neglect. 2011 Jun 1;35(6):408-13.
[4] Wade Jr R, Cronholm PF, Fein JA, Forke CM, Davis MB, Harkins-Schwarz M, Pachter LM, Bair-Merritt MH. Household and community-level adverse childhood experiences and adult health outcomes in a diverse urban population. Child abuse & neglect. 2016 Feb 1;52:135-45.
[5] https://www.childhealthdata.org/browse/survey/results?q=7915&r=1
[6] Sacks, V. and Murphy, D. The prevalence of adverse childhood experiences, nationally, by state and race or ethnicity. Child Trends. https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity, retrieved 2/26/2021.
[7] Merrick MT, Ford DC, Ports et al. Prevalence of adverse childhood experiences from the 2011-2014 Behavioral Risk Factor Surveillance System in 23 States. JAMA Pedia. 2018; 171 (11);1030-1044.
[8] Slopen N, Shonkoff JP, Albert MA et al. Racial disparities in child adversity in the U.S. Am J Prev Med 2016; 50 (1): 47-56.
[9] Centers for Disease Control and Prevention (2019). Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
[10] Koss KJ, Gunnar MR. Annual Research Review: Early adversity, the hypothalamic-pituitary-adrenocortical axis, and child psychopathology. J Child Psychol Psychiatry. 2018 Apr;59(4):327-346. doi: 10.1111/jcpp.12784.
[11] Rudenstine, Espinosa, McGee, and Routhier. Adverse Childhood Events, Adult Distress, and the Role of Emotion Regulation. Traumatology. 2018; 25(2): doi: 10.1037/trm0000176.

connections with responsive caregivers and support from caring communities may offer emotional and material resources that can buffer against the immediate effects of trauma and ameliorate long-term negative impacts.[12,13] These protective factors allow some children and adolescents to thrive despite having experienced ACEs.

Providing strength-based, trauma-informed care and interventions may reduce the impact of ACEs on child development and improve overall health. Strength-based care approaches aim to identify, support, and build a child's, adolescent's, or family's assets, abilities, and resilience to engender trust, foster hope, and support health and healing.[14,15] Additionally, trauma-informed care aims to understand, recognize, and promote environments of healing and recovery and avoid inadvertently re-traumatizing children and their families.[16]

Although various trauma screening instruments and trauma-informed interventions have been developed, there is less evidence about how to effectively implement these screenings and interventions in pediatric primary care settings.[17,18] Strength-based pediatric care allows the child or adolescent and their family to feel valued for their unique strengths, cared about, and develop long-term, trusting relationships with their provider.[19] Well-child visits provide a unique opportunity to provide non-stigmatizing primary prevention, screening, and care for ACEs. In addition, pediatric providers can also explore with youth and their families the degree to which racism and prejudice may further contribute to ACEs.[20]

Primary care settings that can screen and care for children who experience ACEs, while recognizing strength-based, mitigating protective factors, have the opportunity to provide safe, stable, nurturing, trauma-informed, strength-based care that can link youth and their families to supports and interventions that will nurture resilience and help

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[12] National Scientific Council on the Developing Child. (2015). Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience: Working Paper 13. http://www.developingchild.harvard.edu

[13] Masten AS. Ordinary Magic: Resilience in Development. New York, NY: Guilford Press; 2014.

[14] Duncan PM, Garcia AC, Frankowski BL, Carey PA, Kallock EA, Dixon RD, Shaw JS. Inspiring healthy adolescent choices: a rationale for and guide to strength promotion in primary care. J Adolesc Health. 2007 Dec;41(6):525-35. doi: 10.1016/j.jadohealth.2007.05.024. Epub 2007 Aug 29. PMID: 18023780.[15] Schor EL. Life Course Health Development in Pediatric Practice. Pediatrics. 2021 Jan 1;147(1).

[15] Schor EL. Life Course Health Development in Pediatric Practice. Pediatrics. 2021 Jan 1;147(1).

[16] National Child Traumatic Stress Network. https://www.nctsn.org/trauma-informed-care/creating-trauma-informed-systems, retrieved 2/26/2021.

[17] Bethell, Carle, Hudziak, Gombojav, Powers, Wade, and Braveman. Methods to Assess Adverse Childhood Experiences of Children and Families: Toward Approaches to Promote Child Well-being in Policy and Practice. Acad Pediatr. 2017 Sep-Oct; 17(7 Suppl): S51–S69. doi:10.1016/j.acap.2017.04.161.

[18] Campbell, Thomas L. "Screening for Adverse Childhood Experiences (ACEs) in Primary Care: A Cautionary Note." *JAMA : the journal of the American Medical Association* 323.23 (2020): 2379–2380. Web.

[19] Bright Futures Implementation Sheet: Elicit Youth and Parental Strengths and Needs. https://brightfutures.aap.org/Bright%20Futures%20Documents/BF_ElicitParentalStrength_Tipsheet.pdf#search=strength

[20] Trent M, Dooley DG, Dougé J. The impact of racism on child and adolescent health. Pediatrics. 2019 Aug 1;144(2).

children, adolescents, and their families thrive despite having experienced ACEs.[21,22,23,24,25]

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

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

HRSA program involvement will include:

- Providing the assistance of experienced HRSA personnel available as participants in the planning and development of all phases of this project.
- Providing ongoing oversight to ensure compliance with the application requirements and expectations outlined in the Purpose, Program Expectations, Project Narrative (see Sections I.1, IV.2, and IV.2.ii), and Reporting (see Section VI.3).
- Participating and collaborating in the planning, implementation, and evaluation of program activities under this cooperative agreement.
- Assessing and evaluating to determine program needs to meet the scope of work described in the NOFO on an ongoing basis.
- Reviewing information on project activities, reports, and any other products prior to dissemination as well as providing review of and advisory input for publications, audiovisuals, and other materials produced under the auspices of this cooperative agreement. This includes the preliminary summary of findings that will be the basis for the required report to Congress (see Program Expectations for additional information).
- Coordinating closely with HRSA's Office of Communications regarding dissemination of publications completed under this program.
- Participating in the planning and scheduling of meetings conducted during the period of the cooperative agreement.
- Participating in regular meetings and/or communications with the recipient to assess progress (at minimum monthly check-ins).

[21] Vu C, Rothman E, Kistin CJ, Barton K, Bulman B, Budzak-Garza A, Olson-Dorff D, Bair-Merritt MH. Adapting the patient-centered medical home to address psychosocial adversity: results of a qualitative study. Academic pediatrics. 2017 Sep 1;17(7):S115-22.
[22] Finkelhor, David. "Screening for Adverse Childhood Experiences (ACEs): Cautions and Suggestions." *Child abuse & neglect* 85 (2018): 174–179. Web.
[23] Title IV-E Prevention Services Clearinghouse, https://preventionservices.abtsites.com/, retrieved 2/26/2021.
[24] National Child Traumatic Stress Network, 2018. https://www.nctsn.org/sites/default/files/resources/fact-sheet/trauma_informed_integrated_care_for_children_and_families_in_healthcare_settings.pdf, retrieved 2/26/2021.
[25] https://astho.org/ASTHOBrief/ACEs-A-Look-at-Primary-Prevention-Priorities/

- Assisting the recipient in identifying and facilitating linkages with federal interagency and state contacts as necessary for the successful completion of tasks and activities identified in the approved scope of work.

The cooperative agreement recipient's responsibilities will include:

- Adhering to the process of planning, implementing, and evaluating program activities as outlined in this NOFO.
- Establishing, at a minimum, monthly check-ins with HRSA program staff, with increased frequency of meetings as needed.
- Responding in a timely and appropriate manner to requests by the HRSA project officer to collaborate on short-term, long-term, and ongoing projects.
- Assuring sufficient staff with sufficient time commitment to successfully perform the activities as defined in this NOFO.
- Collaborating with the federal project officer on planning/implementing new activities.
- Seeking prior approval from the federal project officer when hiring new key project staff, including for example, principal investigators or program managers at all primary care settings participating in the demonstration project.
- Consulting with the HRSA project officer when scheduling any meetings that pertain to the scope of work and at which the HRSA project officer's attendance would be appropriate (as determined by the project officer).
- Providing quarterly written reports, in a format developed in partnership with the HRSA project officer, to HRSA synthesizing program results to date.
- Providing summary aggregate data to HRSA upon request, in particular being able to provide data on emergent issues.
- Responding to the project officer's comments, questions, and requests in a timely manner in order to collaborate on short-term, long-term, and ongoing activities within the approved work plan. A response to rapid-response requests may require a shorter turnaround, to be determined by the project officer on a case-by-case basis.
- Providing the HRSA project officer with adequate time and opportunity to review, provide advisory input, and approve at the program level, any publications, audiovisuals, and other materials produced under the auspices of this cooperative agreement (such review should start as part of concept development and include review of drafts and final products). This includes the written summary of the study that will be the basis for the required report to Congress (see Program Expectations for additional information).
- Providing the HRSA project officer with an electronic copy of, or electronic access to, each product developed under the auspices of this project.
- Ensuring that all products developed or produced, either partially or in full, under the auspices of this cooperative agreement are fully accessible and available for free to members of the public.
- Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds (see Acknowledgement of Federal Funding in Section 2.1 of HRSA's SF-424 Application Guide).
- Assuring HRSA will be identified as a funding sponsor on written products, presentations, and during meetings and conferences relevant to cooperative agreement activities.

- Including the acknowledgement and disclaimer information required on all products supported by HRSA award funds, on manuscripts with or without MCHB personnel listed as co-author.
- Collaborating and communicating with the HRSA program staff and other key stakeholders.
- Supporting all related activities outlined in this NOFO.

2. Summary of Funding

HRSA estimates approximately $980,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to $980,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is September 1, 2021 through August 31, 2024 (3 years). Funding beyond the first year is subject to the availability of appropriated funds for the Screening for Adverse Childhood Experiences in Primary Care Settings program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. § 450b) is eligible to apply. *See* 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are also eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that exceeds the page limit referenced in Section IV non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in Section IV.4 non-responsive and will not consider it for funding under this notice.

Multiple applications from an organization are not allowable.

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

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for each NOFO you are reviewing or preparing in the workspace application package 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

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

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files included in the page limit shall not exceed the equivalent of **60 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-109, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 60 will not be read, evaluated, or considered for funding.**

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
3) Where you are unable to attest to the statements in this certification, an explanation shall be included in *Attachment 7: Other Relevant Documents*.

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

Program-Specific Instructions

Program Expectations

This program expects recipients to respond to the instructions to HRSA in the Explanatory Statement submitted by the House Committee on Appropriations,[26] as well as in House Report 116-450,[27] both of which accompanied the Consolidated Appropriations Act, 2021 (P.L. 116-260). Based on the Explanatory Statement and House Report, the recipient is expected to:

- Conduct a demonstration project on improving child health by implementing evidence-based screening protocols and interventions to children and adolescents who have experienced ACEs. The goal of the demonstration will be to yield a model for effectively integrating ACEs screening and strength based, trauma-informed care into primary care settings.
- Provide data, analysis, and findings from this demonstration project to HRSA, to be incorporated into a required report to the House Committee on Appropriations.
- Obtain sufficient data to make meaningful and valid interpretations, which necessitates the recipient to provide a written summary in August 2023 of the preliminary findings of the demonstration up to that point in time.
- Continue the demonstration project beyond the submission of the report to Congress, as the period of award continues after the report due date (i.e., December 27, 2023).

The significance and time-sensitive nature of this critically important work for children and adolescents necessitates that the proposed project focus on integrated models that are already operational and that can be feasibly studied under time constraints.

To facilitate the swift implementation of this demonstration project and to maximize the data available to inform the report to Congress, applicants should include in their

[26] https://www.congress.gov/116/crec/2020/12/21/CREC-2020-12-21.pdf-bk4#page=310
[27] https://www.congress.gov/116/crpt/hrpt450/CRPT-116hrpt450.pdf#page=54

application their plan to identify primary care practices/clinics that will participate in this demonstration project and be prepared to provide documentation of such participation (e.g., letters of commitment) within 30 days of their award.

In addition to conducting the demonstration, the recipient will conduct other project activities that continue until the end of the award period that meet the program requirements and expectations of this NOFO. Such activities may include, but are not limited to the:

- development of a manuscript for publication
- additional written, audio, or video summary(ies) of the screening and intervention model products/tools for broader dissemination to practices, providers, families, youth, and the general public
- continuing medical educational materials for providers
- dissemination of plans and protocols that can be easily adopted, integrated, and utilized by pediatric care settings

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

i. Project Abstract

See Section 4.1.ix of HRSA's *SF-424 Application Guide*.

ii. Project Narrative

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

HRSA recognizes the varying capacity, readiness, and maturity across primary care settings for the integration of ACEs screening, referrals, and intervention. The program narrative should reflect the challenges inherent to studying a variety of primary care practices/clinics, serving a diversity of populations in the successful integration of ACEs screening, referrals, and intervention. You should address challenges inherent to this study and propose strategies that are feasible and will yield a model for integrating ACEs screening and strength-based, trauma-informed services into primary care settings. For example, ACEs screenings include questions about child abuse and neglect, as well as intimate partner violence; you should describe safety measures that will be taken when child safety concerns are identified.

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

- *INTRODUCTION -- Corresponds to Section V's Review Criterion 1: NEED*

  Briefly describe the purpose of the proposed project, demonstrating a clear understanding of the aims, expectations, and timeline of the project that is consistent with Section I: Purpose of this NOFO.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1: NEED*
  Provide a detailed needs assessment that describes gaps, strengths, and challenges in integrating ACEs screening, referrals, and interventions in primary care settings. Use demographic and other data to describe the scope and needs of communities you will address with this program.
    - Outline the needs of primary care providers to successfully integrate ACEs screening and strength-based, trauma-informed services into primary care settings.
    - Provide a brief literature review that discusses existing models for these services, and the extent to which these models have been integrated in a variety of primary care practices/clinics, serving a diversity of populations.
    - Discuss any relevant barriers that primary care practices/clinics face that the demonstration project can address. This section will help reviewers understand the community and/or organization that you will serve with the proposed project.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria 2: RESPONSE and 3: EVALUATIVE MEASURES*
  Propose methods that include specific goals and objectives that you will use to address the stated needs and meet each of the program requirements and expectations in this NOFO. Ensure the following core activities are integrated into the proposal:

  Planning, Design, and Development of the Demonstration Project
  Describe a preliminary plan for the design, development, and implementation of the demonstration project. The plan should take into consideration that a summary of methods and preliminary findings of the demonstration will be needed by HRSA by August 31, 2023, to complete the report to Congress. Your plan should address the following elements:

    - Literature review of **existing** strength-based, trauma-informed approaches/protocols/models to integrate ACEs screening and interventions in primary care settings.
    - An evaluation plan that includes preliminary research/evaluation questions to guide the evaluation of the effectiveness of the integration of ACEs screening, referrals, and interventions into primary care settings. The evaluation plan should include features of the demonstration project design, quantitative and qualitative methodologies, data sources, data collection instruments, and intervention and comparison groups, if proposed.
    - Plan to recruit pediatric primary care practices/clinics (and documentation of support from those already identified) to participate in the demonstration that includes:

- Settings that serve diverse populations (e.g., geography, urbanicity, income, race, and ethnicity of patient populations);
- Providers who come from diverse backgrounds (e.g., race, ethnicity, gender identity, sexual orientation, etc.);
- Providers who have varying professional credentials (e.g., medical assistants, nurses, nurse practitioners, physician assistants, physicians, social workers); and
- Settings that operate in various practice structures (e.g., independent practice, affiliated university practice, Federally Qualified Health Center).
- Composition of intervention and comparison groups, if proposed.

- Plan to assure research protections for human subjects, including children and youth, where applicable.
- Plan to seek Institutional Review Board (IRB) approval (IRB approval is not required at the time of application submission but must be received prior to initiation of any activities involving human subjects).

Demonstration Project Implementation

Describe how the demonstration project will be implemented, including the following details:

- Methods that you will use to address the previously described program requirements and expectations in this NOFO.
- Development of effective tools and strategies for outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families, and communities.
- Description of how and from whom data will be collected (e.g., using existing data, primary data collection mechanisms, aggregate versus individual level data), including human subject and other approvals, and schedule.
- Overview of any existing agreements you have with primary care providers who are integrating ACEs screening and strength-based, trauma-informed care into primary care settings, as well as plans for collaboration with other practices/clinics to meet the program requirements and expectations in this NOFO.
- Description of how you will establish partnerships and/or arrangements (e.g., memoranda of understanding, data use agreements, contracts) as appropriate with other organizations to implement the demonstration project.

Data Analysis, Interpretation, Reporting, and Dissemination

Describe your plan for collecting, analyzing, and tracking data to measure progress and impact/outcomes with pediatric patients representing different sociocultural groups (e.g., race, ethnicity, religion, language, geographic location, socioeconomic status, sexual orientation or gender identity, disability, etc.). State how you will manage data integration, if multiple clinical sites are involved. Describe in detail data collection, management, analysis, and interpretation with HRSA, including format and timing that will facilitate the timeline for HRSA's submission of the report to Congress. Include a plan to disseminate reports,

products, and/or project outputs beyond the report to Congress so key target audiences receive the project information.

- *WORK PLAN -- Corresponds to Section V's Review Criteria 2: RESPONSE, 5: RESOURCES/CAPABILITIES, and 6: SUPPORT REQUESTED*
  Describe the activities or steps that you will use to achieve each of the goals and objectives proposed during the entire period of performance in the Methodology section. Use a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application. As appropriate, include letters of agreement from primary care practices/clinics who will participate in the demonstration project. Include the work plan as ***Attachment 1***.

  Logic Models

  Submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:
  - Goals of the project (e.g., reasons for proposing the intervention, if applicable);
  - Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
  - Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources);
  - Target population (e.g., the individuals to be served);
  - Activities (e.g., approach, listing key intervention, if applicable);
  - Outputs (i.e., the direct products of program activities); and
  - Outcomes (i.e., the results of a program, typically describing a change in people or systems).

  Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. You can find additional information on developing logic models at the following website: https://www.acf.hhs.gov/archive/ana/training-technical-assistance/ana/resource/ana/resource/logic-model-template. **Both** a logic model and a work plan should be submitted in ***Attachment 1***.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criteria 2: RESPONSE*
  Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges. Specifically address how you will design the project in such a manner as to maximize the available data for analysis within the time constraints related to the report to Congress.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria 3: EVALUATIVE MEASURES, and 4: IMPACT*
    - Describe the plan for the program performance evaluation that will contribute to continuous quality improvement, and monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.
    - Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes.
    - Describe data collection and management strategies across participating primary care practices/clinics.
    - Describe potential obstacles for implementing the program evaluation and your plan to address those obstacles.
    - Describe data analysis and reporting mechanisms to assure quarterly written reports to HRSA; the preliminary summary of findings to HRSA by August 31, 2023; and relevant Discretionary Grant Information System (DGIS) performance measures as indicated in section VI.3.

  Within the proposed evaluation plan, keep in mind that the following should be tracked and reported in the quarterly progress reports:

  - Number of models tested
  - Number and characteristics of providers/practices/clinics enrolled in the demonstration
  - Number and demographics of patients included in the demonstration
  - Any other variables that can feasibly be measured to accomplish the expectations of the NOFO (e.g., number of ACEs screenings performed; percentage of patients screened; number of referrals made; changes in knowledge, attitudes, and behaviors of providers, children, and caregivers)

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criteria 5: RESOURCES/CAPABILITIES and 6: SUPPORT REQUESTED*
  Succinctly describe your organization's current mission, structure, and scope of current activities. Address how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations, particularly within the time constraints of the report to Congress. Include an organizational chart in ***Attachment 5***. Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings. Describe how you will routinely assess and improve the unique needs of target populations of the communities served.

iii. Budget

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

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

The Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 states, "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 Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. Budget Narrative

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

NARRATIVE GUIDANCE

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

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

v. Program-Specific Forms

Program-specific forms are not required for application.

vi. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment**.

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative. **Also include the required logic model in this attachment**. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

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

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in ***Attachment 2***, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

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

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

Attachment 5: Project Organizational Chart

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

Attachment 6: Tables, Charts, etc.

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachments 7–15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a

commitment to the project/program (e.g., in-kind services, dollars, staff, space, equipment).

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

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

You must also register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, 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 use that determination as the basis for making an award to another applicant.

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

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

- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

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

SAM.GOV ALERT: For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages and the

updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is *May 17, 2021, at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The Screening and Interventions for Adverse Childhood Experiences in Primary Care Settings Demonstration Project is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 3 years, at no more than $980,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in 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 use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for 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. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

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

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. The Screening for Adverse Childhood Experiences in Primary Care Settings program has six review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: NEED (10 points) – Corresponds to Section IV's INTRODUCTION and NEEDS ASSESSMENT
The extent to which the application demonstrates:

- The need for evidence-based models of the integration of ACEs screening and strength-based, trauma-informed services in the primary care setting.
- The opportunity to address this need by supporting a demonstration project that tests existing models of integration in various primary care practices/clinics serving a diversity of populations.
- A comprehensive understanding of disparities that exist for children and families that experience ACEs and in accessing strength-based, trauma-informed services to address them.

Criterion 2: RESPONSE (40 points) – Corresponds to Section IV's METHODOLOGY, WORK PLAN, and RESOLUTION OF CHALLENGES
The extent to which the proposed project responds to the "Purpose" included in the program description. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives as follows.

Sub-criteria Corresponding to Section IV's Methodology and Logic Model (20 points)

- The quality and reasonableness of the overall goals and specific objectives for the proposed project, and how the proposed project will address the public health need.
- The quality and feasibility of the proposed approach to address the following core activities, as listed in the Section IV's Methodology:
    - Planning, Design, and Development of the Demonstration Project
    - Demonstration Project Implementation
    - Data Analysis and Interpretation
    - Reporting and Dissemination, including how the recipient will share the data analysis, and a model that describes integration of strength-based, trauma-informed screening and care into primary care practices with HRSA by August 31, 2023.
- The adequacy of details regarding the commitment of diverse primary care practices/clinics to participate in the demonstration as confirmed by letters of commitment (***Attachment 4***), as well as the diversity of the patient populations they serve.
- The quality of a logic model (***Attachment 1***) that effectively demonstrates the relationship among goals of the project, assumptions, inputs, target population, activities, outputs, short- and long-term outcomes.

Sub-Criteria Corresponding to Section IV's WORK PLAN (15 points)

- The proposed work plan (***Attachment 1***) is of sufficient detail and effectively describes the activities or steps to be used in achieving each of the objectives proposed in the methodology section.
- The proposed work plan is feasible and can reasonably be expected to meet project goals and objectives. This should include key timelines (inclusive of the preliminary summary of findings report) and strategies to address challenges.

Sub-Criteria Corresponding to Section IV's RESOLUTION OF CHALLENGES (5 points)

- Sufficient identification of challenges likely to be encountered and the reasonableness of approaches to resolve identified challenges, including how the demonstration project will be designed in such a manner as to maximize the available data for analysis within the time constraints related to the report to Congress.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's METHODOLOGY and EVALUATION AND TECHNICAL SUPPORT CAPACITY

- The extent to which adequate research protections are afforded to human subjects, including children and youth, where applicable.
- The extent to which the applicant discusses plans to seek IRB approval (IRB approval is not required at the time of application submission but must be received prior to initiation of any activities involving human subjects).
- The strength and effectiveness of the methods proposed to monitor and evaluate the project results, including the quality and feasibility of the proposed methods for obtaining sufficient data to inform a preliminary summary of findings report by August 31, 2023.

- The extent to which any evaluative measures proposed, including measures of key variables in the evaluation plan as identified in Section IV's Evaluation and Technical Support Capacity, will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project. The extent to which the proposed demonstration project measures will be able to assess disparities (e.g., population subgroups that historically have higher prevalence of ACEs [i.e., Black non-Hispanic, Hispanic] are screened and referred for intervention).

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's EVALUATION AND TECHNICAL SUPPORT CAPACITY

The extent to which the proposed project has a public health impact and the project will be effective, if funded. Specifically, the extent to which the proposed project will yield meaningful information about the effectiveness, feasibility, and scalability of the model(s) studied; as well as the effectiveness of plans for dissemination of project results, the impact results may have on the community or target population, the extent to which project results may be scalable to other primary care practices/clinics.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's WORK PLAN, ORGANIZATIONAL INFORMATION and BUDGET AND BUDGET NARRATIVE

Sub-criteria- Project Personnel (10 points)

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. Specifically:

- The extent to which the principal investigator/project manager and proposed key personnel have effectively demonstrated their qualifications and experience to lead the program.
- The quality and reasonableness of a staffing plan and job descriptions for key personnel (***Attachment 2***), including the extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- The quality of the description of the experience, knowledge, and skills of project personnel to achieve project objectives demonstrated through biosketches (***Attachment 3***).

Sub-criteria- Organizational Capacity (5 points)

The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

- The extent to which the applicant organization demonstrates expertise and knowledge in the focus areas of this NOFO.
- The quality of a description of factors that contribute to the organization's ability to carry out required program activities and meet program expectations.
- The extent to which the applicant organization indicates sufficient administrative experience, acumen, and resources to appropriately administer sub-contracts or sub-awards to funded partners and ensure sufficient monitoring and oversight of those activities.
- The demonstration of sufficient available resources – staff, space, and equipment – to carry out the project and sufficient description of how the organization will

follow the approved plan, properly account for federal funds, and document costs to avoid audit findings.
- The effectiveness of the administrative and organizational structure within which the applicant will function, including an organizational chart that outlines key partnerships (***Attachment 5***).

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's WORK PLAN, ORGANIZATIONAL INFORMATION, and 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 demonstration activities, and the anticipated results.

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

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

3. Assessment of Risk

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

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

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

HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You

may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed 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 issue the Notice of Award (NOA) prior to the start date of September 1, 2021. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

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

If you are successful and receive a Notice of Award, 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 Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

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

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

will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

Human Subjects Protection

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

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

3. Reporting

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

1) **DGIS Performance Reports.** Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report **annually**, by the specified deadline. To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are available at https://mchb.hrsa.gov/sites/default/files/mchb/Data/dgis/Discr-Grant-Perf-Meas-B-C-D.pdf. The type of report required is determined by the project year of the award's period of performance.

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	September 1, 2021 – August 31, 2024 *(administrative data and performance measure projections, as applicable)*	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	September 1, 2021 – August 31, 2022 September 1, 2022 – August 31, 2023	Beginning of each budget period (Years 2–5, as applicable)	120 days from the available date
c) Project Period End Performance Report	September 1, 2023 – August 31, 2024	Period of performance end date	90 days from the available date

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

1) **Progress Reports**. The recipient must submit written progress report narratives to HRSA **quarterly**, which should address progress in the demonstration project as described in Section IV(2)(ii), including the number of models tested; number and characteristics of providers/practices/clinics enrolled in the demonstration; number and demographics of patients included in the demonstration; and any other variables that can feasibly be measured to accomplish the expectations of the NOFO (e.g., number of ACEs screenings performed; percentage of patients screened; number of referrals made; changes in knowledge, attitudes, and behaviors of providers, children, and caregivers).

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

3) **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.

Please 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.

VII. Agency Contacts

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

Marc Horner
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-4888
Email: mhorner@hrsa.gov

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

Bethany D. Miller, MSW, M.Ed.
Chief, Adolescent Health Branch
Attn: Screening and Interventions for Adverse Childhood Experiences in Primary Care Settings Demonstration Project
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18N44
Rockville, MD 20857
Telephone: (301) 945-5156
Email: bmiller@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

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

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

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Tuesday, April 13, 2021
Time: 2–3 p.m. ET
Weblink: https://hrsa-gov.zoomgov.com/j/1619019589?pwd=THFwNHlITW1uK2p0bFhaRFk4dHBaQT09

- Computer audio is recommended (make sure computer speakers are "on")
- Click the link above and select '**Join with Computer Audio'**

If you won't have computer access or computer audio, you can use the dial-in information below:

- Call-In Number: 1-833-568-8864
- Meeting ID: 161 901 9589
- Participant Code: 37626031

HRSA will record the webinar and make it available at: https://mchb.hrsa.gov/fundingopportunities/default.aspx.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 Application Guide*.