Notice of Funding Opportunity

Application due 07/20/2026

HRSA

Health Resources & Services Administration

MATERNAL AND CHILD HEALTH BUREAU

Maternal Health Emergency Management Training (MHEMT)

HRSA-26-112

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Before You Begin

Health Resources and Services Administration

MATERNAL AND CHILD HEALTH BUREAU

Division of Women's Health

Maternal Health Emergency Management Training (MHEMT)

HRSA-26-112

All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations and applicable judicial holdings. Accordingly, discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate: racial preferences or other forms of racial discrimination by the recipient, including activities were race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.

Step 1: Review the Opportunity

Basic information

Advancing maternal health emergency learning across care settings.

Summary

The Maternal Health Emergency Management Training (MHEMT) program increases capacity and helps clinicians and first responders provide better care to pregnant and postpartum women, especially in places without delivery services or with limited health care resources.

The program addresses a persistent gap in workforce training in these settings where maternal health emergencies are encountered infrequently but require rapid recognition, stabilization, and coordination of care.

Challenges in care delivery are also worsened by the growing number of counties with no hospital-based obstetric services in the United States.

The program is designed around two distinct initiatives.

Have questions? Go to Contacts and Support.

Key facts

Opportunity name: Maternal Health Emergency Management Training (MHEMT)

Opportunity number: HRSA-26-112

Announcement version: initial

Federal assistance listing: 93.688

Key dates

NOFO issue date: 6/18/2026

Informational webinar: View the recorded webinar at the open opportunities website.

Application deadline: 7/20/2026

Expected award date is by: 09/01/2026

Expected start date: 09/01/2026

See other submissions for other time frames that may apply to this NOFO.

Funding details

Application Types: New

Expected total available funding in FY: 2026: $3,000,000

Expected number and type of awards: 1 CA (Cooperative Agreement)

Funding range per award: $0 - $3,000,000

We plan to fund awards in three 12-month budget periods for a total three-year period of performance from 09/01/2026 to 08/31/2029.

Eligibility

You can apply if you are capable of carrying out data-driven maternal safety and quality improvement initiatives in the areas of obstetrics and gynecology or maternal health.

Types of eligible organizations

These types of *domestic organizations may apply:

Unrestricted (i.e., open to any type of entity), subject to any clarification in text field entitled "Additional Information on Eligibility"

Additional information on eligibility

All domestic public or private, non-profit, and for-profit, entities are eligible to apply. "Domestic" means the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau.

Individuals are not eligible applicants under this NOFO.

Completeness and responsiveness criteria

We will review your application to make sure it meets these basic requirements to move forward in the competition.

We will not consider an application that:

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

Application limits

You may not submit more than one application. If you submit more than one application, we will only accept the last on-time submission.

Cost sharing

This program has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during merit review. Recipients agree that once committed, cost sharing amounts are enforceable and subject to reporting and auditing requirements under 2 CFR 200.

Post-award requirements

Before you apply, make sure you understand the requirements that come with an award.

See Step 6: Learn What Happens After Award for information on regulations that apply, reporting, and more.

Program description

Purpose

The purpose of the Alliance for Innovation on Maternal Health (AIM) portfolio is to improve maternal health and safety in the United States by increasing access to safe, reliable, quality care.

While AIM has created evidence-based tools to make care safer and better in birthing facilities, there is still a gap in workforce training for clinical providers who care for pregnant and postpartum women outside of labor and delivery settings.

The Maternal Health Emergency Management Training (MHEMT) program will extend the reach and impact of the AIM program by strengthening the capacity of the broader health care workforce in non-delivery and/or low-resource clinical settings.

Specifically, the program will support the development and national dissemination of the following two initiatives:

- **Initiative 1**: A standardized, interdisciplinary training program on maternal health emergencies and early warning signs and screening for pregnant and postpartum women.
    - Through the first initiative, you will enhance workforce capacity by developing, or expanding, a standardized national emergency maternal health training.
    - It should provide Continuing Medical Education or Continuing Education Units (CME/CEU) credits for interdisciplinary providers who support pregnant and postpartum women, including, but not limited to, emergency clinicians, first responders, nurses, advanced practice providers, and physicians.
- **Initiative 2**: Practical, targeted implementation strategies that translate existing AIM Patient Safety Bundles and resource kits into actionable approaches for non-delivery and/or low-resource clinical settings.
    - These strategies will support:
        - Initial management of the medical emergency or condition.
        - Appropriate referral or transfer of pregnant and postpartum patients experiencing maternal health emergencies.

Both initiatives will address the leading causes of severe maternal morbidity and maternal mortality.

The national training and targeted implementation strategies will address gaps in workforce training and standardize care for health care providers in non-delivery and/or low-resource clinical settings (e.g., First Responders, Emergency Departments, Critical Access Hospitals, Federally Qualified Health Centers, etc.).

This program advances the Make America Healthy Again (MAHA) priorities by supporting value-based care and improving early detection and management of conditions that contribute to severe maternal morbidity and maternal mortality, including chronic disease and mental health disorders. By equipping providers who do not usually engage in obstetric care with standardized, evidence-informed training and implementation supports, MHEMT will promote more consistent, coordinated, and high-quality care across settings and ultimately improve outcomes for mothers and infants.

Funding Opportunity Goals

- Create a standardized, interdisciplinary training program on maternal health emergencies and early warning signs/screening for pregnant and postpartum women.
- Develop practical, targeted implementation strategies that translate existing AIM Patient Safety Bundles and resource kits into actionable approaches for non-delivery and/or low-resource settings.

Background

Facts about maternal mortality and morbidity:

- Nearly 4 million women give birth every year in the United States, and despite advancements in medical care, rates of maternal mortality and severe maternal morbidity (SMM) continue to rise.[1, 2]
- Over half of rural counties have no hospital-based obstetric services. [3]
    - Rural obstetric unit closures are more common in smaller hospitals and communities with a limited obstetric workforce.[3]
    - In rural communities, loss of hospital-based obstetric care is also associated with increased risks of emergency departments births as well as preterm births.[4]
- Chronic conditions related to poor maternal outcomes, like pre-pregnancy obesity, hypertension, and diabetes, are more common among women living in areas without obstetric care.
- Labor and delivery units are decreasing in rural and low-resource settings, which has resulted in an increased number of pregnant and postpartum women receiving obstetric care in non-delivery settings, such as:
    - Emergency departments.
    - Urgent care centers.
    - Primary care clinics.
    - Through emergency first responders.

Many health care providers—including emergency medicine physicians, family physicians, advanced practice providers, nurses, paramedics, and other first responders—may infrequently encounter obstetric and maternal health emergencies and may have limited access to standardized maternal health education.

In low-resource and/or non-delivery settings, these differences in training can contribute to late recognition of critical conditions such as:

- Obstetric hemorrhage.
- Severe hypertension.
- Sepsis.
- Cardiac conditions.
- Perinatal mental health crises.
- Substance use related complications.

Recognition of, and readiness to address these conditions is especially critical in the postpartum period when most maternal deaths occur.

AIM was established by HRSA in 2014 to improve maternal health outcomes through condition- and setting-specific resources. These resources include patient safety bundles, which are collections of evidence-informed best practices to address clinically specific conditions in pregnant and postpartum women in labor and delivery settings. AIM also developed complimentary resource kits containing best practices, resources, and planning materials for health care providers on specific topics: Obstetric Emergency Readiness, Maternal Early Warning Systems Implementation, and Community Birth Transfer. HRSA directly funds states to implement patient safety bundles through the AIM Capacity program and funds the AIM Technical Assistance Center program to support resource development and bundle implementation nationally.

Program requirements and expectations

Program Objectives

Objective 1: Develop, refine, and implement a standardized national emergency maternal health training program.

- It should provide Continuing Medical Education (CME) and Continuing Education (CE) credits at no cost to participants.
- It should be designed for interdisciplinary health care providers practicing at non-delivery and/or low-resource clinical settings.
- The program should also:
    - Increase the number of emergency maternal health trainings delivered.
    - Increase the number of providers trained.

Objective 2: Develop and pilot targeted implementation strategies of existing AIM resources for non-delivery and/or low-resource clinical settings to:

- Increase the number of low-resource birthing facilities implementing AIM Patient Safety Bundles.
- Increase the number of non-delivery clinical settings engaging in maternal health preparedness quality improvement.

While working toward the goals and objectives in the Purpose section, you are expected to:

General program expectations:

- Do not duplicate existing maternal health trainings or resources from the field.
    - You should build off and refine them.
    - Identify risks of duplicating existing materials and describe safeguards to prevent redundancy.
- The proposed strategies will not develop new clinical guidance.
    - Instead, you should translate existing AIM resources into low-resource and/or non-delivery specific operational workflows, staffing models, and implementation strategies.
    - These should be tailored to settings primarily staffed with non-obstetrical clinicians.
- Ensure alignment with existing AIM materials and existing resources in the field, including but not limited to:
    - AIM Patient Safety Bundles (8 core bundles).
    - Obstetric Emergency Readiness Resource Kit.
    - Community Birth Transfer Resource Kit.
    - Maternal Early Warning System Implementation Resource Kit.
    - Obstetric Readiness in the Emergency Department (ObRED) Manual (IHS).
- Ensure all developed training and implementation tools are:
    - Evidence-informed.
    - Freely available to end users.
    - Adaptable to different low-resource clinical settings.
- Engage people with lived experience and frontline providers in development and review processes.

Requirements for Initiative 1: National Emergency Maternal Health Training Program

Develop and implement a standardized National Emergency Maternal Health Training Program:

- Conduct a national landscape assessment of existing emergency maternal health training programs to identify gaps and opportunities for alignment and adaptation (see Appendix B).
- Develop or adapt modular training curricula that:
    - Are appropriate for interdisciplinary teams practicing in non-delivery and low-resource clinical settings (e.g., emergency departments, Critical Access Hospitals, rural hospitals without labor and delivery services, Indian Health Service facilities, Federally Qualified Health Centers, urgent care centers, etc.).
    - Is structured by role-specific tracks (e.g., by provider credential type, see Appendix A for examples).
    - Includes web-based instructional and in-person simulation components.
    - Are designed for scalability and sustainability.
    - Addresses the leading causes of Severe Maternal Morbidity (SMM) and Maternal Mortality (MM).
- Develop and implement a train-the-trainer model to support local capacity-building and long-term sustainability.

- Update or develop new simulations addressing identified gaps (e.g., screening, stabilization, referral pathways for substance use and perinatal mental health conditions).
- Secure CME/CE accreditation for applicable provider types at no cost to participants.
- Launch national emergency maternal health training program and ensure training is offered at no cost to qualified health care providers.
- Convene academic, certifying, and accrediting bodies to develop and implement the training program. This will be done by:
    - Exploring incorporation into maintenance of certification pathways.
    - Identifying mechanisms for institutional adoption and work requirements.
- Develop and implement a national dissemination and marketing strategy to ensure broad uptake across eligible provider types and clinical settings that includes:
    - Partnerships with professional associations.
    - Targeted outreach to rural and low-resource facilities.
    - Communication materials tailored to non-delivery settings.
- Track and report performance measures using HRSA's Discretionary Grants Information System (DGIS) noted in the Reporting section
- In addition to DGIS, track and report performance measures including, but not limited to:
    - Number of trainings delivered.
    - Number and type of providers trained.
    - Geographic distribution of participants.
    - Number of trainers certified under train-the-trainer model.

Requirements for Initiative 2: Targeted Implementation Strategies for Low-Resource and/or Non-Delivery Settings

- Conduct structured assessments (e.g., interviews, surveys, site visits) to identify operational, structural, and workforce barriers and facilitators to bundle and resource kit implementation in non-delivery and/or low-resource settings.
- Develop practical targeted implementation strategies in coordination with the AIM TA Center that:
    - Translates resource kit guidance into actionable steps for low-resource settings.
    - Adapts existing AIM bundles for low-resource delivery settings, prioritizing the bundles that address the leading causes of SMM and maternal mortality.
    - Includes actionable and adaptable policies, protocols, drills, checklists, staffing models, and workflow tools.
    - Incorporate respectful care and trauma-informed care principles.
    - Includes continuous quality improvement strategies to sustain implementation.
- Establish and convene an expert workgroup composed of representatives to inform implementation strategy development that may include, but are not limited to:
    - Critical Access Hospitals (CAHs).
    - Rural hospitals without labor and delivery services.
    - Emergency Departments.

    - Indian Health Service (IHS) facilities.
    - Federally Qualified Health Centers (FQHC).
    - Clinically accredited bodies (see Appendix A).
    - Professional associations and frontline clinicians.
    - State Maternal Mortality Review Committees.

- Pilot test the implementation strategies and associated tools in a sample of at least 3 unique low-resource clinical settings.
- Provide technical assistance to pilot sites to:
    - Implement the strategies.
    - Conduct drills and simulations.
    - Develop CQI plans.

- Develop a data collection approach to assess feasibility and usability of implementation strategies, collecting the following metrics:
    - Completion.
    - Satisfaction.
    - Protocol usability.
    - Barriers.
    - Sustainability.
    - Staffing/cost implications.

- Refine tools and implementation strategies based on pilot findings and prepare final versions for national dissemination.
- Develop and implement a national dissemination and marketing strategy that includes targeted outreach to rural and low-resource facilities.
- Track and report performance measures using HRSA's Discretionary Grants Information System (DGIS) noted in the Reporting section.

Statutory authority

42 U.S.C. 254c-21 (Title III, Section 330O of the Public Health Service Act)

1. Centers for Disease Control and Prevention (CDC). https://www.cdc.gov/nchs/fastats/births.htm.
2. Centers for Disease Control and Prevention (CDC). https://www.cdc.gov/maternal-mortality.
3. Kozhimannil KB, Interrante JD, Tuttle MKS, Henning-Smith C. Changes in Hospital-Based Obstetric Services in Rural US Counties, 2014-2018. JAMA. 2020;324(2):197. doi:10.1001/jama.2020.5662
4. Hung P, Kozhimannil K, Casey M, Moscovice I. Why Are Obstetric Units in Rural Hospitals Closing Their Doors? Health Services Research. 2016; 51: 1546-1560. doi: 10.1111/1475-6773.12441

Award information

Cooperative agreement terms

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

- Providing oversight and subject matter expertise in the planning and development of all phases of this cooperative agreement.
- Participating in appropriate meetings, committees, conference calls, and working groups related to the cooperative agreement and its projects.
- Reviewing the establishment and implementation of activities, procedures, measures, and tools for accomplishing the goals of the cooperative agreement on an ongoing basis.
- Assisting in the establishment and facilitation of effective collaborative relationships with federal and state contacts, HRSA-funded recipients, and other entities that may be relevant for the successful completion of tasks and activities identified in the approved scope of work.
- Participating with the award recipient in the dissemination of project findings, best practices, and lessons learned from the project.
- Reviewing and providing input on materials intended for public distribution (e.g., training modules and resource development) prior to submission for publication or public dissemination.

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

- Completing activities proposed in response to this NOFO.
- Meeting with the federal project officer to review the current strategies and to ensure the project and goals align with HRSA priorities for this activity.
- Providing ongoing, timely communication and collaboration with the federal project officer, including holding regular check-ins.
- Participating in face-to-face meetings, virtual meetings, and conference calls with HRSA conducted during the period of performance.
- Collaborating with HRSA on ongoing review of activities; procedures and budget items; information/publications prior to publication or dissemination; contracts; and interagency agreements.
- Establishing contacts relevant to the program goals, such as with federal and non-federal partners and other HRSA projects.
- Assuring that all recipient administrative data and performance measure reports, as designated by HRSA, will be completed, and submitted on time.
- Willingness to adapt as necessary to meet the required goals and objectives of the program.
- Coordinate with AIM Technical Assistance Center to ensure alignment in clinical recommendations, avoidance of duplicative tools, and shared dissemination strategies.

Funding policies and limitations

Changes in HHS regulations
As of October 1, 2025, HHS has adopted 2 CFR Part 200, with some modifications included in 2 CFR Part 300. These regulations replace those in 45 CFR Part 75.

Policies

- To make an award, funding must be available and allocated for this program and purpose, at which point we will move forward with the review and award process.
- Have clear policies and good financial practices to avoid spending HRSA funds on unallowable activities. Like other award rules, we may audit your policies, procedures, and controls.
- Support beyond the first budget year will depend on:
    - Appropriation of funds.
    - Your satisfactory progress in meeting the project's objectives.
    - A decision that continued funding is in the government's best interest.
- If we receive more funding for this program, we may:
    - Fund more applicants from the rank order list.
    - Extend the period of performance.
    - Award supplemental funding.

General limitations

- For guidance on some types of costs we do not allow or restrict, see
    - 2 CFR Part 200 Subpart E - General Provisions for Selected Items of Cost.
    - Allowable and Unallowable Costs and Activities in the HHS Grants Policy Statement.
    - All costs must be reasonable, necessary, allocable to the award, and adequately documented (2 CFR 200.403).
    - You cannot earn profit from the federal award. See 2 CFR § 200.400(g).

Current appropriations law includes a salary limit of $228,000 as of January 2026 that applies to this program. You may pay salaries at a higher rate if the rate beyond the salary rate limit (Executive Level II) is paid with non-HHS funds. For help calculating salaries under this limit, read more at "salary rate limitation" in the Application Guide.

Indirect costs
Indirect costs are costs you charge across more than one project that cannot be easily separated by project. For example, this could include utilities for a building that supports multiple projects.

To incur indirect costs, you can select one of two methods:

Method 1 – Approved rate. You currently have an indirect cost rate approved by your cognizant federal agency at the time of award.

Method 2 – *De minimis* rate. Per 2 CFR § 200.414(f), if you do not have a current negotiated indirect cost rate, you may elect to charge a rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is up to 15% of modified total direct costs (MTDC). See 2 CFR § 200.1 for the definition of MTDC. You can use this rate indefinitely for all your federal awards or until you choose to receive a negotiated rate.

Consider your indirect costs when developing your budget.

Program income

Program income is money earned as a result of your award-supported project activities. You must use any program income you generate from awarded funds for approved project-related activities. Find more about program income at 2 CFR 200.307.

- If we receive more funding for this program, we may:
    - Fund more applicants from the rank order list.
    - Extend the period of performance.
    - Award supplemental funding.

Step 2: Get Ready to Apply

Get registered

SAM.gov

You must have an active account with SAM.gov to apply. SAM.gov registration can take several weeks. Begin that process today.

To register:

- Go to SAM.gov Entity Registration and select Get Started. From the same page, you can also select the Entity Registration Checklist for the information you will need to register.
- You must agree to the financial assistance general certifications and representations specifically. Those for contracts are different.

When you register, you will also receive your required Unique Entity Identifier (UEI).

Once you register:

- You will have to maintain your registration throughout the life of any award.
- If your organization has multiple UEIs, use the one associated with your physical location.

Grants.gov

You must also have an active account with Grants.gov. You can see step-by-step instructions at the Grants.gov Quick Start Guide for Applicants and How to Apply for Grants.

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to Grants Search at Grants.gov and search for opportunity number HRSA-26-112.

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

Application writing help

Visit HHS Tips for Preparing Grant Proposals.

Visit HRSA's How to Prepare Your Application page for more guidance.

See Apply for a Grant for other help and resources.

FAQs will be posted on our TA webpage after the webinar.

Join the webinar

For more information about this opportunity, visit HRSA's open opportunities website. The webinar will be recorded.

Have questions? Go to Contacts and Support.

Step 3: Build Your Application

Application checklist

There are two types of forms in Grants.gov.

- Some forms allow you to upload components of your application to the form. These include components like your project narrative, budget and budget narrative, and attachments, as applicable.
- Other forms are more typical, fill-in-the-blank forms.

Make sure that you have everything you need to apply.

Narratives

Component	Grants.gov form	**Included in page limit*?**
☐ **Project narrative** Use the Project Narrative Attachment form.	Project Narrative Attachment form.	Yes
☐ **Budget narrative** Use the Budget Narrative Attachment form.	Budget Narrative Attachment form.	Yes

Attachments

Insert each in the Attachments Form in this order.

Component	**Included in page limit*?**
☐ 1. Work plan	Yes
☐ 2. Staffing plan and job descriptions	Yes
☐ 3. Biographical sketches	Yes
☐ 4. Agreements with other entities	Yes
☐ 5. Project organizational chart	Yes
☐ 6. Tables and charts	Yes
☐ 7. Letters of Support/Intent	Yes
☐ 8. Other relevant document	Yes
☐ 9. Other relevant document	Yes
☐ 10. Other relevant document	Yes
☐ 11. Other relevant document	Yes

☐ 12. Other relevant document	Yes

Other required forms

Upload using each required form in Grants.gov.

Forms	Submission requirement
Application for Federal Assistance (SF-424)	With application.
Project Abstract Summary Form	With application.
Grants.gov Lobbying Form	With application.
Disclosure of Lobbying Activities (SF-LLL), optional	With application.
Project/Performance Site Location(s)	With application.
Budget Information for Non-Construction Programs (SF 424A)	With application.
Key Contacts	With application.

*Only what you attach in these forms counts toward the page limit. The forms themselves do not count.

Application contents and format

This section includes guidance on each component found in the application checklist.

Application page limit: 60 pages.

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

Required format

Required format for project summary, project narrative, budget narrative, and attachments.

Font: A readable font like Arial, Courier, CG Times, or Times New Roman

File format: We only accept the following document formats:

- .PDF - Adobe Portable Document Format
- .DOC/.DOCX - Microsoft Word
- .RTF - Rich Text Format o .TXT - Text
- .WPD - Word Perfect Document
- .XLS/.XLSX - Microsoft Excel
- .VSD - Microsoft Visio

Size: 12-point font
Footnotes, charts, graphics, and budget tables may be 10-point or higher.

Ink color: Black

Spacing: Single-spaced, including all text and tables

Alignment: Left

Headings: Bold all headings and align left.

Size: 8.5 x 11 (Make sure the print area is set and allows printing to 8.5 x 11.)

Margins: 1-inch on all sides

Footer: On each page as the footer, include your organization's name and page numbers. If a competing continuation or competing supplement, also include your 10-digit award number.

Page numbering:

- Do not number the standard OMB-approved forms.
- Number each attachment page sequentially (that is, 1, 2, 3).
- Reset the numbering for each attachment.
- Treat each attachment as a separate section.

File names: You can find guidance for naming your files in the Application Guide.

Project narrative

Introduction
See merit review criterion 1: Need

Briefly describe the purpose of your project and your organization.

Need
See merit review criterion 1: Need

In this section, show why there is a need for your project and whom your project will help. Be sure to:

- Describe the current landscape of maternal morbidity and mortality in the U.S., with specific emphasis on:
    - Leading causes of severe maternal morbidity and maternal mortality.
    - The unique risks and challenges pregnant and postpartum women face in non-delivery and/or low-resource clinical settings.
- Describe gaps in access to prenatal, labor and delivery, and postpartum care.
- Describe gaps in workforce preparedness and emergency response capacity among providers practicing in:
    - Emergency Departments.
    - Rural hospitals without labor and delivery services.
    - Critical Access Hospitals.
    - Indian Health Service facilities.
    - Emergency Medical Services.
    - Other non-obstetric care settings.
- Identify gaps in:
    - Access to emergency maternal health training.
    - Simulation-based training tailored to low-resource settings and provider-types.

- Systems and support needed to help people use and adopt AIM Patient Safety Bundles and resource kits in non-delivery and/or low-resource clinical settings.

Approach
See merit review criterion 2: Response

Goals and objectives

- List your project goals.
  - Explain how your project goals will meet identified needs.
  - Explain how the project will build the skills of the broader health care workforce who care for pregnant and postpartum women in non-delivery and/or low-resource clinical settings.
- Include goals and objectives for each of the two main program initiatives (National Emergency Maternal Health Training and Implementation Strategies).
- For each goal, include clear steps that are SMART: Specific, Measurable, Achievable. Realistic and Time-bound.

Initiative 1: Development and implementation of a standardized national emergency maternal health training program

- Describe your approach to developing or adapting a standardized national emergency maternal health training that:
  - Addresses the leading causes of SMM and MM.
  - Is designed specifically for interdisciplinary health care teams practicing in non-delivery and/or low-resource clinical settings.
  - Aligns with and reinforces implementation of AIM Patient Safety Bundles and resource kits.
  - Includes simulation-based training and a train-the-trainer model, organized into role-specific tracks (for example, by provider credential type).
- Describe:
  - Curriculum design methodology.
  - Methods to ensure the training applies across different clinical settings and provider types, and can scale and be sustainable.
  - Strategy for securing CME/CE accreditation and offering training at no cost to participants.
  - Marketing and dissemination strategy.
  - Methods for tracking and reporting performance measures.
- Describe plans to:
  - Convene academic, professional, and certifying bodies.
  - Develop a pathway for integration into maintenance of certification or other credentialing mechanisms or work requirements.

Initiative 2: Development and pilot testing of implementation strategies

- Describe how you will identify barriers and facilitators for using AIM Patient Safety Bundles and resource kits in low-resource and/or non-delivery clinical settings.

- Describe the process for convening and engaging a multidisciplinary expert workgroup.
- Describe how you will develop implementation strategies in coordination with the AIM TA Center, that include:
    - Adaptable policies.
    - Protocols.
    - Drills.
    - Checklists.
    - Staffing models.
    - Workflow tools.
    - Continuous quality improvement strategies to sustain implementation.
- Describe the pilot testing plan, including:
    - Site selection criteria.
    - Your recruitment strategies.
    - Your methods for providing technical assistance.
    - How you will collect data to assess the feasibility and usability of implementation strategies.
- Explain how you will use pilot site findings to refine and finalize tools for national dissemination.
- Describe your marketing and dissemination strategy.

High-level work plan
See merit review criteria 2: Response and 4: Impact

- Describe how you'll achieve each of the objectives you outline in the Approach section during the performance period.
- Provide a more detailed work plan and timeline that:
    - Links each activity to the program expectations.
    - Names responsible staff.
    - Shows progress milestones for the performance period as Attachment 1.
    - Key milestones for Initiative 1 include:
        - Curriculum development.
        - Evaluation plan.
        - Performance measurement.
        - Accreditation.
        - National launch.
        - Dissemination and marketing.
        - Train-the-trainer rollout.
    - Key milestones for Initiative 2 include:
        - Strategy development.
        - Pilot site selection and testing.
        - Refinement of materials.
        - Dissemination and marketing of finalized materials.
- Work closely with key partners and stakeholders.

    - Plan, design and carry out activities together.

- Describe how ready you and your expected partners are to work together to achieve project goals and expectations.
    - Please include letters of agreement, memoranda of understanding, or description(s) of proposed or existing contracts (project-specific) in Attachment 4.

- The work plan and timeline should cover the entire three-year period of performance.
    - It should align with and be supported by the needs assessment, proposed budget, and organizational capacity.

Resolving challenges
See merit review criterion 2: Response

- Discuss challenges you'll likely meet in carrying out your work plan.
    - Explain approaches that you'll use to resolve them.

- Check existing materials and resources in the field and use or adapt them instead of duplicating work to date.

Performance management
See merit review criteria 3: Performance reporting and evaluation and 5: Resources and capabilities

- **Outcomes**. Describe the expected outcomes (desired results) of the funded activities, aligning with project goals and objectives.
- **Performance measurement and reporting**. Describe the systems and processes that you'll use to track performance outcomes.
    - Describe how you'll collect and manage data in a way that allows for accurate and timely reporting of those outcomes. These might include assigned skilled staff or data management software.
    - Describe how you'll collect qualitative and quantitative data on the program's impact on workforce capacity to treat pregnant and postpartum women in non-delivery and/or low-resource clinical settings.
    - Performance measures should include, at minimum:
        - Number of trainings delivered.
        - Number and type of providers trained.
        - Geographic distribution of participants.
        - Number of trainers certified under train-the-trainer model.

Evaluations should follow the HHS Evaluation Policy, as well as the standards and best practices described in OMB Memorandum M-20-12.

- Explain how you'll use data to guide how you carry out the project and support CQI.
- Provide an evaluation plan that includes:
    - Performance measures for both the training and strategies development and implementation.
    - Data collection tools and timelines.
    - Methods for monitoring training uptake and implementation strategies progress.

- Identify strategies to track and measure how you share and promote both the training and implementation strategies.
- Describe how you'll use performance measurement and evaluation data to refine processes and improve outcomes.

See the reporting section for more information.

Sustainability
See merit review criterion 4: Impact

We expect you to sustain key project elements that improve practices and outcomes for interdisciplinary health care providers practicing in non-delivery and/or low-resource clinical settings.

Propose a plan for project sustainability after the period of federal funding ends.

- Describe how the training program will be sustained and accessible to health care providers beyond the period of federal funding.
- Describe how you'll share the project's implementation strategies to:
    - Low-resource and/or non-delivery clinical settings.
    - The public.
    - Other groups who might be interested in using the results of the project.
- Discuss challenges that you'll likely meet in sustaining the program.
    - Include how you will resolve these challenges.

Organizational information
See merit review criterion 5: Resources and capabilities

Briefly describe your mission, structure, and the scope of your current activities. Explain how they'll help you carry out the program requirements. You'll include a project organizational chart in Attachment 5.

- Briefly describe your organization's structure and scope of current activities.
    - Include which office will implement the program.
    - List staff roles needed to carry out the program.
- Describe organizational capacity to:
    - Develop national clinical training curricula.
    - Lead simulation-based training initiatives.
    - Conduct data-driven maternal safety and quality improvement activities in either obstetrics and gynecology or maternal health.
    - Manage federal cooperative agreements.
- Discuss how you'll:
    - Follow the approved project.
    - Keep track of all federal funds that you and subrecipients use.
    - Record all costs.

- Describe relationships with any organization, including subrecipients or contractors, you intend to partner with while conducting project activities.
    - Include letters of agreement or descriptions of proposed contracts for the project in Attachment 4.
    - Proposed partnerships for both training and strategy development could include:
        - Professional associations (see Appendix A for examples).
        - Academic institutions.
        - Accrediting bodies.
        - Critical Access Hospitals (CAHs)/networks.
        - Rural hospitals without labor and delivery services.
        - Emergency Departments.
        - Indian Health Service facilities.
        - Community-based organizations, as applicable.
- Describe how quickly you can build the necessary partnerships required to implement this project.
- Include an Organizational Chart in Attachment 5.
- Describe your key staff's experience, skills, and knowledge to carry out the project.
- Include a staffing plan and position descriptions of key personnel for the project in Attachment 2.
- Include biographical sketches and resumes of key personnel for the project in Attachment 3.
    - The Project Director and/or Program Manager should have adequate qualifications, proper experience, and reasonable time and effort dedicated to the project to fulfill their proposed responsibilities.
    - Other key personnel include a Fiscal Manager.

Budget and budget narrative

See merit review criterion 6: Support requested

Your **budget** should follow the instructions in budget narrative: detailed instructions section of the Application Guide and the instructions listed in this section. Your budget should show a well-organized plan.

HHS now uses the definitions for equipment and supply in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or $10,000 and the threshold for supplies to below that amount.

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

The **budget narrative** supports the information you provide in Standard Form 424-A. It includes an itemized breakdown and a clear justification of the costs you request. The merit review committee reviews both.

As you develop your budget, consider:

- If the costs are reasonable, allowable and allocable, and consistent with your project's purpose and activities.
- The restrictions on spending funds. See funding policies and limitations.
- This program requires a three-year budget proposal. The SF-424A Budget Form outlines the budget categories for the project.

To create your budget narrative, see budget narrative detailed instructions in the Application Guide.

Attachments

Place your attachments in this order in the Attachments Form. See application checklist to determine if they count toward the page limit.

Unless the instructions below require it, do not submit organizational brochures or other promotional materials (for example, slides, films, clips).

Attachment 1: Work Plan
Attach the project's work plan. Make sure it includes everything required in the project narrative section.

Attachment 2: Staffing plan and job descriptions
See Section 3.1.7 of the Application Guide.

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

For each key staff member, attach a one-page job description. It should include their role, responsibilities, and qualifications.

Attachment 3: Biographical sketches
Include biographical sketches for people who will hold the key positions you describe in Attachment 2.

Each biographical sketch should be no more than two pages. Do not include non-public, personally identifiable information. If you include someone you have not hired yet, provide a letter of commitment from that person along with the biographical sketch.

Attachment 4: Agreements with other entities
Provide any documents that describe working relationships between your organization and others you mention in your project narrative. If you include documents that confirm actual or pending contracts or agreements, the documents should clearly describe the roles of subrecipients and contractors and any deliverables. It is not necessary to include the entire contents of lengthy agreements, so long as the portions you include describe the working relationship between you and the other organization. Make sure letters of agreement are signed and dated.

Attachment 5: Project organizational chart
Provide a one-page diagram that shows the full project's organizational structure.

Attachment 6: Tables and charts
Provide tables or charts that give more detail about the proposal. These might be Gantt, PERT, or flow charts.

Attachment 7: Letters of support/intent
Include any letters of support or intent from relevant partners or stakeholders.

Attachment 8: Other relevant documents
You may use attachments 8 through 12 to add other relevant documents.

Attachment 9: Other relevant documents
You may use attachments 8 through 12 to add other relevant documents.

Attachment 10: Other relevant documents
You may use attachments 8 through 12 to add other relevant documents.

Attachment 11: Other relevant documents
You may use attachments 8 through 12 to add other relevant documents.

Attachment 12: Other relevant documents
You may use attachments 8 through 12 to add other relevant documents.

Other required forms

You will need to complete some other forms. Upload the following forms at Grants.gov. You can find them in the NOFO application package or review them and any available instructions at Grants.gov Forms.

Forms	Submission requirement
Application for Federal Assistance (SF-424)	With application.
Project Abstract Summary Form	With application.
Grants.gov Lobbying Form	With application.
Disclosure of Lobbying Activities (SF-LLL), optional	With application.
Project/Performance Site Location(s)	With application.
Budget Information for Non-Construction Programs (SF 424A)	With application.
Key Contacts	With application.

Form instructions
The application guide has detailed instructions for:

- The Application for Federal Assistance (SF-424).
- The Budget Information for Non-Construction Programs (SF-424A).

Project abstract summary form instructions
Complete the information in the Project Abstract Summary form. Include a short description of your proposed project. Include the needs you plan to address, the proposed services, and the

population groups you plan to serve. For more information, see Section 3.1.2 of the Application Guide.

Important: Public information

When filling out your SF-424 form, pay attention to Box 15: Descriptive Title of Applicant's Project.

We share what you put there with USAspending. This is where the public goes to learn how the federal government spends their money.

Instead of just a title, insert a short description of your project and what it will do.

See instructions and examples.

Step 4: Understand Review, Selection, and Award

Application review

Initial review

We will review your application to make sure that it meets eligibility criteria, and the requirements in this NOFO. If your application does not meet eligibility criteria, it will not be funded. If your application does not meet other criteria, we will not fund it.

Merit review

A panel reviews all applications that pass the initial review. You can find more about the merit review process in the Application Guide. The members use these criteria.

Criterion 1: Need (10 points)
See the project narrative Introduction and Need sections.

The panel will review your application for how well it:

- Clearly describes the purpose of the proposed MHEMT program and the applicant organization.
- Demonstrates a strong understanding of the current landscape of maternal morbidity and mortality in the United States, including:
    - Leading causes of Severe Maternal Morbidity (SMM) and Maternal Mortality (MM), including mental health conditions, substance use disorders, cardiac conditions, hypertension, hemorrhage, and sepsis.
- Describes the unique risks and system-level challenges faced by pregnant and postpartum women presenting in non-delivery and/or low-resource clinical settings (e.g., Emergency Departments, Critical Access Hospitals, Indian Health Service facilities, EMS, rural hospitals without labor and delivery services).
- Identifies documented gaps in:
    - Access to prenatal, delivery, and postpartum care.
    - Workforce preparedness and emergency response capacity of health care providers in non-obstetric settings.
    - Access to emergency maternal health training and simulation-based training tailored to low-resource environments and interdisciplinary providers.
    - Implementation infrastructure to support uptake of AIM Patient Safety Bundles and resource kits in non-delivery and/or low-resource clinical settings.
- Uses current, relevant, and cited data to justify the need for the proposed program.

Criterion 2: Response (35 points)

See Project Narrative Approach, High-level work plan, and Resolving challenges sections.

Approach

- **General Requirements (5 points):**
  - Presents clear, aligned project goals and SMART objectives that address identified needs and support the purpose of the MHEMT program.
  - Includes goals and activities for both required program objectives::
    - National emergency maternal health training.
    - Implementation strategies.
  - Describes specific, feasible activities and a high-level work plan with timelines, responsible staff, and measurable milestones.

- **Initiative 1: National emergency maternal health training (10 points)**
  - Proposes a clear and feasible plan to develop or adapt a standardized national emergency maternal health training that:
    - Addresses the leading causes of Severe Maternal Morbidity (SMM) and Maternal Mortality (MM).
    - Is tailored for interdisciplinary teams practicing in non-delivery and/or low-resource settings.
    - Aligns with and reinforces implementation of AIM Patient Safety Bundles and resource kits.
    - Includes simulation-based components and a train-the-trainer model and is structured by role-specific tracks (e.g. by provider credential type).
  - Clearly describes:
    - Curriculum design methodology.
    - Methods to ensure applicability across varied facility types and provider roles.
    - Strategy for securing CME/CE accreditation and offering training at no cost to participants.
    - Marketing and dissemination strategy.
    - Methods for tracking and reporting performance measures.
  - Presents a feasible plan to:
    - Convene academic, professional, and certifying bodies.
    - Develop a pathway for integration into maintenance of certification or other credentialing mechanisms.

- **Initiative 2: Development and pilot testing of implementation strategies (10 points)**
  - Presents a clear methodology for identifying barriers and facilitators to implementation of AIM Patient Safety Bundles and resource kits in non-delivery and/or low-resource settings.
  - Describes a strong process for convening and engaging a multidisciplinary expert workgroup.

- Proposes a feasible and comprehensive plan to:
  - Develop implementation strategies, including:
    - Adaptable policies and protocols.
    - Drills and simulations.
    - Checklists.
    - Staffing models.
    - Workflow tools.
    - Continuous Quality Improvement (CQI) strategies to sustain implementation.
  - Ensure materials are actionable and feasible for low-resource environments.
- Describes a robust pilot testing plan, including:
  - Clear site selection criteria.
  - Recruitment strategies.
  - Technical assistance methods.
  - Data collection approaches to assess feasibility and usability of implementation strategies
- Clearly explains how pilot site testing will be used to refine and finalize strategies
- Describes a robust marketing and dissemination strategy of finalized strategies

Work plan & Resolving challenges (10 points)

- Clearly describes how each objective will be achieved during the three-year project period.
- Includes a detailed work plan (Attachment 1) with:
  - Timelines.
  - Responsible personnel.
  - Measurable key milestones.
- Identifies the role of key stakeholders, as needed, in helping to plan, design, and carry out all proposed activities.
- Aligns the work plan with the needs assessment, budget, and organizational capacity.
- Demonstrates alignment between the high-level work plan described in the narrative and the more detailed work plan included in the attachments (Attachment 1).
- Anticipates challenges in carrying out the work plan and explains approaches to resolve them.
- Identifies risks of duplicating existing materials and describes safeguards to prevent redundancy.

Criterion 3: Performance reporting and evaluation (15 points)
See the project narrative Performance reporting and evaluation section.

The panel will review the extent to which your application:

- Clearly defines expected outcomes aligned with project goals and objectives.

- Describes robust systems for collecting, managing, and reporting performance data as well as a clear plan to measure and track progress toward project goals and objectives.
- Demonstrates capacity to collect both qualitative and quantitative data.
- Includes a detailed evaluation plan consistent with the HHS Evaluation Policy and the OMB Memorandum M-20-12 that:
    - Details data collection tools and timelines
    - Details, at minimum, these performance measures:
        - Number of trainings delivered.
        - Number and type of providers trained.
        - Geographic distribution of participants.
        - Number of trainers certified under train-the-trainer model.
- Describes how performance and evaluation findings will inform:
    - Continuous Quality Improvement (CQI).
    - Refinement of training and implementation strategies.
    - National dissemination efforts.
- Identify strategies for tracking and measuring the marketing and dissemination of both the training and implementation strategies.
- Describes how you'll use performance measurement and evaluation data to refine processes and improve outcomes.

Criterion 4: Impact (10 points)
See the project narrative High-level work plan and Sustainability sections.

The panel will review your application for:

- The feasibility of the work plan to attain the project objectives.
- The feasibility and effectiveness of the work plan to achieve key milestones:
    - Key milestones for Initiative 1 include:
        - Curriculum development.
        - Evaluation plan.
        - Performance measurement.
        - Accreditation.
        - National launch.
        - Dissemination and marketing.
        - Train-the-trainer rollout.
    - Key milestones for Initiative 2 include:
        - Strategy development.
        - Pilot site selection and testing.
        - Refinement of materials.
        - Dissemination and marketing of finalized materials.
- The strength and feasibility of expected partners to achieve project goals and expectations.
- Strength of the sustainability plan demonstrating the following:

- How the training program will be sustained and accessible to health care providers beyond the period of federal funding.
- How the project's implementation strategies will be shared with low-resource and/or non-delivery clinical settings, the public, and other groups who might be interested in using the results of the project.
- How challenges in sustaining the program will be addressed.

Criterion 5: Resources and capabilities (20 points)
See the project narrative Organizational information and Performance reporting and evaluation sections.

The panel will review your application for:

Organizational information (15 points)

The extent to which the application:

- Demonstrates organizational capacity, structure, and experience to successfully implement the program.
- Demonstrates organizational capacity to:
  - Develop national clinical training curricula.
  - Lead simulation-based training initiatives.
  - Conduct data-driven maternal safety and quality improvement activities in the areas of obstetrics and gynecology or maternal health.
  - Manage federal cooperative agreements.
- Describes sound fiscal management systems to monitor federal funds, including oversight of subrecipients and contractors.
- Documents meaningful partnerships and working relationships with collaborating organizations, including subrecipients and contractors.
- Demonstrates ability to quickly garner the necessary partnerships required to implement this project.
- Includes a well-defined project organizational chart in Attachment 5.
- Demonstrates that key personnel, including the Project Director/Program Manager, and Fiscal Manager have appropriate qualifications, experience, and sufficient time commitment to carry out project activities.
- Includes a staffing plan, position descriptions, and biographical sketches for key personnel.

Performance Reporting and Evaluation (5 points)

- How well the applicant describes the capacity of the organization and staff to carry out performance reporting, monitoring, evaluation, and quality improvement activities.
- How well the applicant describes staff experience, skills, and knowledge related to data collection, performance measurement, evaluation, and continuous quality improvement.
- How well the applicant demonstrates the capacity to manage and report data accurately and securely.

- How well the applicant demonstrates that sufficient systems, processes, and resources are in place to support required reporting, evaluation, and continuous quality improvement activities.

Criterion 6: Support requested (10 points)
See the Budget and budget narrative section.

The panel will review your application to determine:

- Whether you have the capabilities to fulfill the needs of the project.
- How reasonable the proposed budget is for each year of the period of performance.
- How reasonable the costs are and how well they align with the project's scope.
- The extent to which the Project Director and key staff have adequate time devoted to the project to achieve project objectives.

We do not consider **voluntary** cost sharing during merit review.

Risk review

Before making an award, we review your award history to assess risk. We need to ensure all prior awards were managed well and demonstrated sound business practices. We:

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

We may ask you to submit additional information.

As part of this review, we use SAM.gov Entity Information Responsibility/Qualification to check your history for all awards likely to be more than $250,000 over the period of performance. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

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

For more details, see 2 CFR 200.206.

Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- Alignment with HRSA Mission and Strategic Priorities
- Merit review results. These are key in making decisions but are not the only factor.

- The larger portfolio of HRSA-funded projects, including project type and geographic distribution.

You cannot appeal a denial, or the amount of funds awarded.

Award notices

We issue Notices of Award (NOA) on or around the start date listed in the NOFO. See “how we make awards” in the Application Guide for more information.

By drawing down funds, you accept the terms and conditions of the award.

Step 5: Submit Your Application

Application submission and deadlines

Your organization's authorized official must certify your application. See the section on finding the application package to make sure you have everything you need.

Application deadline

You must submit your application by 07/20/2026**, at 11:59 p.m. ET.**

Grants.gov creates a date and time record when it receives applications.

If you need a deadline extension, see "requesting a waiver" in the Application Guide.

Submission method

Grants.gov
You must submit your application through Grants.gov. You may do so using Grants.gov Workspace. This is the preferred method. For alternative online methods, see Applicant System-to-System.

For instructions on how to submit in Grants.gov, see the Quick Start Guide for Applicants. Make sure that your application passes the Grants.gov validation checks, or we may not get it. Do not encrypt, zip, or password protect any files.

If Grants.gov rejects your application due to errors, you must correct and resubmit before the deadline.

If you want to know more about correcting errors or tracking your application, you can refer to the Application Guide.

Have questions? Go to Contacts and Support.

Other submissions

Intergovernmental review

This NOFO is not subject to Executive Order 12372, Intergovernmental Review of Federal Programs. No action is needed.

Step 6: Learn What Happens After Award

Post-award requirements and administration

Administrative and national policy requirements

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

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.
- The regulations at 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, modifications at 2 CFR Part 300, and any superseding regulations.
- The HHS Grants Policy Statement. Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NOA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in HHS Administrative and National Policy Requirements.
- The requirements for performance management in 2 CFR 200.301.
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, you certify compliance with all federal antidiscrimination laws and these requirements. Complying with those laws is a material condition of receiving federal funding streams. You are responsible for ensuring subrecipients, contractors, and partners also comply.

Required Alignment with HRSA Mission and Strategic Priorities

Recipients must use funds awarded under this NOFO to implement program goals or agency priorities in accordance with the HRSA vision, mission, core values, and strategic priorities, where authorized by law.

In administering programs under this and all funding announcements, HRSA prioritizes:

- **Evidence-based healthcare:** Funding activities supported by rigorous scientific evidence, particularly for programs serving children and adolescents, where HRSA is committed to approaches that reflect the highest standards of clinical care and child safety.
- **Biological and physiological integrity:** Recognizing the relevance of biological sex to health outcomes, HRSA encourages applicants to account for sex-based health factors in program design, data collection, and service delivery where scientifically appropriate.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and all required administrative procedures. Applicants are encouraged to describe how their proposed programs align with these priorities in their project narratives.

Funded activities must advance HRSA's vision of protecting and improving the health and well-being of Americans. The particular focus is on those who are medically vulnerable or live in

areas with limited access to care. HRSA's duty is to serve wisely, effectively, and with measurable results that justify every taxpayer dollar invested.

Consistent with HRSA's priorities, in carrying out any project funded under this NOFO, the recipient must adhere to the following principles, where they are consistent with the authority and scope of the award and its activities:

- **Gold standard science:** Design and deliver services using gold standard evidence-based and evidence-informed approaches, establish measurable performance goals, and use data to monitor outcomes and drive continuous improvement.
- **Program integrity and fiscal stewardship:** Recipients must:
    - Administer funds in accordance with all applicable federal statutes, regulations, and award conditions.
    - Maintain strong internal controls.
    - Prevent waste, fraud, and abuse.
- **Partnership and local leadership:** Coordinate with state, tribal, territorial, local, and community partners, as appropriate, and tailor services to meet community-identified needs while respecting local decision-making authority.

Recipients must manage any project awarded under this NOFO in accordance with the following objectives in programs authorized to advance them:

Make America Healthy Again (MAHA): HRSA prioritizes the health and well-being of all Americans by supporting common-sense, evidence-based health policies that promote:

- Personal responsibility.
- Strong families and communities.
- Proper nutrition.
- The prevention and management of chronic disease, while ensuring access to high-quality, affordable physical and mental health care.

Child protections, biological integrity, parental rights, and lawful use of funds: HRSA prioritizes safeguarding children's health and safety by:

- Not supporting medical interventions for gender dysphoria in minors that lack a strong evidence base.
- Applying sex-based definitions grounded in biological reality.
- Supporting parental authority, transparency, and choice in education, including school-based health centers that respect parental rights and religious upbringing.
- Ensuring taxpayer funds are not used to promote or support elective abortions, consistent with federal law and the Hyde Amendment.

Advancing evidence-based, merit-driven, and ethically grounded health care: HRSA will prioritize unbiased, transparent science; merit-based workforce opportunities; and programs that demonstrate measurable outcomes, while deprioritizing organizations with:

- Conflicts of interest.
- "Harm reduction" models.

- Housing-first approaches.
- Activities that facilitate illegal drug use or unsafe medical practices.

Promoting public safety, lawful use of federal funds, and national health priorities: To the extent permitted by law, HRSA will align funding with administration priorities by:

- Supporting ending the HIV epidemic through authorized, evidence-based care.
- Reserving benefits for eligible individuals.
- Discouraging illegal immigration and unsafe community practices.
- Prioritizing recipients that enforce public safety, address serious mental illness and substance use through treatment and recovery, and reduce homelessness responsibly.

To the extent allowable by law, under awards, HRSA will give priority to states and municipalities for programs to:

- Enforce prohibitions on open illicit drug use.
- Enforce prohibitions on urban camping and loitering.
- Enforce prohibitions on urban squatting.
- Enforce, and where necessary, adopt, standards that address individuals who are a danger to themselves or others and suffer from serious mental illness or substance use disorder, or who are living on the streets and cannot care for themselves. The approach must be through assisted outpatient treatment or by moving them into treatment centers or other appropriate facilities through civil commitment or other available means, to the maximum extent permitted by law.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and any required procedures.

The recipient must demonstrate ongoing compliance with these priorities, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation.

Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other actions consistent with federal grant regulations at 2 CFR Part 200 and the terms and conditions of this award. This includes termination under 2 CFR § 200.340(a)(4) if an award no longer effectuates the program goals or agency priorities.

Cybersecurity

- If awarded, you must develop plans and procedures, modeled after the NIST Cybersecurity framework, to protect HHS systems and data. See details here.

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities funded by any entity	Use health IT that meets standards and implementation specifications adopted in 45 CFR 170, Subpart B, if such standards and implementation specifications can support the activity. Visit to 45 CFR 170, Subpart B learn more.
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Use health IT certified under the ONC Health IT Certification Program if certified technology can support the activity. Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more.

If standards and implementation specifications adopted in 45 CFR part 170, Subpart B cannot support the activity, recipients and subrecipients are encouraged to use health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at https://www.healthit.gov/isp/.

Reporting

If you are funded, you will have to follow the reporting requirements in "reporting" section of the Application Guide. The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

- Progress report(s) each year
- Annual Performance reports.
- **DGIS Performance Reports.** The Discretionary Grant Information System (DGIS) is where you will report annual performance data to us. You will 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 Project Abstract, Financial Form, Training and Workforce Development, Partnerships & Collaboration, Guidelines and Policy, and Products and Publications. The type of report required is determined by the project year of the award's period of performance. You can see the full OMB-approved reporting package at Discretionary Grants Information System on our website (OMB Number: 0915-0298 | Expiration Date: 12/31/2026).

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	September 1, 2026 - August 31, 2027	Period of performance start date	90 days from the available date
b) Non-Competing Performance Report	September 1, 2027 - August 31, 2028	Beginning of each budget period (Years 2–5, as applicable)	90 days from the available date
c) Project Period End Performance Report	September 1, 2028 - August 31, 2029	Period of performance end date	120 days from the available date

Contacts and Support

Agency contacts

Program and eligibility

Cassandra Phillips

Lead Project Officer/Maternal Child Health Bureau
Attn: Maternal Health Emergency Management Training (MHEMT)
Health Resources and Services Administration
wellwomancare@hrsa.gov

301-945-3940

Financial and budget

David Colwander

Grants Management Specialist Division of Grants Management Operations
Office of Financial Assistance and Acquisition Management (OFAAM)
Health Resources and Services Administration
dcolwander@hrsa.gov

(301)443-7858

HRSA contact center

Open Monday – Friday, 7 a.m. – 8 p.m. ET, except for federal holidays.
Call: 877-464-4772 / 877-Go4-HRSA
TTY: 877-897-9910

Electronic Handbooks Contact Center

Help with systems

Grants.gov

Grants.gov provides 24/7 support. You can call 800-518-4726, search the Grants.gov Knowledge Base, or email Grants.gov for support. Hold on to your ticket number.

SAM.gov

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

Helpful websites

- Application Guide
- HRSA Grants page
- HHS Tips for Preparing Grant Proposals
- Frequently Asked Questions
- Applicant Training

Appendix A: Recommended Provider Types & Accrediting Bodies

Category	Provider Type	Primary Accrediting / Certifying Body	Rationale for Inclusion
Emergency Clinical Leadership	Emergency Medicine Physicians	American Board of Emergency Medicine; American Osteopathic Board of Emergency Medicine	Lead stabilization and transfer decisions.
	Family Medicine Physicians	American Board of Family Medicine; American Osteopathic Board of Family Physicians	Often primary rural ED providers.
	Hospitalists (Internal Medicine)	American Board of Internal Medicine	Provide inpatient escalation and management
Advanced Practice Providers	Nurse Practitioners (FNP, WHNP, Acute Care, PMHNP)	American Nurses Credentialing Center; American Academy of Nurse Practitioners, National Certification Corporation	Frequently frontline providers in CAHs.
	Physician Associates/Assistants	National Commission on Certification of Physician Assistants	Common ED coverage in rural facilities.
	Certified Nurse-Midwives (CNMs)	American Midwifery Certification board	Obstetric expertise for stabilization and consultation
Nursing Staff	Emergency Department Registered Nurses	Specialty certification via Board of Certification for Emergency Nursing	Execute protocols and continuous monitoring.
	Charge Nurses	State Boards of Nursing	Coordinate team activation and staffing
	ICU/Critical Care Nurses	AACN Certification Corporation	Manage unstable patients
	OB Nurses	NCC (Inpatient OB Certification)	Obstetric-specific expertise
Prehospital Personnel	EMTs / Paramedics	National Registry of Emergency Medical Technicians (NREMT)	Prehospital recognition and stabilization.
	Paramedics	NREMT	Advanced life support during transport

	EMS Medical Directors	ABEM/ABFM certification	Align EMS and hospital protocols
Anesthesia & Airway Management	Anesthesiologists	American Board of Anesthesiology	Airway management and procedural sedation
	CRNAs	National Board of Certification and Recertification for Nurse Anesthetists	Often sole airway support in CAHs.
Pharmacy & Laboratory	Pharmacists	State Boards of Pharmacy	Ensure rapid medication access and dosing safety.
	Laboratory/Blood Bank Personnel	American Society for Clinical Pathology	Support transfusion and sepsis response
Surgical Staff	General Surgeons	American Board of Survey	Perform emergent procedures if required
	Surgical Technologists	National Board of Surgical Technology and Surgical Assisting	Support emergency surgical interventions
Behavioral Health & SUD	Licensed Clinical Social Workers	Association of Social Work Boards	Crisis stabilization and discharge planning.
	Psychiatrists	American Board of Psychiatry and Neurology	Manage acute perinatal psychiatric emergencies
	Substance Use Disorder Counselors	National Certification Commission for Addiction Professionals	Support overdose response and MOUD referral
Care Coordination & Systems Roles	Case managers	Commission for Case Manager Certification	Coordinate transfer and post-discharge care
	Transfer Center Coordinators	Institutional credentialing	Facilitate interfacility transport logistics
	Quality Improvement Leaders	Certified Professional in Healthcare Quality	Lead debriefs and performance improvement.
	Hospital Administrators	American College of Healthcare Executives	Support sustainability and policy alignments

Community & Regional Partners	Community Midwives (CPM, LM)	North American Registry of Midwives	Improve transfer coordination
	Public Health Nurses	State Boards of Nursing	Support postpartum follow-up and surveillance

Appendix B: Examples of Trainings Addressing Obstetric Emergencies

Training Program	Measure of Instruction	Intended Audience
AWHONN Critical Care Obstetrics Education (CCOE)	Online course	Provider and nursing staff in all settings, including ED, intensive care, and medical/surgical units
AAFP Basic Life Support in Obstetrics (BLSO)	Live course led by an approved ALSO Approved instructor	Obstetric care professionals and staff, including those who may not provide obstetric care on a regular basis (such as ED providers and staff, flight nurses, medical students, residents, and physician associates)
AAFP Advanced Life Support in Obstetrics (ALSO)	Live course led by an ALSO Approved Instructor	Obstetric care professionals and family practice providers
Emergency Medicine Curriculum: Complications of Pregnancy Small Group Module	Curriculum with self-directed learnings, case, studies, and simulations	Medical students, Emergency Medicine residents, and physicians

Footnotes

1. Centers for Disease Control and Prevention (CDC). https://www.cdc.gov/nchs/fastats/births.htm.
2. Centers for Disease Control and Prevention (CDC). https://www.cdc.gov/maternal-mortality.
3. Kozhimannil KB, Interrante JD, Tuttle MKS, Henning-Smith C. Changes in Hospital-Based Obstetric Services in Rural US Counties, 2014-2018. JAMA. 2020;324(2):197. doi:10.1001/jama.2020.5662
4. Hung P, Kozhimannil K, Casey M, Moscovice I. Why Are Obstetric Units in Rural Hospitals Closing Their Doors? Health Services Research. 2016; 51: 1546-1560. doi: 10.1111/1475-6773.12441